

Developmental Delay – Three through Six Years of Age (DD 3-6)

Student Name: _____

Date of birth: _____

Building: _____

Reviewer Name: _____

Date of Evaluation Report: _____

Eligible: ____ Yes ____ No

____ Evaluation (must meet initial criteria)

____ Reevaluation

Based on information in the Evaluation Report and the student file, the child identified as eligible under Developmental Delay must meet the requirements below.

1. Developmental Delay

The child must meet one of the following to be determined eligible for Early Childhood Special Education Services under Developmental Delay:

____ A diagnosed physical or mental condition or disorder that has a high probability of resulting in a developmental delay.

Physical or Mental condition _____

OR

____ A delay of 1.5 standard deviations or more below the mean in two or more developmental areas:

____ Cognitive Development

____ Standard Deviation

____ Communication Development

____ Standard Deviation

____ Physical Development (including vision and hearing)

____ Standard Deviation

____ Social or Emotional Development

____ Standard Deviation

____ Adaptive Development

____ Standard Deviation

2. Need for Special Education

The child's need for special education is supported by **all of the following**:

_____ At least one documented systematic observation in the child's routine setting by an appropriate professional or, if observation in the daily routine setting is not possible, the alternative setting must be justified.

_____ Developmental history.

_____ At least one other evaluation procedure in each area of identified delay that is conducted on a different day than the medical or norm-referenced evaluation; which may include criterion-referenced instruments, language samples, or curriculum-based measures.

Area of identified delay _____ Evaluation procedure _____

Area of identified delay _____ Evaluation procedure _____

Review of Eligibility Determination

To determine compliance with eligibility determination, **one of the following must be checked**.

_____ The documentation supports the team decision.

_____ The documentation does not support the team decision.

For complete information regarding disability criteria requirements, refer to Minnesota Rule 3525.1351.