

Desired Results Developmental Profile *access* (DRDP *access*) Information Page

Note: This form plus a Rating Record must be completed for all preschool children with IEPs.

Child's Information

1. Student ID (Issued by District for Reporting to CASEMIS) _____
2. Statewide Student Identifier (10-digit SSID) _____
3. First Name (Legal) _____
4. Last Name (Legal) _____
5. Gender Male Female
6. Birth date (e.g., 12/06/2002) ____ / ____ / ____
month day year

Child's Language Information

- Check up to three.
- | | |
|---|--|
| <p>7. Child's Home Language(s)</p> <ul style="list-style-type: none"><input type="checkbox"/> English<input type="checkbox"/> Spanish<input type="checkbox"/> Vietnamese<input type="checkbox"/> Cantonese<input type="checkbox"/> Hmong<input type="checkbox"/> Tagalog/Pilipino<input type="checkbox"/> Other | <p>8. What language do you use with this child?</p> <ul style="list-style-type: none"><input type="checkbox"/> English<input type="checkbox"/> Spanish<input type="checkbox"/> Vietnamese<input type="checkbox"/> Cantonese<input type="checkbox"/> Hmong<input type="checkbox"/> Tagalog/Pilipino<input type="checkbox"/> Other |
|---|--|
9. If you are not familiar with the child's home language, did someone who is familiar with the language assist you with completing the observation?
- Yes No

Child's Ethnic Information

10. Child's Ethnicity. Check up to four.
- American Indian or Alaska Native
 - Asian
 - Native Hawaiian or Other Pacific Islander
 - Filipino
 - Hispanic or Latino
 - African-American
 - White
 - Other, specify: _____

Child's Disability Information

11. Primary Disability. Check one.
- | | |
|---|--|
| <input type="checkbox"/> Autism | <input type="checkbox"/> Multiple Disabilities |
| <input type="checkbox"/> Deaf-Blindness | <input type="checkbox"/> Orthopedic Impairment |
| <input type="checkbox"/> Deafness | <input type="checkbox"/> Other Health Impairment |
| <input type="checkbox"/> Emotional Disturbance | <input type="checkbox"/> Specific Learning Disability |
| <input type="checkbox"/> Established Medical Disability | <input type="checkbox"/> Speech or Language Impairment |
| <input type="checkbox"/> Hard of Hearing | <input type="checkbox"/> Traumatic Brain Injury |
| <input type="checkbox"/> Mental Retardation | <input type="checkbox"/> Visual Impairment |

Child's Adaptations Information

12. Adaptations. Check all that apply.
- Augmentative or alternative communication system
 - Alternative mode for written language
 - Visual support
 - Assistive equipment or device
 - Functional positioning
 - Sensory support
 - Alternative response mode

School/Program Information

13. School Code _____
14. District of Residence _____
15. District of Service _____
16. Title and Name of Special Education Case Carrier (e.g., SLP/Maria Lopez)

17. Name of General Education/Preschool Teacher

18. Date DRDP *access* was completed (e.g., 05/09/2007)
____ / ____ / ____
month day year

Rating Record

Child's First Name (Legal):	Student ID:
Child's Last Name (Legal):	Completion Date (MM/DD/YYYY):

Note: The Rating Record is not meant to be used independent of the DRDP *access* Manual or Booklet. You will need to refer to the DRDP *access* Manual or Booklet to complete this Rating Record. This record plus an Information Page must be completed for all preschool children with IEPs.

Instructions: Write the child's name, student identification number (issued by the district for reporting to CASEMIS), and the date this Rating Record was completed. Record the numerical rating for each Measure – the number that corresponds to the Descriptor for the highest developmental level the child has mastered. Check EM (emerging) if the child is “emerging” to the next level (optional). In the rare circumstance that you are unable to rate a particular Measure, check UR (unable to rate) and circle the reason why you are unable to rate this Measure (absence or other).

Measure	Description	Rating	In the rare circumstance that you are unable to rate a measure:		
			EM	UR	Reason
1. SELF1	Identity of Self		<input type="checkbox"/>	<input type="checkbox"/>	absence other
2. SELF2	Recognition of Own Skills and Accomplishments		<input type="checkbox"/>	<input type="checkbox"/>	absence other
3. SELF3	Self-Expression		<input type="checkbox"/>	<input type="checkbox"/>	absence other
4. SOC1	Expressions of Empathy		<input type="checkbox"/>	<input type="checkbox"/>	absence other
5. SOC2	Interactions with Adults		<input type="checkbox"/>	<input type="checkbox"/>	absence other
6. SOC3	Relationships with Familiar Adults		<input type="checkbox"/>	<input type="checkbox"/>	absence other
7. SOC4	Developing Friendships		<input type="checkbox"/>	<input type="checkbox"/>	absence other
8. SOC5	Building Cooperative Play with Other Children		<input type="checkbox"/>	<input type="checkbox"/>	absence other
9. SOC6	Conflict Negotiation		<input type="checkbox"/>	<input type="checkbox"/>	absence other
10. SOC7	Awareness of Diversity		<input type="checkbox"/>	<input type="checkbox"/>	absence other
11. REG1	Impulse Control		<input type="checkbox"/>	<input type="checkbox"/>	absence other
12. REG2	Seeking Other's Help to Regulate Self		<input type="checkbox"/>	<input type="checkbox"/>	absence other
13. REG3	Responsiveness to Other's Support		<input type="checkbox"/>	<input type="checkbox"/>	absence other
14. REG4	Self-Comforting		<input type="checkbox"/>	<input type="checkbox"/>	absence other
15. REG5	Taking Turns		<input type="checkbox"/>	<input type="checkbox"/>	absence other
16. LANG1	Language Comprehension		<input type="checkbox"/>	<input type="checkbox"/>	absence other
17. LANG2	Responsiveness to Language		<input type="checkbox"/>	<input type="checkbox"/>	absence other
18. LANG3	Expresses Self Through Language		<input type="checkbox"/>	<input type="checkbox"/>	absence other
19. LANG4	Uses Language in Conversation		<input type="checkbox"/>	<input type="checkbox"/>	absence other
20. LRN1	Curiosity and Initiative		<input type="checkbox"/>	<input type="checkbox"/>	absence other
21. LRN2	Attention Maintenance and Persistence		<input type="checkbox"/>	<input type="checkbox"/>	absence other
22. COG1	Memory		<input type="checkbox"/>	<input type="checkbox"/>	absence other
23. COG2	Cause and Effect		<input type="checkbox"/>	<input type="checkbox"/>	absence other
24. COG3	Engages in Problem-Solving		<input type="checkbox"/>	<input type="checkbox"/>	absence other
25. COG4	Object and Pretend Play		<input type="checkbox"/>	<input type="checkbox"/>	absence other

Measure	Description	Rating	In the rare circumstance that you are unable to rate a measure:		
			EM	UR	Reason
26. MATH1	Number Sense: Understands Quantity and Counting		<input type="checkbox"/>	<input type="checkbox"/>	absence other
27. MATH2	Number Sense: Math Operations		<input type="checkbox"/>	<input type="checkbox"/>	absence other
28. MATH3	Number Sense: Comparison of Quantity		<input type="checkbox"/>	<input type="checkbox"/>	absence other
29. MATH4	Shapes		<input type="checkbox"/>	<input type="checkbox"/>	absence other
30. MATH5	Time		<input type="checkbox"/>	<input type="checkbox"/>	absence other
31. MATH6	Classification and Matching		<input type="checkbox"/>	<input type="checkbox"/>	absence other
32. MATH7	Measurement		<input type="checkbox"/>	<input type="checkbox"/>	absence other
33. MATH8	Patterning		<input type="checkbox"/>	<input type="checkbox"/>	absence other
34. LIT1	Interest in Literacy		<input type="checkbox"/>	<input type="checkbox"/>	absence other
35. LIT2	Concepts of Print		<input type="checkbox"/>	<input type="checkbox"/>	absence other
36. LIT3	Letter and Word Knowledge		<input type="checkbox"/>	<input type="checkbox"/>	absence other
37. LIT4	Phonological Awareness		<input type="checkbox"/>	<input type="checkbox"/>	absence other
38. LIT5	Emerging Writing		<input type="checkbox"/>	<input type="checkbox"/>	absence other
39. LIT6	Comprehension of Text		<input type="checkbox"/>	<input type="checkbox"/>	absence other
40. MOT1	Movement		<input type="checkbox"/>	<input type="checkbox"/>	absence other
41. MOT2	Balance		<input type="checkbox"/>	<input type="checkbox"/>	absence other
42. MOT3	Grasp/Release and Manipulation		<input type="checkbox"/>	<input type="checkbox"/>	absence other
43. MOT4	Eye-Hand Coordination		<input type="checkbox"/>	<input type="checkbox"/>	absence other
44. SH1	Personal Care Routines: Toileting and Hygiene		<input type="checkbox"/>	<input type="checkbox"/>	absence other
45. SH2	Personal Care Routines: Dressing		<input type="checkbox"/>	<input type="checkbox"/>	absence other
46. SH3	Personal Care Routines: Self-Feeding		<input type="checkbox"/>	<input type="checkbox"/>	absence other
47. SH4	Personal Safety		<input type="checkbox"/>	<input type="checkbox"/>	absence other
48. SH5	Understanding Healthy Lifestyle: Eating and Nutrition		<input type="checkbox"/>	<input type="checkbox"/>	absence other