

## DRDP Assessment Instructions

### Step 1-“Who is given the DRDP?”:

Students in special education, ages infant/toddler through preschool, meeting the additional criteria below, are required to complete DRDP process. Identified case manager in SEIS is responsible for completing the assessment or accounting for every student not meeting criteria.

- Students must have been enrolled and have started RECEIVING services before target dates below:
  - November 1 for inclusion in the fall assessment
  - April 1 for inclusion in the spring assessment
- Students ages 0-5 years that started receiving SPED services before above dates must have a DRDP completed. If the student transferred into or enrolled in your district after target dates above, it is not required to complete a DRDP for that student.
- If a student started on or after target dates, do not complete the DRDP on that student. This includes any students who were supposed to have started but for some reason did not. If a student came once and then never again, you must complete a DRDP unless parent agrees to revoke services. Contact parent for assistance in completion as needed.
- **Starting in the 2024-25 school year, children 3, 4, or 5-years old with an IEP in Transitional Kindergarten and Kindergarten will be assessed with the DRDP.**
- If the child turns 6 *at any point* during the school year (prior to 6/30), the DRDP is not required. For example, if a child turns 6 in October or March, a DRDP is NOT required.
- Please email Staci Johnson [sjohnson@sjcoe.net](mailto:sjohnson@sjcoe.net) with names of any students starting on or after November 1 or April 1.

### Step 2-“Access account and complete required courses”:

- New users must create an account or previous users can check account status at <https://www.draccesslearn.org/index>
- If logging in for the first time this year, your temporary password is the email address which you used to create your DRDP account. Contact (800) 673-9220 or email [info@draccess.org](mailto:info@draccess.org) for account assistance.
- Forgot your password?? Go to [DRAccessReports.org](https://www.draccessreports.org) and click on “Forgot Password” to check if you have an account or reset your password. Be sure to note your account email and password in a secure location for future reference. Your name and email used for account must be entered on DRDP reporting form:

## Assessment Information

18. Name of person completing the assessment

**DR Access Reports Account Email**

19. Role of person completing the assessment.











Early intervention Specialist       Speech/Language Pathologist  
 Occupational/Physical Therapist       Teacher of the Deaf/Hard of Hearing  
 Program Specialist or Administrator       Teacher of the Visually Impaired  
 Special Education Teacher       Other (Specify below)

If Other, specify here

- There are now three courses required for all assessors giving the DRDP: “Using the DRDP (2015) for Special Education”, “Benny Having a Snack” and “Using DR Access Reports”. These are short courses and should be completed in one sitting and must be completed in order. You can also leave the courses and come back to where you left off if needed.
- You are still required to complete DRDP on applicable students regardless of course completion.
- Access courses at [www.draccesslearn.org](http://www.draccesslearn.org)

### Step 3-Give the assessment and “what forms do I use?”:

- Complete the DRDP assessment on every eligible birth through Kinder aged student assigned to you. You complete one information page and one assessment form for each student, either infant/toddler assessment form or preschool assessment form. Most of you will use the preschool form.  
Enter all final assessment information in SEIS, clicking on the “pencil” under DRDP tab. Add a new DRDP form and enter information. **Don’t forget to affirm information at bottom of the assessment page.**

Reporting LEA	School	IEPs	P/R	DRDP
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- **You must answer question #9** on the information page in SEIS before the correct assessment form (Infant-Toddler or Preschool) will show up.

- You must **complete ALL the questions** on the DRDP. The ONLY optional section is *English Language Development (ELD)*. This section is only completed if a language other than English is spoken in the home. This is determined by answering question #12 on the information page and must match what is noted on the IEP. Please check this to avoid an error which will require you to re-do the entire assessment again.
- **Every student must have a district ID number and SSID number on DRDP assessment form.** Get these numbers from your district Sped data coordinator.

### Child Information

1. Child's first name (Legal):	2. Child's last name (Legal):	3. Date completed: <input style="width: 100%;" type="text"/>	4. Assessment period: Fall 2021
5. Student ID (Issued by district):	6. Statewide Student Identifier (10-digit SSID):		
7. Gender: Male	8. Birth date:	9. Special education enrollment:	
		<input type="radio"/> Individualized Family Service Plan (IFSP) (DOB: 11/01/2018 - 10/31/2021) <input type="radio"/> Individualized Education Program (IEP) (DOB: 11/01/2015 - 12/31/2018)	

#### **Step 4-“When is the assessment period?”:**

The DRDP assessment should be initiated within the first 60 days of services.

**All completed assessment data must be entered and affirmed in SEIS no later than early December and May. Exact dates will be provided by SELPA.**

#### **Step 5-“Common errors”:**

- CDE requires you to complete the DRDP for every student once they have begun receiving services. There is no opt out. This applies even if student was seen only once or if you don't know all the information to complete the assessment. Contact family to gather information required.
- “Unable to Rate” should ONLY be used in rare and extreme cases when you have exhausted every means of gathering information. Contact family to gather information required.
- Only open ONE DRDP for each student. Delete any accidentally open/unused forms.
- Affirm every DRDP at the bottom of the assessment form.
- Ensure your name and DR access account email (#18), district ID (#5) student SSID (#6) is entered on every assessment form before affirming.
- Be sure you answer questions #9 and #12 to make sure you are completing the correct form/questions.
- Ensure accommodations on IEP-State Assessment section are accurate. All changes must be made on IEP State Assessment page. They cannot be made on the DRDP form.

#### **Step 6-“Where do I go for more information?”:**

- The main site is excellent! It has all forms, written instructions and videos <https://draccess.org/>

- You may also review the DRDP assessment manual <https://draccess.org/DRDP2015PSF.html#ATL-Reg1>

## Understanding the Measures of the DRDP (2015)

### Understanding the Measures of the DRDP (2015)

Each measure of the DRDP (2015) describes a developmental continuum, ranging from earlier development to later development.

**Full Continuum Measures**      **Earlier Development Measures**      **Later Development Measures**

## DRDP (2015) Special Education Information Page Tutorial

**Start Here**

**Child Information**

**Child's Language**

**Special Education Information**

**Child's Educational Setting**

**Program Information**

**Assessor Information**

**DRDP (2015)**      An Early Childhood Developmental Continuum

**Special Education Information Page**      For use with Early Intervention and Early Childhood Special Education Programs

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**Child Information**

5. Student ID (based by district) \_\_\_\_\_

6. Statewide Student Identifier (10-digit SSID) \_\_\_\_\_

7. Gender  Male  Female  Non-binary

8. Birth date (e.g., 03/05/2017) \_\_\_\_\_ month / \_\_\_\_\_ day / \_\_\_\_\_ year

9. Special education enrollment. Check one:

Individualized Family Service Plan (IFSP)     Individualized Education Program (IEP)

**Child's Language**

10. Is a language other than English spoken in the child's home? \_\_\_\_\_

If yes, complete the ELD measures for a preschool-age child.

If the child is deaf or hard of hearing and not learning a second language, do not complete the ELD measures.

**Special Education Information**

11. Special education eligibility. Check one.

<input type="checkbox"/> Autism	<input type="checkbox"/> Hard of Hearing	<input type="checkbox"/> Specific Learning Disability
<input type="checkbox"/> Deaf-Blindness	<input type="checkbox"/> Intellectual Disability	<input type="checkbox"/> Speech or Language Impairment
<input type="checkbox"/> Deafness	<input type="checkbox"/> Multiple Disability	<input type="checkbox"/> Traumatic Brain Injury
<input type="checkbox"/> Emotional Disturbance	<input type="checkbox"/> Orthopedic Impairment	<input type="checkbox"/> Visual Impairment
<input type="checkbox"/> Established Medical Disability	<input type="checkbox"/> Other Health Impairment	

12. Adaptations used in the assessment. Check all that apply.

Augmentative or alternative communication system     Functional positioning

**Child's Educational Setting**

13. Where does the child receive early care and education services, including special education services? Check all that apply.

<input type="checkbox"/> State Infant/Toddler Program	<input type="checkbox"/> Remote Service Delivery/Distance Learning
<input type="checkbox"/> State Preschool	<input type="checkbox"/> Title 1
<input type="checkbox"/> First 5	<input type="checkbox"/> Family Child Care Home
<input type="checkbox"/> Early Head Start/Head Start	<input type="checkbox"/> Private Infant/Toddler or Preschool Program
<input type="checkbox"/> Tribal Head Start	<input type="checkbox"/> District Infant/Toddler or Preschool Program
<input type="checkbox"/> Migrant Program	<input type="checkbox"/> Separate Class/Special Day Class
<input type="checkbox"/> Child Care Center	<input type="checkbox"/> Separate School for Children with Disabilities
<input type="checkbox"/> Home-based	<input type="checkbox"/> Service Provider Location (e.g. clinic or office)
	<input type="checkbox"/> Other _____

**Program Information**

14. SELPA \_\_\_\_\_

15. District \_\_\_\_\_

**Assessor Information**

16. Name of primary special education assessor \_\_\_\_\_

17. Role. Check one.

<input type="checkbox"/> Early Intervention Specialist	<input type="checkbox"/> Speech/Language Pathologist
<input type="checkbox"/> Occupational/Physical Therapist	<input type="checkbox"/> Teacher of the Deaf/Hard of Hearing
<input type="checkbox"/> Program Specialist or Administrator	<input type="checkbox"/> Teacher of the Visually Impaired
<input type="checkbox"/> Special Education Teacher	<input type="checkbox"/> Other _____

18. DRAccessReports.org account email \_\_\_\_\_

19. Did you collaborate with someone to complete the assessment?  Yes  No

If yes, check all that apply.