



SPECIAL EDUCATION NON-REGULATORY GUIDANCE

Effective Early Childhood Screening Practices

JULY 2025



Office of the State
Superintendent of Education



GOVERNMENT OF THE
DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR

TABLE OF CONTENTS

PURPOSE OF SCREENING	3
RECOMMENDED SCREENING PRACTICES	3
PARENT NOTIFICATION AND CONSENT	4
CHOOSING A SCREENING INSTRUMENT	4
HOW TO USE SCREENING RESULTS	5
ADDITIONAL GUIDANCE	6
APPENDIX OF FORMAL SCREENING INSTRUMENTS	7

The Office of the State Superintendent of Education (OSSE) provides this guidance on local education agency (LEA) responsibilities under the Individuals with Disabilities Education Act (IDEA) related to early childhood screening practices. This guidance is intended to support LEAs in crafting appropriate screening practices, identifying screening tools, and using student data effectively as part of a comprehensive Child Find system. This document generally constitutes nonregulatory guidance and does not impose any additional requirements beyond those included in applicable federal and local law and regulations.

PURPOSE OF SCREENING

LEAs must identify, locate, and evaluate students who may have disabilities, also known as the Child Find obligation.¹ As part of Child Find activities, LEAs may conduct screenings, consider existing data, and consult with parents if it is suspected that a student may have a disability.² A screening gathers broad information on a student's development to determine if a more comprehensive assessment is needed to fully evaluate their functioning. Formal screening instruments are especially valuable in providing data that are more objective than observations or anecdotal accounts and give a method for comparison to how other students function. Consistent and thorough screening practices in early childhood help ensure that students are referred for evaluation appropriately and early. Because the brain develops rapidly in the first five years of life, this early intervention period is especially critical for students with disabilities.

RECOMMENDED SCREENING PRACTICES

LEAs may establish internal screening policies and processes in accordance with their Child Find responsibilities, including outlining what screening instruments will be used, which students will be routinely screened, when screening will occur, when re-screening is necessary, and what additional data will support the screening results. LEAs should consider the following recommendations when developing their own screening practices:

- To ensure that students are identified and referred in a timely manner, initial screenings should take place as close as possible to the student's first day of attendance.
- Initial screenings should be completed for all newly enrolled students younger than age 6.
- In addition to the initial screening, LEAs should establish regular intervals for screening students throughout the year. This should include students who need to be screened again for updated information or a measure of progress, students enrolling during the school year (off-cycle initial screenings), and students younger than age 6 who may benefit from screening or re-screening in any area of development.
- LEAs should use the best screening instrument available for each student and accommodate any needs, including those of English learners. Using the same screening instruments for the entire population, to the extent possible, will give LEAs an additional point of comparison between same-age students and ensure equity in the data collection process.
- While formal screening instruments are powerful and informative, they should not be used in isolation or relied upon solely for making decisions about students or evaluations. Classroom-based assessments, formal and informal observations, medical history, and parent/family input should be used in tandem with screening results to monitor student progress and evaluate the need for a referral for further evaluation. When available, LEAs should also consider screening results from other sources, such as child care centers and pediatricians.
- Screening instruments should be administered by staff members who will have direct access to the student.
- LEAs should inform parents of screening practices, administration dates, and points of contact.

If, at any point before, during, or after the screening process, any staff, family member, or other referral source³ suspects that the student may have a disability, the LEA must begin the referral process regardless of whether the LEA feels that the available data are sufficient to move forward with the process. If additional data are needed, the LEA should consider the need for additional assessments as part of the analysis of existing data.

1 34 C.F.R. § 300.111(a); For more information, please see OSSE's [Comprehensive Child Find System Policy](#).

2 5-A DCMR § 3003.5

3 5-A DCMR § 3004.1-2

PARENT NOTIFICATION AND CONSENT

Prior to initiating broad screening of students, LEAs should provide information to all parents regarding LEA Child Find practices, including the availability of special education and related services, and routine screening practices. Parents should be informed about the purpose of screening, what areas of development will be screened, who will conduct the screening, when and where it will take place, what happens after screening is completed, and who their point of contact is.

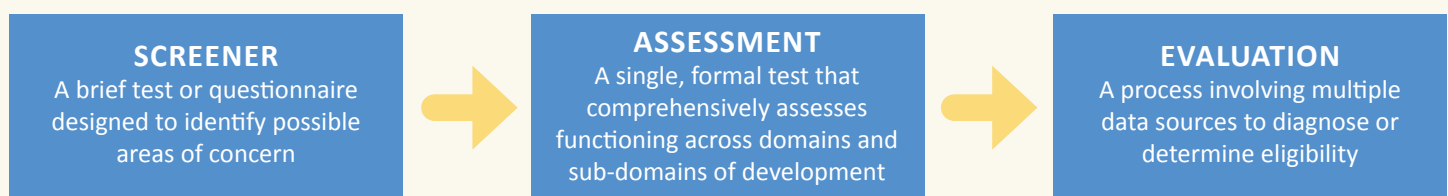
While formal parent consent is not generally required prior to school-wide screening activities,⁴ parents should be fully informed and included throughout the process.⁵ Parents provide important information about student development through their individual and family histories, relevant medical information, and context of functioning in the home environment. If an LEA intends to conduct any screening activities for any student or students that are not carried out for the entire population, parental consent must be obtained prior to the initiation of those screenings. Once screening is completed, the results should be provided and explained to parents to support collaboration with LEAs on any implications for their student's programming.

CHOOSING A SCREENING INSTRUMENT

LEAs are responsible for choosing their own screening instruments. While it is important for any screening program to include multiple sources of information, a valid and reliable screening tool should be one of the primary sources of student data.

Screening instruments are not assessments or evaluations. A screener is a brief test or questionnaire that helps to identify students who may have concerns in specific areas of development. Screeners can only indicate a student's possible areas of concern and do not provide enough information to confirm a disability or eligibility for special education.⁶ An assessment is longer and more comprehensive, typically breaking larger domains into more specific skills. While a single assessment provides an in-depth look at one or more domains of development, multiple assessments and other pieces of data, including observations, interviews, classroom-based data, and student history, are required to constitute a full evaluation that is used for diagnostic purposes and determination of eligibility for special education services.

Figure 1: Screener vs. Assessment vs. Evaluation



LEAs may choose any screening instrument(s) they determine to be a best fit for their population and program. An effective screening program should address key areas of development, including adaptive, cognitive, motor, social-emotional, and communication skills. This ensures that screening practices capture the entirety of a student's functioning. LEAs may select one screening instrument that covers all of these areas or separate instruments or sources of data.

4 5-A DCMR § 3006.14

5 For more information, please see OSSE's [Parent Participation and Engagement in the Special Education Process Guidance](#).

6 5-A DCMR § 3006.13

While OSSE does not endorse any specific screening instrument, the appendix provides a list of commonly used screening tools and their key attributes to assist LEAs in making informed decisions about what tool would be best for their program.

To select valid, reliable, and appropriate screening tools, LEAs should look for the following characteristics:

- Based in research and developed by a reputable organization;
- Norm- or criterion-referenced, providing a quantitative comparison to same-age peers or developmental expectations (e.g., cutoff or percentile scores);
- Evaluates key developmental areas and provides a comprehensive picture of the student's strengths and weaknesses;
- Available in primary languages spoken by students and families;
- Incorporates family input; and
- Culturally relevant for the population of the LEA.

LEAs should develop internal policies and procedures for training staff members and should provide opportunities for ongoing professional learning as appropriate for the screeners utilized. Training should be obtained and conducted consistent with directions proscribed by the screener developer. Appropriate training ensures that staff can administer, score, and interpret screening results accurately and reliably.

HOW TO USE SCREENING RESULTS

Screeners provide important baseline information on a student and, when re-screening, a point of comparison for individual progress. Regardless of the outcome of the screening, results should be shared with teachers and parents. LEAs should develop a plan for sharing this information in a way that is concise and easy to understand; this may involve creating a one-pager to share a summary of the screening and results, choosing a screening instrument that has a family-centered results sheet, or sharing results during a conference or phone call.

If, at any time, a student is suspected to have a disability, the referral process must be initiated to determine if further evaluation is appropriate even if the screening process is not yet started or still underway. The referral process must not be delayed to initiate or complete the screening process, or gather additional data.⁷

LEAs should use cutoff scores or other criteria provided by each screener's publisher to determine what scores constitute a potential concern for each student. A multi-disciplinary team should be available to develop plans for students who do not meet the minimum score or whose additional data indicate a possible concern in any area of development. It is critical that professionals in each respective field of development confer on appropriate next steps (e.g., a speech language pathologist should provide their expert opinion on next steps for students with possible concerns in communication skills). These plans may take many forms and may include, but are not limited to:

- Monitoring the student and completing a follow-up screening;
- Collaborating with families to coordinate supports outside of school;
- Providing short-term tiered intervention targeting the area(s) of concern; or
- Referring the student for a special education evaluation.

Formal interventions, such as Multi-Tiered System of Supports (MTSS) or Response to Intervention (RTI), can occur independently or in tandem with the referral process. In some cases, intervention can be a helpful tool for gathering additional student data, gauging their response to intervention strategies, and facilitating student progress in specific areas. Tiered interventions should generally be short-term and targeted to specific skills. The implementation or continuation of an intervention program must not delay or deny the referral or evaluation process. The following considerations may be helpful in determining whether intervention or referral is appropriate for a particular student:

7 For more information, please see OSSE's [Special Education Policy Bulletin: Referral for Initial Evaluation](#).

Figure 2: Factors in Considering Intervention Following Screening

CONSIDER INTERVENTION	CONSIDER REFERRAL
The student might benefit from short-term interventions to gain new skills.	The student might require ongoing, long-term interventions to gain and maintain skills.
The student demonstrates deficits in discrete and measurable skills.	The student demonstrates deficits in broad areas of development, including multiple skills within that domain.
The student is demonstrating difficulty in a single domain of development.	The student is demonstrating difficulty in multiple domains of development.
The student is slightly below age expectations.	The student is significantly below age expectations.
There is no suspicion that the student may have a disability.	There is suspicion that the student may have a disability.

ADDITIONAL GUIDANCE

OSSE is committed to early intervention and ensuring compliance with federal and local mandates designed to promote equitable early childhood services and supports. For more information regarding the content of this guidance, please direct any questions to OSSE’s special education policy team at OSSE.DSEpolicy@dc.gov.

APPENDIX OF FORMAL SCREENING INSTRUMENTS⁸

INSTRUMENT NAME	AGES	DOMAINS ADDRESSED	ADMINISTRATION METHODS	LANGUAGES AVAILABLE
Ages and Stages Questionnaires (ASQ-3)	1 to 66 months, differentiated by questionnaires for specific age bands	Communication; Gross Motor; Fine Motor; Problem Solving; Personal-Social	Parents or caregivers complete questionnaires in 10-15 minutes	Arabic, Chinese, English, French, Spanish, Vietnamese
Ages and Stages Questionnaires: Social Emotional (ASQ: SE-2)	1 to 72 months, differentiated by questionnaires for specific age bands	Self-Regulation; Compliance, Social-Communication; Adaptive Functioning; Autonomy; Affect; Interaction with People	Parents or caregivers complete questionnaires in 10-15 minutes	Arabic, English, French, Spanish, Vietnamese
Battelle Developmental Inventory, 3 rd ed. (BDI-3) Screening Test	Birth to 7 years 11 months	Adaptive; Social-Emotional; Communication; Motor; Cognitive	Staff administer in 10-30 minutes through structured activities, observation, and parent interview	English, Spanish
Brigance Early Childhood Screens III	Versions available for 0-35 months, 3-5 years, and K-First Grade	Physical Development; Language Development; Academic Skills/ Cognitive Development; Self-Help; Social-Emotional Skills	Staff administer in 10-15 minutes	English, Spanish
Developmental Indicators for Assessment of Learning, 4 th ed. (DIAL-4)	2 years 6 months to 5 years 11 months	Language; Motor; Concepts; Self-Help; Social-Emotional	Staff administer in 30-45 minutes through structured activities and parent/teacher questionnaires	English, Spanish
Early Screening Inventory, 3 rd ed. (ESI-3)	ESI-P: 3 years 0 months to 4 years 5 months ESI-K: 4 years 6 months through 5 years 11 months	Visual-Motor/Adaptive; Language and Cognition; Gross Motor Skills	Staff administer in 15-20 minutes, through structured activities and a parent questionnaire	English, Spanish
Learning Accomplishment Profile Diagnostic (LAP-D) Screens	3-5 years, differentiated by tests for each year	Gross Motor; Fine Motor; Cognitive; Language	Staff administer in 45 minutes or less	English, Spanish
Preschool Language Scales, 5 th ed. (PLS-5) Screening Test	Birth to 7 years 11 months	Language; Articulation; Connected Speech; Social/ Interpersonal; Communication; Stuttering; Voice	Staff administer in 5-10 minutes	English, Spanish



Office of the State Superintendent of Education
1050 First Street, NE, Washington, DC 20002