

# PS DRDP-R

## Information Page

### Preschool Desired Results Developmental Profile-Revised (PS DRDP-R) for Children with IEPs 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.

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.

- Autism
- Deaf-Blindness
- Deafness
- Emotional Disturbance
- Established Medical Disability
- Hard of Hearing
- Mental Retardation
- Multiple Disabilities
- Orthopedic Impairment
- Other Health Impairment
- Specific Learning Disability
- Speech or Language Impairment
- Traumatic Brain Injury
- 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 PS DRDP-R was completed (e.g., 05/09/2007)

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
month day year