



## **THE CRITICAL QUESTIONS for SLP EARLY INTERVENTION EVALUATIONS**

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**We need to gather answers to these questions to determine whether the child has a delay and whether the delay is “significant enough” to be eligible for EI services.**

**The parent/caregiver is “The Expert” with information over time and in many settings.**

Evaluator must personally interview parent/caregiver to allow for reframing of questions, follow-up and clarification to collect the essential data. Some of this information only needs to be elicited once by one person on the MDE team, but every evaluator must incorporate this information into each evaluation to have the informed clinical opinion to determine whether the child has a significant delay. Parent/caregiver interview best done first while child is engaged in play or exploring so evaluator can observe the child without the child knowing.

#### **1. Parent/caregiver concerns?**

- a. What specific concerns? When did parent/caregiver begin to become concerned?
- b. Is parent/caregiver more or less concerned now? Why?

#### **2. What does the child do on a regular day? (Open-ended. Give time to parents to answer)**

- a. Who spends time with the child during week/weekends? What activities does the child most enjoy?
- b. How much time with an I-pad/TV/ electronic device? What does the child do on these devices?
- c. Does the child have toys? What kinds? Books? Form boards? Puzzles?

#### **3. Any progress or regression in the past 3 to 6 months?**

- a. If so, ask for a description. Often skills improve by time evaluation takes place
- b. Must distinguish normal variability in developmental progress from true regression

#### **4. Language/dialect acquisitional history? For *all* children, not just “bilingual” ones**

- a. Includes exposure *over time* to languages/dialects. Percent of day in the different languages
- b. Include a separate section re language acquisitional history as this affects communication skills
- c. *Do not* “determine dominance.” That is not a concept applied to such young language learners. Rather relative proficiency and exposure is more apt.

#### **5. Parent's highest education level?**

- a. For both parents/caregivers and biological parent if applicable and known
- b. Education and SES strongly linked. Since too many test and developmental milestones look at “taught” skills rather than developmental milestones, this info allows evaluators to distinguish true delay from a lack of prior experiences due to cultural, linguistic, SES background.



6. **Family history of speech-language problems? Family history of academic problems or other disorders? If so, ask for a description.**
  - a. Many disorders have a genetic predisposition
  - b. Caution: We have many false positive, and false negative, identifications of disability/delay in NYC
7. **Significant changes in the family structure?**
  - a. Difficult to focus or do well when family structure is in flux
  - b. Divorce, birth of a sibling, moving, remarriage, living in shelters, death or serious illness, etc.
8. **How do child's communication compare to peers or siblings at same age?**
  - a. According to the research, the *most critical* "Critical Question". Spend time on this question
  - b. Make sure you compare to typically developing peers or siblings, not above average in development or significantly below average
9. **Were child's communication skills in the evaluation representative of how child is at home?**
  - a. Child may be afraid to speak to strangers or to engage with adults in the way being demanded in the evaluation, in such a strange setting, and doing a variety of tasks that have no function
  - b. Parent has information about the child over time and in a variety of settings
10. **Does the parent agree with evaluator's findings?**
  - a. While there may be parents who want a particular outcome, by this point evaluators are likely to have a sense how reliable the parent's responses are.
  - b. Why or why not? Evaluator is not obligated to concur with parent/caregiver
11. **Is child clumsy? How are overall fine and gross motor skills?**
  - a. Dr. Lisa Goffman's research on SLI finds also low average motor skills.
12. **10 examples of best communication skills and where it breaks down.**
  - a. When making the appointment, ask the caregiver to write down 10 instances of the child's best communication skills between the time appointment is made and when evaluation occurs.
  - b. Parents/Caregivers provide examples in various settings, over time, and in authentic settings.
13. **How do you know your child is smart?**
  - a. Especially valuable for young children with multiple disabilities and/or more severe disabilities.
  - b. Parent/Caregiver virtually always has a response that is much more enlightening than the results of the evaluator-child interactions during an evaluation.



**Other important information needed to assess and evaluate a child in a disability evaluation:**

1. ***Developmental milestones:***
  - a. First turned over/sat unassisted/ stood up/ walked
  - b. Alertness/responsiveness to people's simple commands and statements.
  - c. Babbling. How much compared to other children? Lots of sounds babbled?
  - d. How many sounds now? First words (including word approximations)? Two word combos?
2. ***Significant medical history*** including significant birth history, hospitalizations, overall health.
3. ***Reliability of informant***
4. ***Prior support or services that the child has received.***
5. ***Hearing status*** (Do not assume normal hearing "because X responded to environmental and speech sounds" or because child passed newborn Universal Hearing Screening.)