

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.

7. Child's Home Language(s)

- English
- Spanish
- Vietnamese
- Cantonese
- Hmong
- Tagalog/Pilipino
- Other

8. What language do you use with this child?

- English
- Spanish
- Vietnamese
- Cantonese
- Hmong
- Tagalog/Pilipino
- 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