

New York City Department of Health and Mental Hygiene, Bureau of Early Intervention, Checklist for Teletherapy Evaluations During the COVID-19 Declared State of Emergency (4.13.2020)

Items 7, 8, 12, 13 may be completed by one member of the MDE team and shared with the rest of the team.

<input type="checkbox"/>	1. Date of initial Phone Call with parent/guardian and content of discussion
<input type="checkbox"/>	2. Date of Video Tour and content of discussion, including: <ol style="list-style-type: none"> Questions or concerns raised by parent/guardian. The room or space that the parent identified where the evaluation would take place. The layout of the room. What modifications were suggested, if any. The household items or toys that were discussed that could be used during the evaluation The instructions or guidance given to the parent about their role during the evaluation If the evaluator is being asked to consider an ASD diagnosis, what preparations were considered and discussed with the parent as to how the specific DSM-5 criteria could be observed or elicited during the telehealth evaluation?
<input type="checkbox"/>	3. Description is provided of the telehealth modalities used ; e.g. “parent used iPad; evaluator used ___.”
<input type="checkbox"/>	4. Description of how the evaluation was actually carried out . Include details about setting and location of child and how child moved about in that space during the evaluation. E.g. “Child was initially seated on parent’s lap in front of the iPad but repeatedly got up and down and walked around the room. When this occurred, the parent did ___.”
<input type="checkbox"/>	5. Indication is made that teletherapy was able to be successfully completed to gain a total picture of the child and assess the stated concerns. Did audio and video function consistently throughout the entire session? Any technological problems during the evaluation? How were they overcome?
<input type="checkbox"/>	6. Start and end times for each individual evaluation are included, as well as whether or not each evaluation was completed in more than one session .
<input type="checkbox"/>	7. Details of developmental and behavioral history are included (6.a. in Teletherapy Evaluation Guidance dated 3.18.2020) <ol style="list-style-type: none"> Family History Social history <ol style="list-style-type: none"> For children in foster care, information about placement history: reason for placement, when child was placed in foster care, child’s adjustment to placement, how long child has been in current foster care home Child’s temperament If regression is reported, detailed descriptions of when it was first noted, child’s functioning and skill level prior to regression, and child’s current skill and functional level. If behavioral difficulties are reported, detail onset, history, and context of specific behaviors. What does parent/caregiver do/not do? What is the impact of this on the behavior?
<input type="checkbox"/>	8. Details of birth and past medical history are included (6.b.) <ol style="list-style-type: none"> Does child see any medical specialists or has s/he been referred to any? What was the outcome? Results of any pending medical or hearing tests Hospitalizations, diagnoses Birth complications
<input type="checkbox"/>	9. Detailed observations of the parent-child interaction are included (6.c.) Also include any observations of child-sibling interactions or child’s interactions with any other significant persons.
<input type="checkbox"/>	10. Observations of child’s performance in arranged tasks and spontaneous activities . Descriptions should include HOW child performed the task or activities.
<input type="checkbox"/>	11. Observation and description of how the child communicated with others during the evaluation.
<input type="checkbox"/>	12. Detailed description of the child and family’s routines pre-COVID-19, and how these may have recently changed due to COVID-19 (6.d.) <ol style="list-style-type: none"> How is the child adapting to the change in routine? Ask questions about dressing, meal time, play time, watching TV, travel, nap time, bath and bedtime or while hanging out.

	<p>c. Who are the important people in the child’s life? Who takes care of the child? Have there been changes in who is home and who is absent? Who engages in different activities and routines with the child (Some of these contacts may have changed due to COVID-19.)</p> <p>d. What routines/activities does child enjoy doing and what makes this routine/activity enjoyable?</p> <p>e. What routines/activities are difficult or challenging for the child?</p> <p>i. What makes it challenging or difficult? Do these challenges occur with all caregivers? Are there better times of the day or locations that are more comfortable for these routines/activities? Are the challenges new since the onset of COVID-19 and likely to be temporary and situation-specific? Are they within expectations developmentally?</p>
<input type="checkbox"/>	13. Parent report of child’s likes/dislikes and of the child’s strengths and what s/he does well (6.e., f.)
<input type="checkbox"/>	14. Description of the child’s spontaneous activity as observed during the telehealth evaluation; any interventions, modifications or suggestions given by the evaluator, and if and how these contributed to success.
<input type="checkbox"/>	15. Detailed description of the household items or toys used in the evaluation, and the skills that were assessed as these items were utilized.
<input type="checkbox"/>	<p>16. Detailed description of how the parent and/or sibling or other caregiver was used during the evaluation in order for the evaluator to “see” the child’s skills/strengths/behaviors. E.g. “the parent was told to position the child ___ in order for the evaluator to assess muscle tone and symmetry” OR “the parent was instructed to hold the ___ in an open hand in order for the evaluator to observe how the child picks it up” OR “the parent was asked to open the family photo album so the parent and child could look at it together and the child could spontaneously respond to the pictures.</p> <p>a. Evaluator should not administer or describe test items as behavioral observations.</p> <p>b. Evaluator should provide details as to how the child’s functioning was determined based on the responses that were successfully or unsuccessfully elicited.</p> <p>c. All observations should include HOW the child did an activity, not merely WHAT the child did or did not do. If the child was unable to do something, describe what the child’s attempt looked like.</p>
<input type="checkbox"/>	<p>17. Detailed description of the child’s responses to the parent as outlined above in 16.</p> <p>a. What were the child’s responses?</p> <p>b. What was the child able to do or not do and how does this compare to the child’s typical functioning?</p> <p>c. How did the child’s performance change with additional support or facilitation by the parent, or other parental involvement or encouragement?</p>
<input type="checkbox"/>	<p>18. Discussion of whether or not the child’s observed “performance” was felt to be typical and an accurate picture of the child (8 c i-ii), and how this determination was made.</p> <p>a. What distractions may have impacted the child’s performance, including the use of video/audio as opposed to a live evaluator? What is child or family’s history with technology and video interactions? How does child typically respond to the use of technology?</p>
<input type="checkbox"/>	19. The MDE summary includes a description of how the various evaluation team members collaborated to determine the child’s developmental domain statuses and eligibility status (8. c. iii.), not merely that the MDE team collaborated. If there were different levels of functioning observed, how did the MDE team determine what was most representative of the child’s abilities?
<input type="checkbox"/>	20. Detailed description as to how child’s functional abilities were determined by the MDE Team that DO NOT include the use of norm referenced instrument/s . None of the norm referenced instruments were normed on telehealth evaluations. There should not be any developmental domain statuses entered into NYEIS with a 2.0 SD or 1.5 SD as the developmental domain status. (8.a.)
<input type="checkbox"/>	21. Supplemental evaluations must include documentation that the prior MDE, IFSP and amendments, any other supplemental evaluations, and progress notes were reviewed and incorporated into the evaluator’s informed clinical opinion. The evaluator should speak with the child’s current service providers to understand their perspective on the child’s behavior and functioning.