Behavioral Observation and Screening

Participant's Guide

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FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES
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Behavioral Observation and Screening in Child Care Participant's Guide

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Behavioral Observation and Screening
Module 1: An Introduction to Observation and Screening

Overview

This module will introduce the topics of observation and screening. It will provide basic information about observation and screening in a child care setting, and show how assessment and evaluation relate to these topics. The module will explain actions to take if information supports a suspicion of abuse or neglect, and describe how to handle a suspicion of delay or disability.

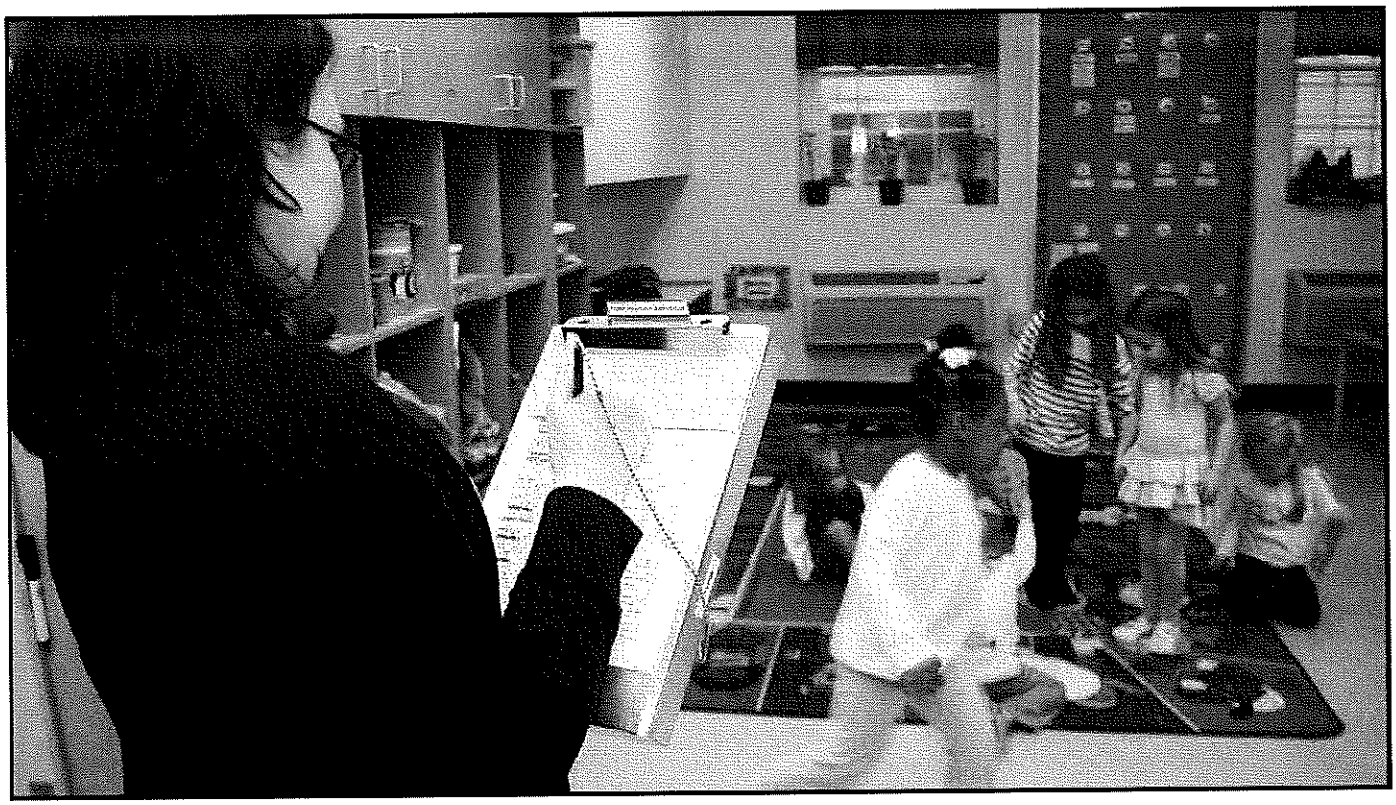
Goal

Participants will define the terms observation, screening, assessment, and evaluation, as used by child care professionals, and describe appropriate use of each.

Learning Objectives

After successfully completing this module, you will be able to:

- State the three main reasons child care professionals observe and screen children
- Define terms used in child care related to observation, screening, assessment, and evaluation
- Give examples of professional groups that perform each of those four activities



Introduction to Observation and Screening

Child care professionals observe and screen children so they can facilitate the growth and development

of _____in their program, detect early signs of developmental delay or disability, and identify signs of child abuse or neglect.

_____is an ongoing process in which child care professionals recognize and document identifiable developmental milestones as they appear, using tools such as checklists, anecdotal records, and running records.

_____is an ongoing process in which child care professionals use specialized observation and documentation tools to identify, document, and monitor typical development or possible developmental delay.

> ***Developmental milestones*** are observable behaviors, traits, skills, or abilities that typically appear at specific age ranges.

Why are Observation and Screening Important?

The three main reasons child care programs observe and screen children are to:

- foster growth and development in _____ child
- detect _____ of developmental delay or disability
- identify signs of child abuse and neglect

These processes are also used to:

- support quality _____ development
- help _____ support growth and development at home
- allow timely referral for _____ services
- provide a common reference point and _____ between parents, program staff, and other professionals

> ***Early intervention*** is a system of services that help children who have a developmental disability or delay.

Reasons child care programs observe and screen children.

1. **Observation and screening foster growth and development in every child** by

   _____ the child's developmental-age level and by using the information obtained from observation and screening to develop:

   - Inside and outside learning spaces
   - Personal care routines
   - Communication and interaction practices
   - Learning activities
   - Program policies and procedures

2. **Observation and screening can detect early signs of developmental delay or disability** when child care staff members are trained to _____ and _____ signs of typical or atypical growth and development.

Resources:

- Department of Children and Families' course *Child Growth and Development, Special Needs Appropriate Practices*, and *Supporting Children with Developmental Disabilities* www.myflfamilies.com/service-programs/child-care/training

> ***Atypical*** means the same thing as not typical or not expected.

3. **Observation and screening can help child care professionals identify the signs of child abuse and neglect**. Every adult in Florida is required by law to report any suspected abuse or neglect and can do so anonymously. However, people who work with children are required, by law, to identify themselves when they report suspected child abuse or neglect. Failure to report suspected abuse or neglect is a felony of the third degree in Florida. More information on this subject will be presented in Module 5.

> **Key Point:** The three main reasons child care programs observe and screen children are to foster growth and development in every child, detect early signs of developmental delay or disability, and identify signs of child abuse and neglect.

Resources:

- For more information about typical and atypical child development, take the Department of Children and Families' courses *Child Growth and Development*, *Special Needs Appropriate Practices*, and *Supporting Children with Developmental Disabilities*.
- For more information about child abuse and neglect and the legal responsibilities of people who work in the child care industry, take the Department of Children and Families' course *Identifying and Reporting Child Abuse and Neglect*.

In addition to the three main reasons child care programs observe and screen children, there are additional reasons.

4. **Observation and screening support quality curriculum development** by focusing learning goals and objectives, lesson plans, and teaching strategies on the development and implementation of activities that _____ the child's skills.
5. **Observation and screening can help parents** support their child's growth and development at home by increasing the volume and _____ of information available to them.
6. **Observation and screening allow** _____ **referral for intervention**. The _____ signs of developmental delay or disability are identified, the _____ the outcome for the child.

Observation and Screening Overview

Observation and screening provide an opportunity for communication between parents, staff, and child development specialists because they include written _____ of a child's growth and development over time.

> ***Documented evidence*** refers to written data collected by the program. For example, there may be a file note stating when a child could stand on one foot.

Key Point: Observation and screening provide opportunities for communication between parents, staff, and child development specialists because they include written evidence of a child's growth and development over time.

Screening

Screening is an ongoing process conducted by child care providers and others to verify that a child is developing _____ or to _____ early signs of delay or disability.

During a screening session, trained adults identify and measure specific _____ and _____,

as indicated by a screening instrument.

Screening takes place recurrently, using an instrument that is proven to be _____, _____, and _____.

Family members are always involved in screening, sometimes as _____ participants.

Like observation, screening should take place in the child's _____ with familiar people, and be performed when he or she is at his or her best.

Benefits of Screening

Screening can:

- Identify specific areas of concern
- Determine if further assessment or evaluation may be necessary
- Provide a basis for referral
- Empower parents with information to help them make decisions
- Present a basis for necessary and ongoing communication with parents and others

Key Point: Screening determines if children are developing typically, identifies early signs of delay or disability, and provides a basis for referral.

Assessment

Assessment is a process whereby an agency or organization gathers and reviews

_____ sources of information about a child's suspected or confirmed developmental delay or

disability, and _____ to improve a child's outcomes.

Child care professionals in Florida refer families to the Florida Diagnostic and Learning Resource

System's _____.

Benefits of Assessment

Assessment can

- Empower parents to help their child grow and develop,
- Improve a family's ability to navigate a complex system of services,
- Result in a referral for evaluation so eligible children may receive benefits they are entitled to under the Individuals with Disabilities Education Act or IDEA, which is a federal law.

Resources:

- Visit the Florida Diagnostic and Learning Resource System's Child Find, for more information.
- For more information about the Individuals with Disabilities Education Act, visit the U.S. Department of Education's IDEA website.

The ***Individuals with Disabilities Education Act (IDEA)*** mandates that children with disabilities receive a free and public education (FAPE). IDEA Part B addresses children and youth (ages 3-22), while Part C addresses infants and toddlers.

Key Point: Assessment can lead to an evaluation, which may qualify the child for benefits under IDEA.

Assessment vs. Evaluation

According to Children's Medical Services (CMS)...

_____ refers to:	defines _____ as:
"...ongoing procedures used by appropriate qualified personnel throughout the period of a child's eligibility to identify the following: (A) the child's unique strengths and needs and the services appropriate to meet those needs, and (B) the resources, priorities, and concerns of the family and the supports and services necessary to enhance the family's capacity to meet the developmental needs of their infant or toddler with a disability."	"...procedures used by appropriate qualified personnel to determine a child's initial and continuing eligibility for Early Steps, consistent with the definition of "infants and toddlers with disabilities" in §303.16, including determining the status of each child in each of the developmental areas in 34 CFR §303.322 (c)(3)(ii)."

To summarize, evaluation is a process that _____a child's eligibility for federal, state, and local programs and services.

Resources:

- For more information about Children's Medical Services, visit thier website at: www.floridahealth.gov/AlternateSites/CMS-Kids/families/families.html.

Key Point: Assessment is a process whereby an agency or organization gathers and reviews multiple sources of information about a child's suspected or confirmed developmental delay or disability and uses that information to improve a child's outcomes.

Key Point: Evaluation is a process that determines a child's eligibility for federal, state, and local programs and services.

Who Conducts Observation, Screening, and Assessment Processes?

Your role as a child care professional:

- _____
- _____
- _____

In observation and screening processes, your main responsibilities are to _____ the child's skills and abilities fairly, objectively, and accurately; and work with families to _____ children for further assessment and evaluation.

Remember, if information causes you to _____ child abuse or neglect, you must report it.

Reflect, Think, and Act: Comfort Level

Consider the observation, screening, and referral processes, as well as your role as a mandatory reporter of child abuse and neglect. Which of these responsibilities seems most comfortable to you?

_____

_____

_____

_____

Which is least comfortable?

_____

_____

_____

_____

Activity: The Child Care Professional's Role in Observation, Screening, Assessment, and Evaluation

For each statement, determine whether or not this is a role of a child care professional.

Yes	No	Is this a role of a child care professional?
		1. Name the developmental domains and cite examples of related skills and abilities.
		2. Assess a child for delay or disability.
		3. Refer families to the Florida Diagnostic and Learning Resource System's Child Find.
		4. Diagnose a disability.
		5. Provide documented evidence of observation and screening.
		6. Make a referral for evaluation.
		7. Work with families who receive benefits under The Individuals with Disabilities Education Act (IDEA).
		8. Use developmental milestone charts to confirm a suspicion of delay.
		9. Provide a natural environment.
		10. Use the word abnormal instead of atypical.
		11. Use developmentally appropriate practice for every child in the program.
		12. Determine a child's initial and continuing eligibility for services related to early intervention.
		13. Deliver individualized care.

Module 1 Summary

Here is a summary of the Key Points for **Module 1: An Introduction to Observation and Screening**.

The three main reasons child care programs observe and screen children are to foster growth and development in every child, detect early signs of developmental delay or disability, and identify signs of child abuse and neglect.

Observation and screening provide opportunities for communication between parents, staff, and child development specialists because they include written evidence of a child's growth and development over time.

Observation helps a program function at its best over several operational and functional areas.

Screening determines if children are developing typically, identifies early signs of delay or disability, and provides a basis for referral.

Assessment can lead to an evaluation, which may qualify the child for benefits under IDEA.

Assessment is a process whereby an agency or organization gathers and reviews multiple sources of information about a child's suspected or confirmed developmental delay or disability and uses that information to improve a child's outcomes.

Evaluation is a process that determines a child's eligibility for federal, state, and local programs and services.

Child care professionals observe and screen children, and should work with families to make referrals.

Observation, screening, assessment, and evaluation are interrelated processes.

Child care programs should support families by observing and screening children through an ongoing, systematic process.

Module 1 Conclusion

You have achieved this module's learning objectives if you can:

- State the three main reasons child care professionals observe and screen children
- Define terms used in child care related to observation, screening, assessment, and evaluation
- Give examples of professional groups that perform each of those four activities

Key Point: Child care professionals observe and screen children, and should work with families to make referrals.

Key Point: Observation, screening, assessment, and evaluation are interrelated processes.

Key Point: Child care programs should support families by observing and screening children through an ongoing, systematic process.

Reflect, Think, and Act: What if...?

What is the most likely outcome when children with special needs are not observed, screened, and referred to people who can help them and their families?

If you were the parent of a child with special needs, how important would it be to know about your child's condition as early as possible?

Activity: Is This Observation, Screening, Assessment, or Evaluation?

For each scenario, place an "X" in the box that correctly identifies what action is occurring.

Scenario	Observation	Screening	Assessment	Evaluation
1. After reading a child's file, a trained adult asks the child to perform specific tasks. The adult confirms the child has a developmental disability and therefore qualifies for programs and services by federal law.				
2. A trained adult watches a child for a half hour as she interacts with other children in the program. The adult documents the child's typical growth and development in the Social-Emotional Developmental Domain in the child's file, writes a note to the parents, and uses the information to plan future activities.				
3. After reading a child's file, a trained adult asks the child to perform specific tasks. The data indicates the child may have a developmental delay or disability, and could benefit from early intervention. The adult refers the family to a medical professional for diagnosis.				
4. A trained adult watches a child for a half hour as she interacts with other children in the program. The adult documents the child's atypical growth and development as called for in a tool's Social-Emotional Developmental Domain section, and makes plans to speak to a supervisor about a possible developmental delay or disability in this domain.				

Behavioral Observation and Screening
Module 2: The Principles of Observation and Screening

Overview

This module will provide field-tested guidelines and best practices used by child care providers to ensure the information they collect during observation and screening sessions is as complete and accurate as possible. Taking these actions also helps child care programs gather information that can be used to implement developmentally appropriate practice and offer individualized care to children.

> A ***guideline*** is a general course of action taken to achieve a desired result.

> A ***best practice*** is a specific action taken by experts in the field to achieve a desired result.

Goal

Participants will review fundamental guidelines and best practices for people who observe and screen children in child care settings. You will also be able to describe characteristics used by effective practitioners in child care settings.

Learning Objectives

After successfully completing this module, you will be able to:

- Relate guidelines for observations and screenings that take place in child care settings
- Name characteristics seen in effective child care professionals who observe and screen children
- Describe best practices used by skilled practitioners to obtain valid and usable results

Guidelines for Observers and Screeners

Four guidelines for observers and screeners of children:

1. Be informed
2. Be objective and accurate
3. Be honest and fair
4. Be focused

Guideline 1: Be Informed

The first guideline is to be _____. Effective child care professionals know the typical and atypical patterns of child growth and development, are familiar with the child being observed or screened, and understand the program's observation and screening policies and tools.

- First, they review appropriate _____ developmental information.
- Next, they study the _____ file.
- Then, they compare specific information about the child with the general information they just reviewed. However, skilled child care professionals _____use this information to help them confirm a suspicion of delay, disability, abuse, or neglect.
- Finally, they _____ the instructions for the observation or screening tool.

> ***Observation and Screening Tools*** are specific items that are used to guide an observation and screening session. This term may refer to documents, materials, and equipment, or any combination of these items. Depending on the purpose of the observation or screening, tools may be used, purchased, or created by the child care program.

Best Practice #1: Review appropriate _____ information immediately prior to an observation or screening session. This includes:

- Developmental _____ and milestones
- Information about the child's _____ and _____

Best Practice #2: Study the child's _____. Look at:

- The results of previous observation and screening sessions
- _____ recorded by staff members
- All documentation provided by family members
- Samples of the child's _____

Use developmentally appropriate practice (_____) when observing and screening a child to:

- Show sensitivity toward chronological, individual, social, and cultural experiences
- Help him/her behave naturally during an observation or screening session

Best Practice #3: Know how to use the observation or screening tool _____ attempting to use it. Be sure to:

- _____ the instructions before the session begins
- Attend observation and screening training opportunities
- Keep up with changes in policy and procedure
- _____ interrupt a screening session to read an instruction or ask a question about the tool

> **Key Point:** Effective child care professionals know the typical and atypical patterns of child growth and development. They are familiar with the child and understand the program's observation and screening policies and tools.

For more information about typical and atypical child development, take the Department of Children and Families' course, *Child Growth and Development.*

Resources:

Developmental Domains

- Florida Department of Education, Office of Early Learning
  www.floridaearlylearning.com/parents/parent_resources/floridas_early_learning_and_development_standards_birth_to_five.aspx

Developmental Milestone Charts

- Centers for Disease Control and Prevention
  www.cdc.gov/ncbddd/actearly/milestones/index.html
- National Institutes of Health
  www.nlm.nih.gov/medlineplus/ency/article/002002.htm

Special Needs

- Centers for Disease Control and Prevention's National Center on Birth Defects and Developmental Disabilities
  http://www.cdc.gov/ncbddd/index.html
- National Institutes of Health's Intellectual and Developmental Disabilities (IDDs): Condition Information
  http://www.nichd.nih.gov/health/topics/idds/conditioninfo/Pages/default.aspx

Reflect, Think, and Act: Using Relevant Individual Information

Imagine yourself screening two children, one of whom recently enrolled in your program. You have asked them both to complete a developmentally appropriate puzzle for you. The child you know loves puzzles, and finishes his quickly and skillfully. The child who recently enrolled stares at his puzzle, frowning. He makes no attempt to piece the puzzle together and seems relieved when it is removed.

Think of three factors for each child that might have produced these behaviors, not including physical conditions. Notice how your thoughts are influenced by this child-centered approach to observation. This awareness can help you provide individualized care, and observe and screen children with professionalism.

Child 1	Child 2
1.	1.
2.	2.
3.	3.

Guideline 2: Be Objective and Accurate

The second guideline is to be _____ and _____. Effective child care professionals create documentation that can be used by others to help children grow and develop to their full potential. They:

- Ensure observation and screening results are objective
- Verify results do not reflect subjective feelings
- Set aside personal beliefs and consider only facts
- Document _____ relevant information
- Make sure documentation is correct and complete.

> ***Objectivity*** involves the ability to set aside personal beliefs, values, opinions and biases, and consider only facts.

> ***Subjectivity*** involves the application of one's point of view when determining a course of thought or action.

Activity: Objective or Subjective?

Objective terms are factual and set aside personal beliefs, values, opinions, and biases.

Subjective terms are opinion based and may be different, depending on an individual's point of view.

Observation	Objective	Subjective
1. six years of age		
2. nice		
3. left-handed		
4. obese		
5. happy		
6. pretty		

Best Practice #1: Ensure observation and screening results do not reflect _____ feelings.

Before an observation or screening session begins:

- Reflect on their own feelings
- Prepare to focus on the _____ produced during the session
- Disregard any presumptions

> A ***presumption*** is a belief about something or someone formed before experience shows it is true. For example, one may presume a child will perform a certain task with ease, only to learn through screening this is not an accurate assumption.

The _____ Effect is a judgment error we make when we allow an overall impression of a person to influence the way we interpret his or her actions. Effective child care professionals are aware of the Halo Effect and they ensure it does not happen during an observation or screening session.

Best Practice #2: Set aside personal beliefs and consider only _____.

Use developmentally appropriate practice (_____) for each child, follow the _____, and honor a professional code of _____.

Best Practice #3: Document all _____ information. Relevancy is determined by the observation or screening tool. Behavior not relevant to the current session may be documented later in another type of record. As a mandatory reporter, it is critical that you can recognize the physical and behavioral indicators of abuse and neglect, and report them objectively and accurately.

Reflect, Think, Act: Never Trust a Spell-Checker!

Think about how often you use a computer's spell-checker and how much you rely on it.

Eye halve a spelling checkered
It came with my pea sea
It plainly marques for my revue
Miss steaks eye kin knot sea.
Eye strike a key an type a word
And weight four it two say
Weather eye am wrong oar write
It shows me strait a way.
As soon as a mist ache is maid
It nose bee fore two long
And eye can put the error rite
Its rare lea ever wrong.
Eye have run this poem threw it
I am shore your pleased two no
Its letter perfect awl the weigh
My checkered tolled me sew.

Anonymous

Best Practice #4: Ensure documentation is _____ and _____. Here's how:

- Complete documentation as soon as possible
- Proofread for content errors
- Check for writing and mathematical errors
- Wait two or three days, then repeat the process

Key Point: Objective, accurate child care professionals create documentation coworkers and other professionals can use to help children grow and develop to their full potential.

Resources:

- **NAEYC Code of Ethics**
  www.naeyc.org/files/naeyc/file/positions/PSETH05.pdf
- **Department of Children and Families' Course Identifying and Reporting Child Abuse and Neglect**
  www.myflfamilies.com/service-programs/child-care/training

Guideline 3: Be Honest and Fair

The third guideline is to be _____ and _____. Effective child care professionals observe children, conduct screenings, and document all relevant observations in good faith. They:

- Document children's development over time
- Observe or screen when children are at their _____
- Conduct sessions in the child's natural setting with familiar staff
- Never observe or screen with the intent of confirming a suspicion

> ***In good faith*** is a moral concept. It means to work with the sincere intention of doing the right thing, with honesty and integrity, and to perform the work at hand with the best effort possible.

Best Practice #1: Document children's development over _____.

Bear in mind:

- Individual children can take more or less time developing than peers
- They can move forward, regress, and then move forward again
- Children may skip a behavior or skill as they move forward
- Sometimes, children just have a bad day

Best Practice #2: Observe and screen when children are at their _____. In all children, the surest way to tell if children are at their best is to know their individual physical and mental health trends and patterns. To tell if a typical child is feeling well, look for the three A's of health:

_____, _____

and _____.

_____ stands for

- Hungry
- Angry/Anxious
- Lonesome
- Tired

Best Practice #3: Conduct sessions in the child's _____ setting with familiar staff. Children are most likely to demonstrate their skills:

- With a _____ they know
- In a familiar _____
- Using _____ they have seen before

> ***Natural setting*** refers to places a child knows well, such as home, rooms usually occupied by children at the program, school, a place of worship, or the homes of family and friends.

Best Practice #4: _____ observe or screen with the intent of confirming a suspicion of delay, disability, abuse, or neglect. Instead, child care professionals:

- _____ for developmental milestones
- _____ them as instructed
- Take action _____ by their program's written policies and procedures

Key Point: Honest and fair child care professionals observe children, conduct screenings, and document all relevant observations in good faith.

Guideline 4: Be Focused

The fourth guideline presented in this course is to be _____. Effective child care professionals dedicate themselves to the observation or screening session, and give each child their full attention. They:

- Allow enough time to properly conduct a session
- Observe or screen _____ child at a time
- Pay attention to small differences and details
- Work methodically and thoughtfully

> ***Methodically*** means in an organized, systematic, and deliberate way.

Best Practice #1: Allow enough _____. Schedule time to:

- Review appropriate general information
- Study the child's file
- Read the instructions for the observation or screening tool
- Gather materials
- Organize space
- Conduct the session
- Review their notes
- Properly document the file

Reflect, Think, and Act: Feel Rushed?

Think about a time when you were so hurried that you forgot something important, or did not see or hear something you should have. Make a list of key words that describe your feelings at that time.

_____

_____

_____

_____

_____

_____

Remember how it felt so clearly that you can make a strong association between that feeling and being too rushed. If you ever experience that feeling when you are observing or screening children, slow down, take a deep breath, and stop hurrying. You might miss an important detail!

Best Practice #2: Observe or screen _____ child at a time. To sharpen focus and concentration:

- Schedule individual sessions for each child
- Do not allow attention to be drawn away by other children
- Have staff members work to accommodate each child's session
- _____ the schedule to allow each session to be conducted properly

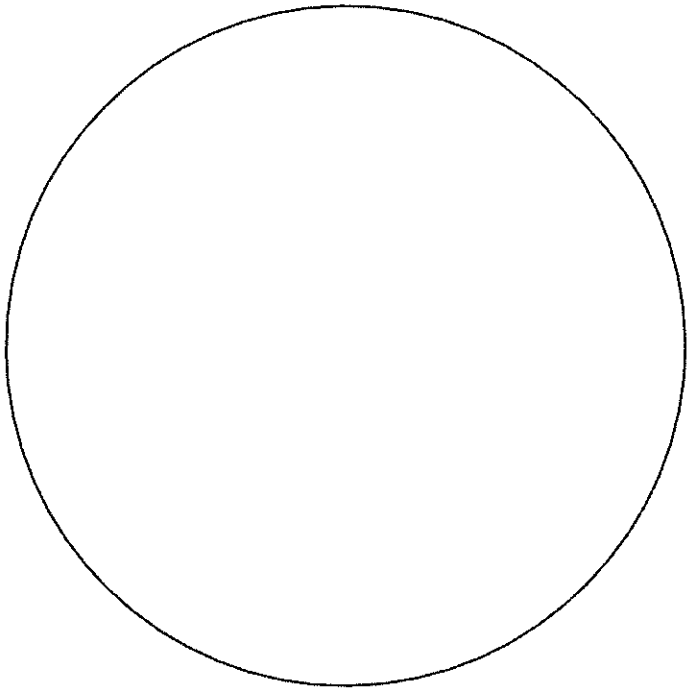
Best Practice #3: Pay attention to _____ differences and details, because it is in those one can see:

- Emerging trends and patterns of growth and development
- The earliest signs of delay or disability
- Subtle signs of abuse or neglect

If signs of child abuse or neglect are observed, you must, by law, report it to the Abuse Hotline.

Reflect, Think, and Act: Penny Observation

Take a moment to draw, from memory, one side of a penny. When you are finished, compare your drawing to a real coin by selecting Show Example. If you are like most people, you will find differences.



Best Practice #4: Work methodically and thoughtfully. To work methodically, professionals are _____, systematic, and deliberate. To work thoughtfully, professionals think about what is happening carefully, using all of their knowledge, skills, and abilities to _____ and _____ only useful information.

Key Point: Focused child care professionals dedicate themselves to the observation or screening session, and give each child their full attention.

Reflect, Think, and Act: The Effects of Distraction

Make a list of three things that can distract you when you are observing or screening a child.

1. _____

_____

2. _____

_____

3. _____

_____

Module 2 Summary

Here is a summary of Key Points for **Module 2: The Principles of Observation and Screening**.

Effective child care professionals know the typical and atypical patterns of child growth and development. They are familiar with the child and understand the program's observation and screening policies and tools.

Objective, accurate child care professionals create documentation coworkers and other professionals can use to help children grow and develop to their full potential.

Honest and fair child care professionals observe children, conduct screenings, and document all relevant observations in good faith.

Focused child care professionals dedicate themselves to the observation or screening session, and give each child their full attention.

Module 2 Conclusion

You have achieved this module's learning objectives if you can:

- Relate guidelines for observations and screenings that take place in child care settings
- Name characteristics seen in effective observers and screeners of children
- Describe best practices used by skilled practitioners to obtain valid and usable results

Behavioral Observation and Screening
Module 3: Observation and Screening Basics

Overview

This module will provide an outline of some of the ways child care professionals select quality screening instruments, and describe a few of the guidelines and best practices used during implementation. It also includes methods to guide families through screening, assessment, and evaluation.

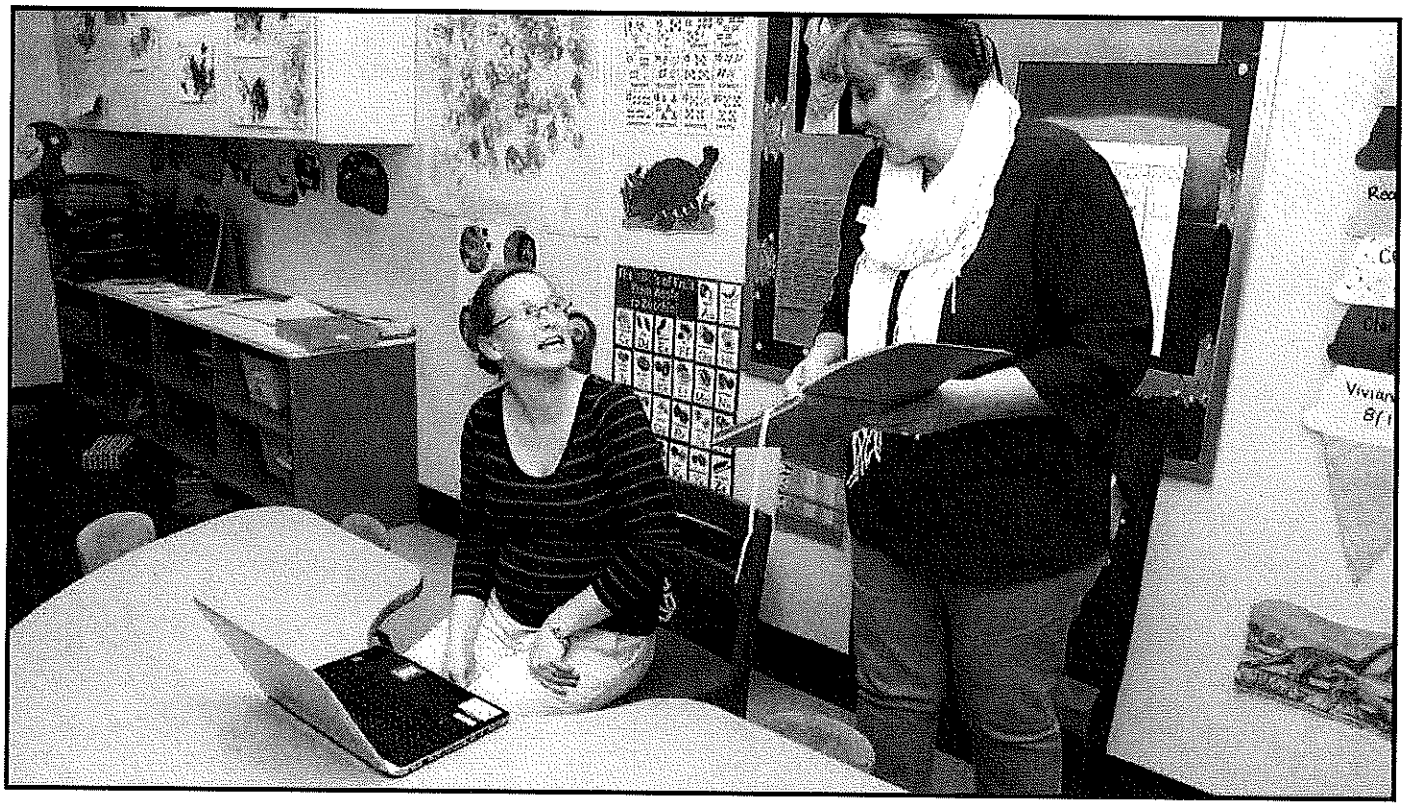
Goal

Participants will be able to select and use quality screening instruments, and guide families through the screening process.

Learning Objectives

After successfully completing this module, you will be able to:

- List characteristics shared by quality screening instruments
- Explain how to select a screening tool for specific children
- Describe guidelines and best practices for implementation
- Guide families through the screening process



Selecting and Using Screening Instruments

Module 1 stated that:

- Observation, screening, assessment, and evaluation are interrelated
- Child care programs should support families by observing and screening children through an _____, systematic process
- Working in collaboration with other professionals, providers should help _____ families though this process

Module 2 showed how effective practitioners:

- Prepare to observe or screen a child
- Create documentation coworkers and other professionals can use
- Conduct screenings and document observations in good faith
- Give each child their full attention during sessions

Module 3 presents detailed information on:

- Selecting screening instruments
- Guidelines and best practices
- Actions you can take to help families as their child is being assessed or evaluated

Reflect, Think, and Act: As a Parent

Let's say you are the parent of a child who was recently screened at a child care center. Your provider has just shared a series of screening results with you, and recommends an assessment. At this point, what are some of the questions you might ask?

_____

_____

_____

How important would it be to you to have a child care professional who could provide detailed information about the screening process, the guidelines and best practices for implementation that were used, and specific actions you can take to help your child right now?

_____

_____

_____

Selecting Screening Instruments

1. Quality screening instruments are _____.
   When a screening tool is easy to use, staff and parents understand it and the results it produces. They should be able to read the materials in their primary language, follow the instructions without much guidance, use familiar materials, and create usable documentation efficiently.

2. Quality screening instruments are _____.
   When a screening instrument is accurate, its results are proven to be true and correct. Accuracy is strongly correlated to an instrument's validity. Before a quality screening instrument is released by its manufacturer to be used with children, experts test it. They study the content of the screen, or what is included or excluded; how children of different backgrounds respond to the instrument; how the instrument functions in various program types; whether or not the results can be replicated over people and time; and if information collected by the instrument is consistent.

> ***Validity*** refers to a screening instrument's soundness and legitimacy.

> ***Correlated*** is a term used in screening. It means related.

> ***Replicated*** is a term used in screening. It means repeated.

3. Quality screening instruments are _____.
   When a program is thinking about buying a screening instrument, it should consider its price. If the price of the instrument and any supplemental items (such as materials or updates) cannot be supported by a program's budget, it should be rejected. Think about the program's mission and goals; the needs of the children, families, and staff; current financial priorities and long-term plans; and the impact of the purchase on the program's sustainability.

> ***Sustainability*** is a term used in business. It means continued operations.

4. Quality screening instruments are readily _____.
A screening instrument should be easily obtained from its developer or manufacturer, agencies and organizations, and publishers of educational materials.

Resources:

- **Centers for Disease Control and Prevention**
  www.cdc.gov/ncbddd/actearly/hcp/
- **First Signs**
  www.firstsigns.org/screening/tools/rec.htm
- **National Early Childhood Technical Assistance Center**
  www.nectac.org/~pdfs/pubs/screening.pdf
- **American Academy of Pediatrics**
  www2.aap.org/sections/dbpeds/screening.asp

5. Screening instruments are _____ in regards to ethnicity, culture, and linguistics. Screening instruments should not be biased against any group.

> ***Linguistics*** refers to the type of language used (e.g., English, Spanish, etc.), and to the meaning and complexity of individual words in context.

6. Quality screening instruments are _____.
They always produce the same results in similar situations. People who test screening instruments sometimes refer to this trait as repeatability. Repeatability is highly desirable in any testing instrument, including ones used for screening.

7. Quality screening instruments have specific _____.
These usually include items such as a record-keeping system, documents used to record basic information about children and their families, and scoring and interpretation guides for the screener. Some include items to be used during screens, such as cards with pictures or shapes on them.

8. Quality screening instruments are _____ by individuals, agencies, and organizations that are respected within the early education or early intervention communities. This indicates the screening instrument is trusted by professionals. Sometimes, a list of trusted instruments is developed by an agency or organization, such as the ones by the American Academy of Pediatrics and the Centers for Disease Control and Prevention.

Resources:

- **Florida Partnership for School Readiness**
  www.unf.edu/uploadedFiles/aa/fie/resource.pdf
- **Florida Developmental Disabilities Council**
  www.snowstrategies.com/child_development_screening_initiative.php (Click on "Screening and Assessment Tools Report.")
- **Children's Health Fund**
  www.childrenshealthfund.org/sites/default/files/dev-and-mental-health-primary-care-screening-tools.pdf
- **The National Association for the Education of Young Children**
  www.naeyc.org/store/node/17

9. Quality screening instruments using _____ should be be user-friendly, meet accessibility requirements, and fit the program's needs. Technology includes both computer hardware and software. User-friendly technology is appropriate for the skill levels of the people using it, or allows users to learn how to use it. Technology that meets accessibility requirements complies with the requirements of the Americans with Disabilities Act (ADA) by accommodating users who have special needs. For example, if a user is blind, the computer software must be able to read the on-screen text aloud. Closed-captioning or an audio transcript must be available for those who are deaf. If the user's disability impairs mobility, the program must make its technology fit the user's needs. Technology that fits the program's needs helps the screeners document screening results accurately and efficiently. In the case of staff, this might be computer software. In the case of parents, the use of technology may not be necessary. For some screening instruments, the only tool needed is a pencil.

Child care professionals _____ the right questions about a tool before using it with a child, including:

- What does the instrument screen?
- What is the target age range?
- What languages are available?
- Does the screener need to be specially trained?
- How many items are screened?
- How long does it take to administer?
- How is it implemented and scored?

Key Point: Child care professionals select screening tools based on specific quality considerations to ensure they will meet the needs of the children, their families, and the program.

Reflect, Think, and Act: Ask Yourself

Screening instruments should be easy to use, accurate, affordable, readily available, sensitive, and reliable. The components should be suitable for the program and the families it serves. It should be appropriately endorsed and make use of technologies that are used by the program.

If you are the director or owner/operator of a program, ask yourself: Do my screening instruments meet these quality standards? If not, what can I do to resolve my concerns?

If you are not the director or owner/operator of a program, ask yourself: What will I do if I am asked to use an instrument that does not meet these quality standards?

Guidelines for Implementation

When using a screening instrument, child care professionals follow guidelines during implementation so that results will be accurate and usable. ***Developmental Screening, Assessment, and Evaluation: Key Elements for Individualizing Curricula in Early Head Start Programs***, is a publication of the Task Force on Screening and Assessment of the National Early Childhood Technical Assistance System (NECTAS) in collaboration with ZERO TO THREE, which contains ten guidelines you should follow when screening children.

Resources:

- ***Using the Developmental Screening, Assessment, and Evaluation: Key Elements for Individualizing Curricula in Early Head Start Programs***
  www.zerotothree.org/child-development/mental-health-screening-assessment/thepowerofplay-1.pdf

Key Point: Child care professionals follow guidelines and best practices during observation and screening sessions so results will be usable.

Reflect, Think, and Act: Using Professional Information

Using that document as a reference, note at least one best practice for each of the guidelines seen in your Participant's Guide. Write your best practices in short, concise statements.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Involving Families in the Process

For screening to achieve its maximum benefit, family involvement is necessary. Families provide important documentation, such as:

- _____ to screen
- Enrollment information
- Results of previous screenings
- Health records

Families may share information about the child that could impact screening results, such as:

- Family dynamics
- Health issues, including _____ birth
- The child's routines and behaviors at home
- Issues impacting the child and other concerns
- Possible strategies, if further action is necessary

Ideally, the role of families in the screening process is to:

- Be fully aware of the screening program and understand its purpose
- Consider screening a positive service
- Give _____ for their children to participate
- Provide information that could facilitate the interpretation of results
- Participate in the observation and screening process appropriately
- Meet with staff members in person to discuss screening results
- Pursue intervention services when they may benefit the child

To guide families through its ongoing screening and observation process, a program should have:

- Written _____and procedures
- A plan for orienting families to the process
- A developmentally appropriate screening _____ for each child
- A system for documenting parental permission to screen
- A strategy for communicating results to the parents
- Knowledge about how, when, and to whom referrals should be made

Quality child care programs have written policies and procedures about their observation and screening process. They outline, at the minimum:

- An orientation process for parents
- Methods of obtaining written parental permission
- Planning for and scheduling sessions
- Documenting results
- _____
- Sharing results with others appropriately
- Communicating results to parents
- Making _____

> ***Confidentiality*** refers to keeping personal information private.

Quality child care programs have a plan for orienting families to the observation and screening process. Families should know their role during implementation:

- Differences between observation and screening
- _____ for observing and screening
- Types of screening tools used at the program
- Method used to communicate results
- Why, how, and to whom referrals are made

Quality programs have a developmentally appropriate screening schedule for each child, and they share it with the parents. The American Academy of Pediatrics recommends that children be screened at 9, 18, and 24 or 30 months; and more often if the child is at risk of developmental disability or delay.

Since screenings are also conducted to _____ a child's progress in gaining skills, they may be completed more frequently to guide classroom planning.

Quality programs have a strategy for communicating results to the parents. It is best if families are given the chance to discuss the results of every screening session at a confidential meeting. This:

- Strengthens the partnership between provider and parent
- Allows time for everyone to _____ questions

Next

- Present the results in a professional manner
- _____ questions

> **Key Point:** Child care professionals think of families as partners in the observation and screening processes.

Reflect, Think, and Act: Partnerships

Child care professionals involve families in the observation and screening process because it facilitates a partnership that benefits the child. Name at least three ways a child benefits when his or her family works in partnership with a child care professional.

1. _____

_____

_____

_____

2. _____

_____

_____

_____

3. _____

_____

_____

_____

_____

Activity: While At Work

Here are a series of scenarios describing you at work. You will be selecting screening tools, asking the right questions, following guidelines, or involving families in the process. Read each scenario and determine what duty you are performing.

Duty:

1. I am selecting screening tools.
2. I am asking the right questions.
3. I am following guidelines and best practices.
4. I am involving families.

Duty	Scenarios
	A. You answer questions as you share results.
	B. You are trained to conduct screening and observation sessions.
	C. You assess the program's current use of technology.
	D. You conduct screening sessions in natural settings.
	E. You encourage parents to contact you with follow-up questions.
	F. You find out what languages are available.
	G. You know the tool's target age range.
	H. You learn how many items are screened.
	I. You look for accuracy, reliability, and sensitivity.
	J. You only use instruments for their specified purposes.
	K. You perform research to find suitable endorsements.
	L. You schedule confidential meetings to discuss results.

Module 3 Summary

Here is a summary of Key Points for **Module 3: Observation and Screening Basics**.

Child care professionals select screening tools based on specific quality considerations to ensure they will meet the needs of the children, their families, and the program.

Child care professionals follow guidelines and best practices during observation and screening sessions so results will be usable.

Child care professionals think of families as partners in the observation and screening processes.

Module 3 Conclusion

You have achieved this module's learning objectives if you can:

- List characteristics shared by quality screening instruments
- Explain how to select a screening tool for specific children
- Describe guidelines and best practices for implementation
- Guide families through the screening process

Behavioral Observation and Screening
Module 4: Methods of Observation and Screening

Overview

Module 4 provides an overview of some of the most common methods used to observe children, with opportunities to practice them.

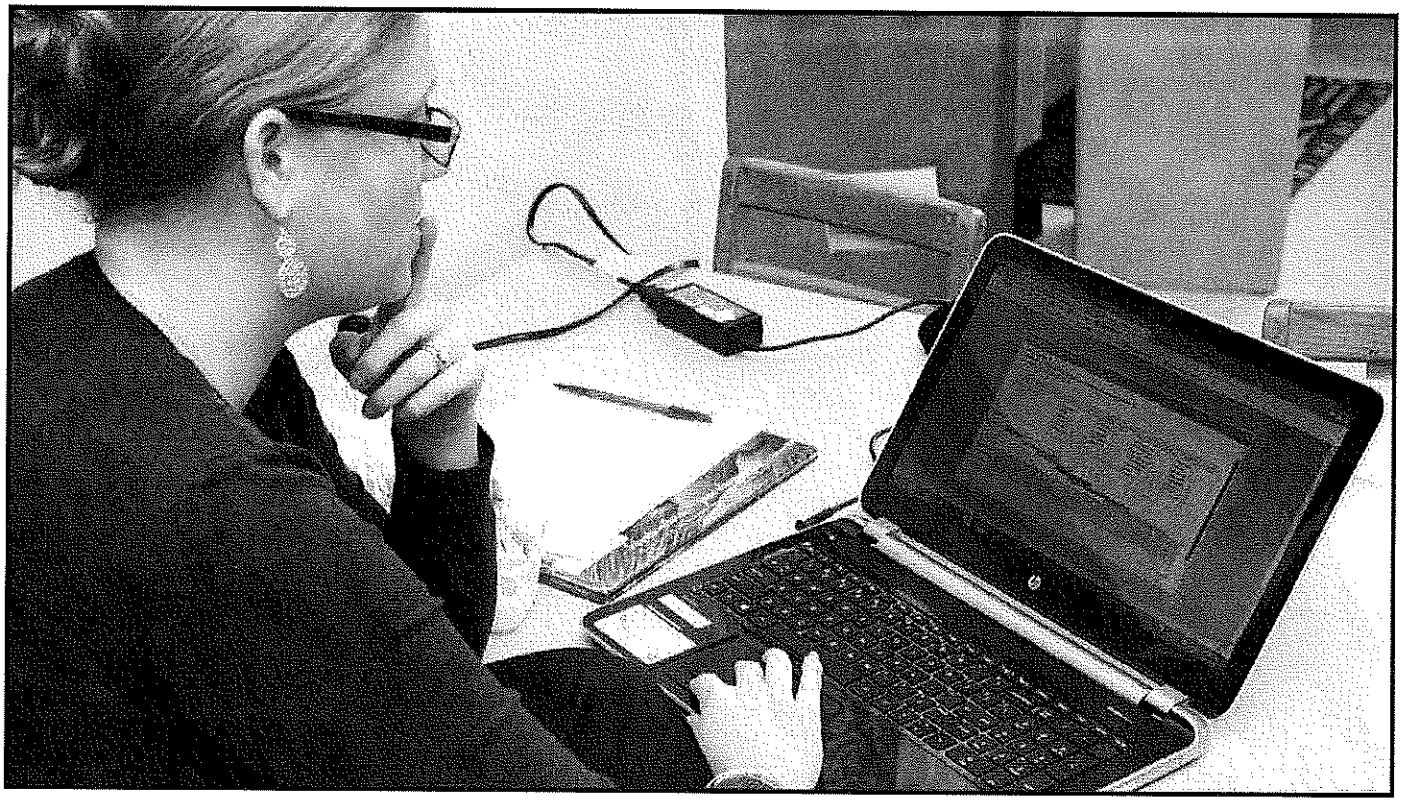
Goal

Participants will be familiar with observation methods commonly seen in child care programs.

Learning Objectives

After successfully completing this module, you will be able to:

- List observation methods commonly seen in child care settings
- Describe how and when to use different observation methods



Observation Methods

Common observation methods used in child care settings:

1. A ***checklist*** is a _____ of skills and abilities to be observed. When an observer sees the child demonstrate a skill or ability from the list, he or she places a mark next to them. The date the observation was made is often recorded, but usually nothing else is. Use a checklist when the goal is to note the presence or absence of _____skills and abilities.

Observation Method: Checklist

Name of Child: Emma

Child's Birthdate: 07/01/20xx (child is 9 months old)

Observation Date: 04/12/20xx

Observer's Name: Susan

Target Domain: Cognitive Development and General Knowledge — 9 months

Instructions: Check "yes" when you see the child display each of the behaviors listed below. If you do not observe the behavior by the end of the session, check "no."

Milestone	Observed?			Notes
	Yes	No	N/A	
Watches the path of something as it falls	X			
Looks for things s/he sees you hide		X		Emma had no interest in finding the toy under the blanket. She was more interested in watching me.
Plays peek-a-boo	X			
Puts things in her/his mouth	X			
Moves things smoothly from one hand to the other	X			
Picks up things (like cereal o's) between thumb and index finger		X		Beginning to grasp objects with entire hand rather than fingers.

Milestone Information was provided by the Centers for Disease Control and Prevention, Access Date 2/11/2014
http://www.cdc.gov/ncbddd/actearly/milestones/index.html

Interpretation/Conclusion:

Emma is on target for many cognitive skills. Provide more activities hiding objects to build her skills in looking for them. She needs more experiences picking things up using her fingers.

2. An ***anecdotal record*** is a narrative account of an _____written shortly _____ it occurred. It tells what a child did, when he did it, how he did it, and what happened afterward. It does not contain references to emotions, feelings, or other details that cannot be measured. Use an anecdotal record to write about the development of a skill or ability.

Observation Method: Anecdotal Record

Name of Child: Jeremiah

Child's Birthdate: 07/01/20xx (child is 24 months old)

Observation Date: 02/12/20xx

Observer's Name: Blake

Target Domain: Approaches to Learning

Instructions: After observing a child(ren) or teacher, summarize what occurred. Be objective.

A few minutes after his mom left, Jeremiah explored the shape sorter for the first time. Jeremiah picked up a shape sorter another child had recently abandoned. He shook it, and the pieces inside made noises. He began shaking it harder and faster, stopping occasionally to look inside the holes. He made one piece fall out, which made him laugh. After a few more seconds of shaking the shape sorter, he abandoned it to play with a truck.

Interpretation/Conclusion:

Jeremiah showed eagerness and curiosity as he explored the shape sorter for the first time. No concerns at this time.

3. A ***running record*** is an account of what a child is _____ as it is happening. Running records are also used to document how children are responding to their environment. For example, children's actions are recorded as they move between chosen activities. Use a running record to track a child's choice of activities or behaviors over a short period of time.

Observation Method: Running Record

Name of Child: Troy

Child's Birthdate: 07/01/20xx (child is 15 months old)

Observation Date: 10/16/20xx

Observer's Name: Heather

Target Domain: Physical Development

Instructions: Document what the child is doing as it occurs. Note the time.

Time	Behavior
3:03	Troy pulled himself to his feet in front of the mirror by holding onto the pull up bar.
3:05	Troy let go of the bar with one hand.
3:06	Troy took the other hand off the bar.
3:07	Still standing. Wobbling.
3:09	Troy sat down abruptly and began to cry. He held his hands out to Mary, who went to him.

Interpretation/Conclusion:

Troy is able to stand while holding on, and is experimenting letting go. He is able to balance himself for a few seconds. He is preparing to start walking. Make sure he has time during the day to play with the pull up bar, and encourage walking while holding on. During this session, Troy demonstrated typical development in the target domain.

4. A ***frequency count*** records _____ a behavior happens. It can be used in almost any aspect of the program that involves human behavior, whether it occurs in a child, a staff member, an entire classroom, a group of staff, or any of these combined. Use this method to identify behaviors that should be encouraged and those that may need to be addressed or accommodated.

Observation Method: Frequency Count (Example 1)

Observation Date: 05/13/20xx

Observer's Name: Sonya

Target Behavior: Sharing Materials/Equipment

Instructions: Make a checkmark or similar symbol every time you see the child display the identified behavior. Then, review the number of times the activity occurred to interrupt the information.

Child's Name(s)	Frequency	Notes
Shawn	✓	
Connie	✓✓✓✓✓✓✓	
Heather	✓✓✓✓	
Rob	✓✓✓✓✓	

Interpretation/Conclusion:

Shawn has difficulty sharing with his peers. Use role-playing and direct instruction to guide sharing experiences. Provide more supported opportunities for Shawn to share materials.

Observation Method: Frequency Count (Example 2)

Name of Child: Shawn

Observation Date: 07/01/20xx

Observer's Name: Sonya

Target Behavior: Temper Tantrums

Instructions: Make a checkmark or similar symbol every time you see the child display the identified behavior. Then, review the number of times the activity occurred to interrupt the information.

Daily Schedule	Frequency	Notes
Circle Time	✓	Occurred when selecting a book to read.
Outside Time	✓✓✓✓✓	Occurred when other children wanted to play on the same equipment.
Center Time	✓	Occurred when another child wanted to use the paints at the same time.
Nap Time		
Transition from one activity to another	✓✓✓✓✓✓✓	Occurred every time Shawn moved from one activity to another.

Interpretation/Conclusion:

Shawn has difficulty transitioning from one activity to another, as well as interacting with peers. Use a warning system prior to transitions. Provide more opportunities for sharing and use role-playing to practice.

5. ***Conversations*** are _____ accounts of what children said while being interviewed by a provider. Many times, this is done phonetically. Non-verbal communication, or body language, is also recorded. Transcribe a child's conversations with both peers and adults to document their ability to translate their thoughts into words, and to document development in the Language and Communication, Social and Emotional Development, and Approaches to Learning domains.

Observation Method: Conversation

Name of Child: Samuel

Child's Birthdate: April 6, 20xx (child is 2 years old)

Observation Date: April 14, 20xx

Observer's Name: Nicholas

Target Domain: Language and Communication/Social and Emotional Development

Instructions: Document exactly what was said during the observation.

Who Spoke	What Was Said	Notes
Assistant teacher	Let's read a book.	
Samuel	No.	Said in a loud voice.
Assistant teacher	C'mon. Let's read this one about Spot. You like Spot, don't you?	
Samuel	No, moon night.	He walked to the booksheif and picked up *Goodnight Moon*.
Assistant teacher	Oh! You want to read *Goodnight Moon*! Okay, we can do that.	
Samuel	We can do that.	Smiling.
Assistant teacher	Yes, we can do that. Okay, this is Goodnight Moon, by Margaret Wise Brown and Clement Hurd.	
Samuel	Night, moon!	Clapping.
Assistant teacher	Yes. Okay, here we go...	
Samuel	Moon! Moon! Moon!	Clapping his hands and smiling.
Assistant teacher	Yes, this is the moon book. I'll read, and you let me know when you see the moon, okay?	
Samuel	Kay.	Pointed to the moon.

Interpretation/Conclusion:

Samuel was able to name the book he wanted to read. He could point to the moon when asked. He speaks in simple sentences with 2 to 4 words. He was able to select the book he wanted to read rather than the book picked out by the teacher. All of these behaviors are on target for a child his age.

Phonetically refers to the way words sound, rather than how they are spelled. For example, you might record that a child said, "Cookie peas," as opposed to writing, "Cookie, please."

6. A ***time sample*** records what _____ a child chooses to do during a given time period, which is usually a half an hour. When a child abandons one activity and begins another, the time is noted. Use time samples to document children's attention spans, social interactions, or to see how equipment and materials meet their needs.

Observation Method: Time Sample (Example 1)

Name of Child: Wyatt
Child's Birthdate: 09/18/20XX (child is 4 years old)
Observation Date: 02/23/20XX
Observer's Name: Tasha
Observation Time: Free Choice Center Time (9:30 – 11:00 am)
Target Behavior: Increasing interest in a variety of learning centers to support various developmental skills

Instructions: Document what activity the child(ren) is doing during each interval.

Activities Available	Time (at 10-minute intervals)								
	9:30	9:40	9:50	10:00	10:10	10:20	10:30	10:40	10:50
Dramatic Play Center									
Discovery/Science Center with Sensory Table		X	X	X		X	X	X	X
Block/ Construction Center					X*				
Writing Center									
Art Center									
Manipulative Center	X*								
Book/Library Center									

X* means teacher encouraged child to engage in

Interpretation/Conclusion:

Wyatt continues to show interest in the hamsters, often interrupting pl
clean the cage every day, and is the first one to notice if the water or f
most of the time talking to the hamsters and watching them. He also p
the Discovery Center. We need to add animal themed props/materials
encourage Wyatt to go to learning centers and stay engaged with thos
Dogs in the Manipulative Center, veterinary props in Dramatic Play, a
Center. We should also ensure there are developmentally appropriate
small animals on the bookshelves at all times, and rotate them often,

Observation Method: Time Sample (Example 2)

Classroom: 3-Year-Olds
Observation Date: 02/23/20XX
Observer's Name: Ms. Smith
Observation Time: Free Choice Center Time (9:30 – 10:30 am)
Target Behavior: Social Interactions

Instructions: Document what activity the child(ren) is doing during each interval.

Activities Available	Time (at 10-minute intervals)					
	9:30	9:40	9:50	10:00	10:10	10:20
Dramatic Play Center	Sally Jennifer Heather	Jennifer Heather	Jennifer Heather	Sally Jennifer Heather		
Discovery/Science Center with Sensory Table		Sally Tina	Sally Tina	Tina	Sally Jennifer	Sally Jennifer
Block/ Construction Center	Billy Susan Tina Sam	Billy Sam	Billy Sam	Billy Sam	Billy Sam	Billy Sam
Writing Center				Sophia	Sophia Heather*	Sophia Heather*
Art Center	Cindy John	Cindy John	Cindy John	John		
Manipulative Center		Susan	Susan	Cindy Susan	Cindy Susan Tina	Cindy Susan Tina
Book/Library Center	Sophia	Sophia	Sophia		John	John

X* means teacher encouraged child to engage in an activity

Interpretation/Conclusion:

Most of the children are able to engage in activities with classmates throughout center time. John was able to be with Cindy in the Art Center; however, he did not engage with her. He concentrated on his artwork. When Cindy asked John to share his paints, he ignored her. She got frustrated and went to play with other children. Sophia stayed by herself for the entire center time. I encouraged Heather to go to the writing center with Sophia. Sophia just watched her for a few minutes but then Heather was able to get Sophia to talk to her. Sophia and John both need more opportunities to engage with other children. We need to plan activities that pair them with easygoing children one-on-one.

7. ***Standardized tests*** are used to document a child's _____to compare and contrast, solve a problem, classify objects, put things in sequential order, arrive at conclusions, and perform other skills. Standardized tests have specific procedures for administering, scoring, and interpreting the results. Typically, standardized tests are norm-referenced. Use standardized tests to document the development of a child compared to other children of the same age.

Observation Method: Standardized Tests

The following are examples of standardized tests used in early childhood environments. Information about standardized tests can be found by searching the Internet and visiting websites of companies who produce the tests.

The Ages and Stages Questionnaire (ASQ)
Company: Brookes Publishing Company
Ages: 4 months to 60 months
The Ages and Stages Questionnaire system is a low-cost, reliable way to screen infants and young children for developmental delays during the first 5 years of life.

Battelle Developmental Inventory, Second Edition (BDI-2)
Company: Riverside Publishing Company
Ages: Birth to 7 years, 11 months
The Battelle Developmental Inventory is a developmental assessment for young children.

Early Screening Inventory-Revised (ESI-R)
Company: Pearson Early Learning
Ages: 3 to 6 years
The Early Screening Inventory-Revised is a brief developmental screening instrument individually administered to children from 3 to 6 years.

Norm-referenced means the results are used to compare the skills of the child to typically developing peers.

8. A ***rating scale*** is used to measure a behavior, skill, or ability based on a series of quality or a continuum. If you have ever been asked to rate a service or product "on a scale of one to ten," then you have used a rating scale to communicate your thoughts. Every number you could have chosen represented a quality point. Use rating scales to quantify a child's performance of a skill or a set of skills or to see where a behavior or skill is on a developmental continuum. Rating scales can also be used to rate environments on their developmental appropriateness.

Observation Method: Rating Scale

Observation Date: October 16, 20xx

Observer's Name: Diane

Target Domain: Social and Emotional Development — Social Interactions

Instructions: Observe children interacting with other children, and mark the box that best reflects each child's development in the target domain.

Name of Child(ren)	Smiles at people	Copies some facial expressions	Responds to other people's emotions	Clingy when with familiar adults	Plays games like "pat-a-cake" or "peek-a-boo"	Plays mainly beside other children	Shows empathy for friends	Cooperates with other children by taking turns
Sally						X		
Joshua							X	
Allan							X	
Nicole							X	
Debby								X
Cindy								X
John							X	

Milestone Information was provided by the Centers for Disease Control and Prevention, Access Date 2/11/2014
http://www.cdc.gov/ncbddd/actearly/milestones/index.html

Interpretation/Conclusion:

All of the children in this classroom are three years old. Most of the children are on target for their age level in social interaction development. Sally needs more experiences and encouragement to play with other children, rather than beside them.

> ***Quantify*** means to assess something's numerical value. This is a highly subjective process and is often used to gather an observer's judgements, based on expertise.

9. A ***work sample*** is a _____ created by a child that becomes documentation of the development of a skill. The work sample can be two-dimensional, such as a drawing or writing sample, or three-dimensional, such as a sculpture. It could be a photograph or a video of a child building a block tower, or a recording of one singing a song or telling a story. Use a work sample to allow others to observe children or their work.

Observation Method: Work Sample

Name of Child: Tom

Child's Birthdate: 03/17/20xx (child is 30 months old)

Observation Date: 09/10/20xx

Observer's Name: Pat

Target Domain: Language and Communication — Emergent Writing

Instructions: Capture a work sample from a child (keep the sample, take a photo of the sample, scan or copy the sample, take video of the work, etc.).

Interpretation/Conclusion:

When I asked Tom to tell me about his picture, Tom said he wrote his name. Tom is showing control in holding his marker and making "O" shapes, like the one found in his name.

10. ***Documentation*** refers to everything in a child's file, but that word can have a special meaning when it is used in reference to child observation. In that case, documentation refers to records that help identify a child who may be at risk of maltreatment, delay, or disability; or to relay a _____of child abuse or neglect.

When you suspect abuse or neglect, document and report it immediately, following your lawful duties. A child's life may be at stake.

There are multiple ways to report suspicions of child abuse and/or neglect. Child care professionals can:

- Report online through the Abuse Hotline website at: https://reportabuse.dcf.state.fl.us/
- Call the Florida Abuse Hotline (1-800-96ABUSE or 1-800-962-2873)
- Call Florida Relay 7-1-1 or TTY (Teletypewriter/Telephone Device for the Deaf) (1-800-453-5145)
- Fax your report to 1-800-914-0004

Observation Method: Documentation

Name of Child: Chris

Child's Birthdate: August 5, 20xx (child is 3 years old)

Observation Date: December 13, 20xx

Observation Time: 8:15 AM

Observer's Name: Ms. Jones and Ms. Nicole

Instructions: Document exactly what was observed with as much detail as possible.

Chris came to school today very quiet. While he was reaching for a puzzle, his shirtsleeve moved and I noticed fingerprint marks on his upper arm above his right elbow. When I asked him to lift his sleeves, he pulled down his shirtsleeve quickly and went back to doing his puzzle. I took him to see the director, who lifted his sleeves and we both saw three fingerprint marks on his right arm above his elbow.

Interpretation/Conclusion:

My director and I called the Abuse Hotline to report what we observed because this is not a typical bruise we would expect to see.

Key Point: Child care professionals choose their methods of observation based upon the types of information they need to collect.

Key Point: Child care professionals conduct their observations in an informed, objective, accurate, honest, fair, and focused manner.

Activity: Which Method?

Select the tool you would use in each scenario, following the guidance provided in this module.

1. Anecdotal Record
2. Checklist
3. Conversations
4. Documentation
5. Frequency Count
6. Rating Scale
7. Running Record
8. Standardized Tests
9. Time Sample
10. Work Sample

Method	What method would you use to…
	A. note the presence or absence of demonstrated skills and abilities?
	B. write about the development of a skill or ability after it has occurred?
	C. write about what is happening while you are observing?
	D. identify behaviors to be addressed or accommodated?
	E. document children's abilities to translate their thoughts into words?
	F. document children's attention spans?
	G. compare a child's development to other children of the same age?
	H. quantify a child's performance of a skill or a set of skills?
	I. observe a child's skill by using a product they have created?
	J. identify a child who may be at risk of delay or disability?
	K. relay a suspicion of child abuse or neglect?

Activity: Observe a Child

Anecdotal Record:

Checklist:

Task	Yes or No	Date Observed	Comments
Demonstrates a dominant hand consistently			
Rolls clay			
Pounds clay			
Squeezes clay			
Pulls clay			
Manipulates clay into shape			

Running Record:

Using the Internet to Find Observation Tools and Resources

Child care is a dynamic profession and resources improve with each passing year. As a child care professional, you must be able to find up-to-date information and resources on your own. One of the best ways to do this is on the Internet, using a search engine.

In the Appendix of your Participant's Guide, locate the about.com article, "Search Engines: How to Become a Virtual Expert In Five Minutes." www.websearch.about.com/od/dailywebsearchtips/qt/search-engine.htm

Key Point: Child care professionals use the Internet to find information about observation methods and tools used to perform observations.

Activity: Search the Internet

Search for the following screening tools:

- Checklist
- Anecdotal Record
- Running Record
- Standardized Test
- Rating Scale

Module 4 Summary

Here is a summary of Key Points for **Module 3: Observation and Screening Basics**.

Child care professionals select screening tools based on specific quality considerations to ensure they will meet the needs of the children, their families, and the program.

Child care professionals follow guidelines and best practices during observation and screening sessions so results will be usable.

Child care professionals think of families as partners in the observation and screening processes.

Module 4 Conclusion

You have achieved this module's learning objectives if you can:

- List methods of observation commonly seen in child care settings
- Describe how and when to use these methods

Behavioral Observation and Screening
Module 5: Children At Risk

Overview

This module will show how observation and screening helps children who are at risk of delay, disability, abuse, or neglect. It describes how these processes help providers identify the signs of atypical development or maltreatment reflected in a child's behavior, physical well-being, and cognitive processes.

Goal

Participants will be able to explain how observation and screening plays a key role in the early detection of developmental delay, developmental disabilities, and at-risk populations of children in child care programs.

Learning Objectives

After successfully completing this module, you will be able to:

- State the role of observation and screening as it relates to developmental delays, developmental disabilities, and at-risk populations
- Describe ways to support children with delays or disabilities, or who are at risk, by observing and screening them
- Identify laws related to children with disabilities or who are at risk

Observation, Screening, and At-Risk Children

Observation and screening can be the first step in helping children who may be at risk.

Child care professionals:

- Do _____ diagnose children based upon these signs
- _____ and document indicators that they observe
- _____ them as required by law
- Observe and screen _____

> **Key Point:** Child care professionals can provide other professionals with information that can help a child at risk.

Reflect, Think, Act: Supporting Professionals

Licensed doctors are the only professionals who can diagnose the signs of delay and disability. The Department of Children and Families' child abuse investigators, working with law enforcement officials, are the only professionals who can verify the signs of abuse and neglect and take appropriate legal action. Think about your role in supporting these professionals as they carry out their duties. Record at least three actions you can take to help them assist a child whose well-being may be at risk.

1. _____

_____

_____

2. _____

_____

_____

3. _____

_____

_____

Child care professionals speak and write in ways that help them communicate with other professionals and with parents. This is especially important when the documentation they create may be used by another professional to arrive at a _____ for disability or begin an_____ for possible abuse or neglect. They:

- Use _____ language
- Use terms related to their profession and at-risk children expertly
- Construct concisely-written sentences with care

> ***At Risk*** is a phrase used **after** a noun to describe a condition or situation of vulnerability or of being in danger.

> ***At-Risk*** is an adjective used immediately **before** a noun (a person or a thing) that is vulnerable or in danger. (Note hyphenation.)

> ***People-First Language*** is a method of sentence construction that places people before any condition they have.

Key Point: Child care professionals use terms related to their profession and to at-risk children expertly, and, when creating documentation, they carefully construct concisely-written sentences.

Activity: Professional Terms

Match each term with its definition.

TERM	#
Assessment	
At Risk	
Atypical	
Confidentiality	
Documented Evidence	
Developmental Domains	
Developmental Milestones	
Developmentally Appropriate Practice	
Early Intervention	
Evaluation	
In Good Faith	
Individualized Care	
The Individuals with Disabilities Education Act (IDEA)	
Mandatory Reporters	
Natural Environment	
Observation	
Observation and Screening Tools	
People-First Language	
Screening	

DEFINITION
1. A method of sentence construction that places people before any condition they have.
2. A phrase used to describe a condition or situation of vulnerability or of being in danger.
3. A process that determines a child's eligibility for federal, state, and local programs and services.
4. A process whereby an agency or organization gathers and reviews multiple sources of information about a child's suspected or confirmed developmental delay or disability, and uses information to improve a child's outcomes.
5. A research-based framework centered on meeting children where they are individually, chronologically (i.e., by age), and culturally.
6. A system of services that help children who have a developmental disability or delay.
7. An ongoing process in which child care professionals recognize and docuent identifiable developmental milestones as they appear, using tools such as checklists, anecdotal records, and running records.
8. An ongoing process in which child care professionals use specialized observation and documentation tools to identify, document, and monitor typical development or possible developmental delay.
9. Mandates that children with disabilities receive a free and appropriate public education (FAPE). IDEA Part B addresses children and youth (ages 3-21), while Part C addresses infants and toddlers.
10. Means the same thing as not typical or not expected.
11. Observable behaviors, traits, skills, or abilities that typically appear during specific age ranges
12. People who must, by law, report suspicions of child abuse or neglect. Child care personnel are included in this term, but may not report anonymously.
13. Refers to attention paid to a child that recognizes and adapts to his or her unique character and physical, emotional, and cognitive traits.
14. Refers to keeping personal information private.
15. Refers to places the child would typically be, such as home, the child care program, school, a place of worship, or the homes of family and friends, rather than a director's office, doctor/therapist's office, or similar places.
16. Refers to written information collected by the program.
17. Specific items that are used to guide an observation or screening, including documents, materials, and equipment, or any combination of these items.
18. These categorize children's skills and abilities.
19. To work with the sincere intention of doing the right thing, with honesty and integrity, and to perform the work at hand with the best effort possible.

Reflect, Think, Act: Professionalism

When you are working with people who are providing you with information or a service, how do you judge their professionalism?

What types of behaviors make you skeptical?	Which ones earn your trust?

Who is At Risk?

According to the CDC, children who are at the highest risk for developmental delay or disability tend to be:

- Male
- Living in _____

Genetics and _____ play a role in putting children at risk for a developmental delay or disability.

The risk factors for child abuse and neglect fall into three categories: child, parent and family, and societal. Children who are at risk for abuse or neglect tend to:

- Have parents who live in poverty, did not finish high school, abuse alcohol or other drugs, and/or do not have _____ relationships
- Be born prematurely, have a chronic illness or disability, and/or possess a characteristic identified by a parent as _____
- Live in communities that have high rates of poverty and violence and/or a _____ of abuse and neglect

Key Point: Knowing who is at risk helps when observing and screening children, because it allows you to watch for and identify the earliest signs of developmental delay, disability, abuse or neglect.

Early Signs of Developmental Delay

A developmental delay occurs when a child does not display the skills and abilities typically seen in peers in the same age range. Delays can occur in any developmental domain, but the most common ones occur in the

_____

and

_____ domains.

Developmental Milestone Charts

- Centers for Disease Control and Prevention
  www.cdc.gov/ncbddd/actearly/milestones/index.html
- National Institutes of Health
  www.nlm.nih.gov/medlineplus/ency/article/002002.htm

Many children can overcome a developmental delay with classroom interventions. However, if several different types of screening methods conducted over time indicate the child is not making progress, talk to the parents about

_____ and evaluation following the guidelines presented in Module 3.

Recall that child care professionals in Florida refer families to the Florida Diagnostic and Learning Resource System's _____.

Key Point: A developmental delay occurs when a child does not display the skills and abilities typically seen in peers in the same age range.

Key Point: Child care professionals in Florida refer families to the Florida Diagnostic and Learning Resource System's Child Find when they feel intervention may benefit the child.

Early Signs of Developmental Disability

A developmental disability is a _____ condition that is diagnosed in childhood and _____ limits major life activities in adulthood, and impacts a child's abilities to perform activities in one or more developmental domains. Some common developmental disabilities are:

- Autism Spectrum Disorders
- Down syndrome
- Cognitive/intellectual

Autism Spectrum Disorders (ASD) is a _____ of neurodevelopmental disorders characterized by social impairments, communication difficulties, and restricted and repetitive patterns of behavior.

Infants (birth to 18 months of age) with ASD:

- May avoid gazing directly into the eyes of their parents
- When spoken to, may not babble in response
- May not smile in response to a smile

Toddlers (18 to 36 months of age) with ASD:

- May not point to an object of interest or follow someone's point
- May not look to a trusted adult for help
- May flap or wave their arms
- May rock back and forth
- May become fixated on an activity or object
- Can be prone to tantrums

> ***Neurodevelopmental disorders*** affect the growth of nerves, nerve tissue, and the central nervous system.

Down syndrome is a _____ disorder characterized by distinct physical traits and intellectual impairments.

Children with Down syndrome share a number of physical characteristics, including:

- A small head in proportion to his or her body
- Flattened facial features
- A small mouth and ears
- Eyes that slant upward and may be rounded
- Broad hands, a single crease in their palms, and short fingers

Children with Down syndrome may also have:

- Intellectual impairments
- Stomach problems
- Problems with memory, concentration, and judgment
- Hearing problems

> ***Genetic disorders*** are conditions that are due to an abnormality in the way a body's cells are structured. If a disorder is genetic, it is present at birth, even if it is not diagnosed at that time.

> ***Distinct physical*** traits refers to the similar facial and body features that are shared by many people with Down syndrome.

> ***Intellectual impairments*** means that people with Down syndrome may have a difficult time understanding and processing information.

Cognitive or intellectual disabilities may be diagnosed in children based on the way they _____and use information and perform_____ skills.

Children who have an intellectual disability may have difficulties:

- Caring for themselves
- Understanding health and safety issues
- Communicating with others
- Learning necessary life skills (eating, toileting, etc.)
- Directing their own activities

> ***Cognitive abilities*** are intellectual processes that can be measured on standardized tests. Also known as intellectual functioning.

> ***Self-help skills*** are a wide variety of abilities that are useful in everyday life. Also known as adaptive behavior or adaptive skills.

In addition to autism spectrum disorders, Down syndrome, and cognitive or intellectual disabilities, there are other developmental disabilities and disorders that are commonly seen by child care providers.

> **Key Point:** It is important for child care professionals to be familiar with common developmental disabilities that may affect children in their care.

Activity: Describe the Condition

Match each disorder with its definition.

Attention Deficit Hyperactivity Disorder	Cerebral Palsy	Fetal Alcohol Syndrome
Autism Spectrum Disorders	Cognitive Disabilities	Fragile X Syndrome
Bipolar Disorder	Down Syndrome	Phenylketonuria (PKU)

DISORDER	DEFINITION
	1. Disabilities that affect self-help skills and the way the brain processes information.
	2. A disorder characterized by delays in motor development and seizures; it often appears in conjunction with a behavioral disorder.
	3. A disorder characterized by extreme shifts in mood and energy.
	4. A disorder characterized by impulsivity and inattention, and in some cases, hyperactivity.
	5. A disorder that affects body movement and muscle coordination.
	6. A genetic disorder characterized by distinct physical traits and intellectual impairments.
	7. A group of disorders characterized by social and communication impairments, and restricted and repetitive patterns of behavior.
	8. A syndrome characterized by intellectual disability and behavior disorders; it is more prevalent and severe in males.
	9. A syndrome characterized by deformities in the joints, fingers, and limbs; atypical behavior; and learning disorders; and cognitive impairment.

Early Signs of Abuse and Neglect

If you would like to talk to a trained counselor about how the issue of child abuse and neglect affects you, you can call the Florida Coalition Against Domestic Violence at 1-800-500-1119 or the Florida Council Against Sexual Violence at 1-888-956-7273.

Child abuse is defined by Florida law as any non-accidental injury, sexual battery, or injury to the intellectual or psychological capacity of a child by the parent, adult household member, or other person responsible for the child's welfare. Abuse falls into three categories: _____,

_____, and _____.

The signs of child abuse fall into two categories:

_____ signs are observable in the appearance of a child.

_____ signs are observable in the way a child acts.

Remember, these are signs that a child may be a victim of abuse or neglect. Only a qualified professional can determine if child abuse or neglect is occurring. Your job as a child care professional is to report suspicions of abuse and/or neglect to the Department of Children and Families' Abuse Hotline.

_____ signs of child abuse include bruises, welts, burns, lacerations, abrasions, fractures, wounds and other injuries. Be alert for ones that tend to occur in the same place or repeatedly, and for which there is no plausible explanation.

_____ signs include not wanting to go home, wariness of adults, strong startle response, depression, poor memory and concentration, and behaviors that are not age-appropriate. For example, the child may be aggressive or passive, seek attention indiscriminately, be overly affectionate, or withdraw from others.

Key Point: Child abuse can be physical, sexual, or emotional; and children may display physical and behavioral indicators of such maltreatment.

Child neglect is defined by Florida law as failure to provide things necessary to _____, such as adequate food, clothing, shelter, health care, hygiene, and supervision. Neglect also includes situations in which the child is deprived of emotional support, love and attention, which causes a disorder called Failure to Thrive.

The signs of neglect fall into the same two categories: physical and behavioral.

_____ signs of neglect include untreated medical conditions (major and minor), inadequate clothing, consistent hunger, and poor hygiene.

_____ signs include fatigue, disinterest, stealing food, inability to trust, self-destructive behaviors, poor self-control, consistent absences or tardiness, or trying to take on adult responsibilities for other children.

REMEMBER

As a child care provider, it is your duty and your legal responsibility, according to Chapter 39 of the Florida Statutes, to report any _____ case of child abuse or neglect.

> **Key Point:** Child neglect is the failure to provide things necessary to sustain life, and children may display physical and behavioral indicators of such maltreatment.

> **Key Point:** Child care professionals know and must report the physical and behavioral signs of child abuse and neglect.

Activity: Abuse or Neglect?

For each indicator, identify if it is a sign of abuse or neglect. Also, identify if it is a physical or behavioral indicator.

Sign of			Type of Indicator	
Abuse	Neglect		Physical	Behavioral
		Age-Inappropriate Behaviors		
		Bruises and Welts		
		Burns		
		Consistent Absences or Tardiness		
		Consistent Hunger		
		Fatigue		
		Fractures		
		Inadequate Clothing		
		Lacerations and Abrasions		
		Poor Hygiene		
		Poor Memory and Concentration		
		Self-Destructive Behaviors		
		Stealing Food		
		Strong Startle Response		
		Untreated Medical Conditions		
		Wariness of Adults		

Reflect, Think, and Act: How Do You Feel?

It is one thing to take a course and study children at risk. It is quite another to see it for yourself. Take a few moments to think of a child you know. Now, imagine identifying the early signs of delay, disability, neglect, or abuse in that child. Be aware of how you are feeling and try to come to terms with these emotions before the day you must take action in a child care setting.

Helping Children with Disabilities

To use observation and screening to help children with developmental delays or disabilities, child care professionals:

- Observe and _____ regularly
- _____ for signs and changes
- _____ professionally, over time, using a variety of methods
- Are familiar with Child Find
- _____ when appropriate
- Provide appropriate support during sessions

Child care providers have specific responsibilities under the Americans with Disabilities Act (ADA), a federal law that prohibits discrimination against people who are disabled. Specifically, they must:

- Make _____ modifications in policies, procedures, and practices
- Remedy barriers to mobility and communication
- Provide auxiliary aids and services necessary to communicate with children with disabilities

Resources:

- **American with Disabilities Act and child care providers**
  www.ada.gov/childq%26a.htm

Child care professionals can also make a substantial contribution toward the progress of children who receive benefits under the Individuals with Disabilities Education Act, a federal law, which guarantees a free and public education to every child. This is best done by interacting with others who are helping a child with disabilities through a team approach. Offer to:

- Share results of your observation and screening sessions (with parental permission)
- Provide expertise related to the child's activities at the program
- Be on the child's _____ team

Key Point: Child care professionals improve outcomes for children receiving benefits under the ADA and IDEA by sharing their screening results (with parental permission), preferably in person.

Helping Victims of Abuse or Neglect

To help children who are victims of abuse or neglect by observing and screening them:

- Observe regularly for signs of abuse or neglect
- _____ for changes in behavior
- _____ professionally and immediately
- Be familiar with the Florida Abuse Hotline
- Provide appropriate support during sessions

Be aware that some developmental delays and disabilities can _____ the signs of abuse and neglect. For example, children with autism may bang their heads, leaving bruises. Children with a disability that is impacting motor development may fall easily, and have abrasions or lacerations. A child with a cognitive impairment might be overly or inappropriately affectionate. The best ways to discern the differences between delays, disabilities, abuse, and neglect are to observe and screen children often and know what is typical for each individual.

> **Key Point:** Observation and screening are the best ways to identify the earliest signs of abuse and neglect.

Reflect, Think, and Act: Feelings

Take a moment to reflect on your feelings about working with children who have a disability or are being abused and/or neglected. If thinking about it makes you uncomfortable, training might help. As part of your mandatory Part 1 child care training, you will take the Department of Children and Families' course *Identifying and Reporting Child Abuse and Neglect*. Consider taking *Special Needs Appropriate Practices* and *Supporting Children with Developmental Disabilities*, as well. These courses contain practical information that may help you feel more comfortable when working with children who are at risk, have a delay or disability, or have been abused or neglected.

_____

_____

_____

_____

_____

Resources:

- **Department of Children and Families' Courses Identifying and Reporting Child Abuse and Neglect, Special Needs Appropriate Practices, and Supporting Children with Developmental Disabilities**
  http://www.myflfamilies.com/service-programs/child-care/training

Module 5 Summary

Here is a summary of Key Points for **Module 5: Children At Risk**.

Child care professionals can provide other professionals with information that can help a child at risk.

Child care professionals use terms related to their profession and to at-risk children expertly, and when creating documentation, they construct concisely-written sentences.

Knowing who is at risk helps when observing and screening children, because it allows you to watch for and identify the earliest signs of developmental delay, disability, abuse, or neglect.

A developmental delay occurs when a child does not display the skills and abilities typically seen in peers in the same age range.

Child care professionals in Florida refer families to the Florida Diagnostic and Learning Resource System's Child Find when they feel intervention may benefit the child.

It is important for child care professionals to be familiar with common developmental disabilities that may affect children in their care.

Child abuse can be physical, sexual, or emotional; and children may display physical and behavioral indicators of such maltreatment.

Child neglect is the failure to provide things necessary to sustain life, and children may display physical and behavioral indicators of such maltreatment.

Child care professionals know and must report the physical and behavioral signs of child abuse and neglect.

Child care professionals improve outcomes for children receiving benefits under the ADA and IDEA by sharing their screening results (with parental permission), preferably in person.

Observation and screening are the best ways to identify the earliest signs of abuse and neglect.

Module 5 Conclusion

You have achieved this module's learning objectives if you can:

- State the role of observation and screening as it relates to developmental delays, developmental disabilities, and at-risk populations
- Describe ways to support children with delays or disabilities, or who are at risk by observing and screening them
- Identify laws related to children with disabilities or who are at risk

Behavioral Observation and Screening
Module 6: Referral Process and Resources

Overview

This module will describe how to share the results of screening and observation sessions, and provide referrals in a professional manner.

Goal

Participants will describe best practices and techniques for communicating screening results, making referrals, and helping families that have received a referral for assessment.

Learning Objectives

After successfully completing this module, you will be able to:

- Describe best practices used by skilled practitioners when they communicate results supporting further assessment or evaluation
- List agencies and organizations that participate in the screening, assessment, and evaluation processes
- Describe the function of each of these organizations and agencies
- Help parents appropriately and responsibly after learning their child may be at risk of developmental delay or disability

Sharing Results with Parents

When the results of screening and observation sessions suggest assessment or evaluation might benefit the child, meet with the child's parents. Apply these best practices in this order:

Best Practice #1: _____ carefully for the meeting.

- Schedule a specific time to discuss results.
- Set up a face-to-face meeting to provide the results as soon as possible.
- Hold the meeting where you can maintain confidentiality.
- Gather copies of the key documents.
- Just before the meeting, review the materials.
- Reflect on what you need to say and the best way to say it.

> ***Proactive*** means to address concerns or problems.

Best Practice #2: Begin the meeting with a brief _____.

- Define the terms observation and screening.
- State that these are routine processes in quality programs.
- Explain why the program observes and screens enrolled children.
- Talk about when and how the program conducts observation and screening sessions.
- Describe how the program uses the information to help children.
- Respond to questions.

Best Practice #3: Present a blank sample of the _____ tool or tools that were used.

- Explain the tool, the skill areas it addressed, and its scoring system.
- Clarify that the instrument is not an intelligence test, nor is it an assessment or an evaluation tool.
- Describe when and how the tool was used with the child.

Best Practice #4: Present the child's results _____.

- Emphasize the child's current strengths and skills.
- Explain areas in which the child might benefit from classroom interventions or further assessment.
- Tell parents that the results of screening tools used by only one screener cannot be used to determine the status of a child's development.
- Relate your desire and willingness to assist and collaborate with the parents in deciding how to proceed.

Best Practice #5: Be an _____ listener.

- Listen very closely to what parents say.
- Think before responding.
- Ensure everyone has a chance to speak without interruption.
- Ask respectful questions.
- Check for understanding.
- Watch facial expressions and non-verbal responses.

Best Practice #6: Keep the meeting _____.

- Remember, this is an opportunity to share information.
- Focus on what you know is true, according to the results.
- Be calm and focused, and help parents to do the same.

Best Practice #7: Talk about the program's _____.

- Relate the program's relationship to organizations that perform assessment and evaluation, and explain how the program provides vital information to them.
- Describe IDEA Parts B and C, if applicable, and how the program might assist a child who qualifies for benefits.

Best Practice #8: Make an appropriate referral and provide _____.

- Encourage the parents to make the first call.
- Show them how all of the information they need has been provided.
- Explain the benefits of the family in seeking services themselves.
- Clarify how the program can best participate.
- Ask parents to sign a release of information form.
- Check for understanding before continuing.

Key Point: When the results of screening and observation sessions suggest a referral for assessment or evaluation might benefit a child, the program's role is to supply appropriate information, resources, and support to the child's family while continuing to provide individualized care.

Reflect, Think, and Act: Maintaining Professionalism

Reflect on how you can control your own emotions and maintain professionalism if parents demonstrate one of these emotions after hearing the results of a screening:

- Fear/Doubt
- Denial
- Sadness
- Helplessness
- Anger

List three ways you can help yourself stay calm when someone else is displaying a strong emotion. Ensure that your response is both professional and considerate of a person who may be feeling a significant amount of stress.

1. _____

_____

_____

2. _____

_____

_____

3. _____

_____

_____

Key Point: If parents display a strong emotion when results are shared, the best way to support them is to stay calm, focus on the facts, and be compassionate.

Sharing Results with Parents

Once you have shared the results of a screening with parents, take the following steps:

- Provide _____, developmentally appropriate care
- Supply parents with information
- Participate in the child's intervention team
- Be the parent's knowledgeable partner

Key Point: As families move through the assessment or evaluation processes, adjust the child's learning experiences as new information emerges, and be willing to share your expertise (as long as you have written parental consent).

Resources

Referrals from child care providers should be made to the following organizations:

- Florida Diagnostic and Learning Resource System (FDLRS)
- Florida Office of Early Learning Child Care Resource & Referral Network (CCR&R)
- Child Find

Remember to search the Internet for information you need. When you find information, ask yourself three questions before using it as a resource:

- Is this information provided by an expert?
- Can this information be verified by another source?
- Is this the most current information available on this subject?

Key Point: Child care professionals rely on local, state, and federal agencies and professional organizations to help them assist parents appropriately and responsibly.

Key Point: After reviewing screening results, a child care professional may encourage the family to refer a child, report suspicions of abuse or neglect, or do neither of these.

Activity: Make a Referral?

Read the following scenarios and determine the correct course of action.

Encourage Family to Refer	Report Suspicion to Abuse Hotline	Do Neither	Scenario
			You are screening a 10-month-old child. You have conducted four screenings over the past three weeks. You find that the child does not engage in play.
			You are screening a 14-month-old child for the first time, and despite your coaxing, he crawls to you instead of walking.
			You are screening a child who has multiple injuries in several stages of healing and who appears depressed and anxious.
			You are screening a four-year-old child who tells you her mother hit her on the back. You look at the child's back and see a bruise.
			You are screening a six-month-old child who does not acknowledge your presence in any way.

Module 6 Summary

Here is a summary of Key Points for **Module 6: Referral Process and Resources**.

When the results of screening and observation sessions suggest a referral for assessment or evaluation might benefit a child, the program's role is to supply appropriate information, resources, and support to the child's family while continuing to provide individualized care.

If parents display a strong emotion when results are shared, the best way to support them is to stay calm, focus on the facts, and be compassionate.

As families move through the assessment or evaluation processes, adjust the child's learning experiences as new information emerges, and be willing to share your expertise (as long as you have written parental consent).

Child care professionals rely on local, state, and federal agencies and professional organizations to help them assist parents appropriately and responsibly.

After reviewing screening results, a child care professional may encourage the family to refer a child, report suspicions of abuse or neglect, or do neither of these.

Module 6 Conclusion

You have achieved this module's learning objectives if you can:

- Describe best practices used by skilled practitioners when they communicate results supporting further assessment or evaluation
- List agencies and organizations that participate in the screening, assessment, and evaluation processes
- Describe the function of each of these organizations and agencies
- Help parents appropriately and responsibly after learning their child may be at risk of developmental delay or disability

Behavioral Observation and Screening

Appendix

Developmental Screening, Assessment, and Evaluation: Key Elements for Individualizing Curricula in Early Head Start Programs

Developmental assessment is a process designed to deepen understanding of a child's competencies and resources, and of the caregiving and learning environments most likely to help a child make fullest use of his or her developmental potential. Greenspan & Meisels, 1996, p.11.

The developmental assessment of infants and toddlers in Early Head Start (EHS) programs is a continuous process throughout the entire length of the child's enrollment in the program. This technical assistance paper will define the concepts of *screening*, ongoing *assessment*, and in-depth *evaluation*; discuss "best practices" related to developmental assessment and reflected in the *Head Start Program Performance Standards* (Head Start Bureau, 1996); and illustrate the connection between developmental assessment and curriculum development.

Understanding Screening, Assessment, and Evaluation

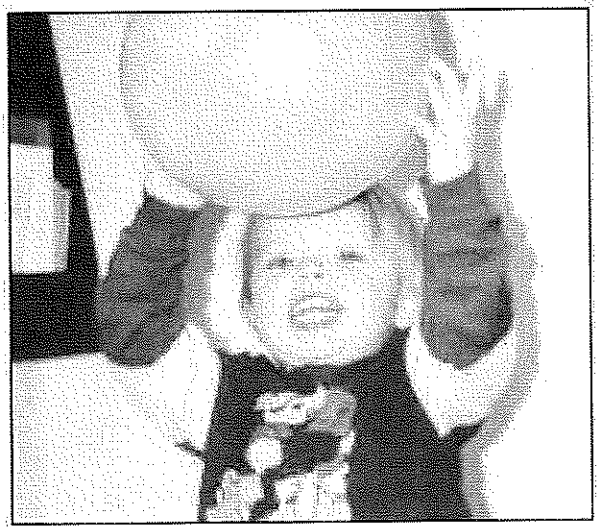
The terms *screening*, *assessment*, and *evaluation* have distinct meanings and purposes and are defined in the *Head Start Program Performance Standards*[1].

Screening

In collaboration with each child's parent, and within 45 calendar days of the child's entry into the program, grantee and delegate agencies must perform or obtain linguistically and age appropriate screening procedures to identify concerns regarding a child's developmental, sensory (visual and auditory), behavioral, motor, language, social cognitive, perceptual, and emotional skills. To the greatest extent possible, these screening procedures must be sensitive to the child's cultural background.

Grantee and delegate agencies must obtain direct guidance from a mental health or child development professional on how to use the findings to address identified needs.

Grantee and delegate agencies must utilize multiple sources of information on all aspects of each child's development and behavior, including input from family members, teachers, and other relevant staff who are familiar with the child's typical behavior. 45 CFR 1304.20(b)(1-3)

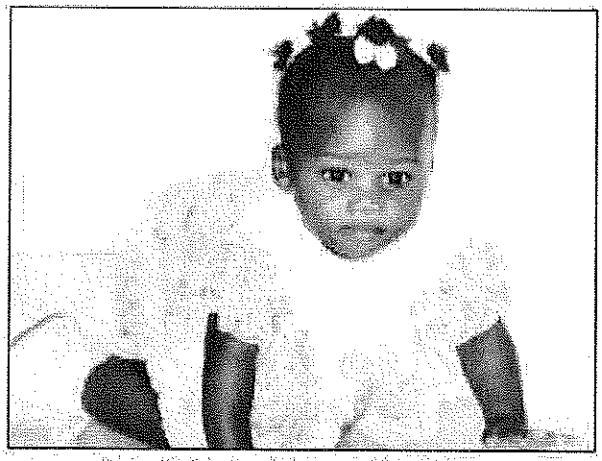


Hamilton Center, Inc. EHS, Terre Haute, IN

1 Please note that numerous disciplines (i.e. psychology, psychiatry, medicine, special education and early intervention) are concerned with developmental functioning and there may be slight variations in the precise definition of terms related to assessment and evaluation. The term "assessment" can refer to both an ongoing process of information gathering as well as a structured testing procedure. This paper will define these words as they are used in the *Head Start Program Performance Standards*.

The screening process is used to determine if developmental skills are progressing as expected, or if there is cause for concern and further evaluation is necessary. All children enrolled in EHS must receive a developmental screening within 45 days of entry into the program. The screening process is only the *initial* step of ongoing observations about the needs and resources of the child and family. Yet it is so important that this process is done well so that children with special needs are identified as early as possible. Furthermore, the screening process itself begins during the enrollment period as EHS staff build partnerships with families and initiate EHS services.

Screening for sensory, behavioral, or developmental concerns determines if further evaluation is necessary. It does *not* lead to a decision about whether a child *has* a developmental problem. Therefore, children who are referred for further, in-depth evaluation may or may not be diagnosed with a developmental delay. Based on the results of the screening, it is always in the child's best interests to obtain a more in-depth evaluation if parents or staff have a concern. Further, this initial screening is not the only time that a child can be referred for an evaluation. Since developmental assessment is an ongoing process, any time a concern arises about a child's developmental functioning it is appropriate to refer that child for an in-depth evaluation.



Sumter School District #17 Early Head Start, Sumter, SC

Federal regulations require that programs obtain direct guidance from a mental health or child development professional on how to use the findings from the screening to address identified needs **[45 CFR 1304.20(b)(2)]**. This individual can help staff create appropriate screening procedures, identify methods for prompt follow-up on the results of the screening, and develop strategies for engaging families in the screening process.

Assessment

Assessment means the ongoing procedures used by appropriate qualified personnel throughout the period of a child's eligibility to identify:

(i) The child's unique strengths and needs and the services appropriate to meet those needs; and

(ii) The resources, priorities, and concerns of the family and the supports and services necessary to enhance the family's capacity to meet the developmental needs of their child. **45 CFR 1304.3**

All children enrolled in EHS participate in ongoing assessment of their development. Ongoing assessment is both a formal and an informal process. Formal procedures for ongoing assessment may include the use of published developmental profiles or checklists; health and medical tests and procedures; and/or structured observations. Informal procedures include conversations with parents and caregivers or informal observations of the children in their daily routines.

Developmental assessment, as defined in the *Performance Standards*, encompasses all of the activities that provide information about a child's developmental strengths, needs, resources, and family priorities. Thus, both the screening process and the formal evaluation to determine eligibility for early intervention services (discussed below) are part of the ongoing developmental assessment of children participating in EHS programs.

Evaluation

Enrolled families with infants and toddlers suspected of having a disability are promptly referred to the local early intervention agency designated by the State Part C plan to coordinate any needed evaluations, determine eligibility for Part C services, and coordinate the development of an IFSP (Individualized Family Service Plan) for children determined to be eligible under the guidelines of that State's program. Grantee and delegate agencies must support parent participation in the evaluation and IFSP development process for infants and toddlers enrolled in their program. **45 CFR 1304.20(f)(2)(ii)**

An evaluation is conducted to determine or diagnose a developmental delay and to develop strategies for intervention. Only children suspected of having a developmental delay are referred for an in-depth evaluation. The early intervention partners in the community are key resources for ensuring an effective approach to evaluation and early intervention. In addition, the Disability Services Quality Improvement Center (DSQIC)[2] in the region is an excellent resource for designing high-quality services for infants and toddlers with disabilities.

Commercially available tools for screening, ongoing assessment, and evaluation are available. However, screening, assessment, and evaluation of infants and toddlers is particularly challenging and there is tremendous variability in the quality of the tools that are available. Some of the challenges with conducting screening, assessment, and evaluation with this age group include:

- Young children have no or limited expressive language skills and can't "tell" you what they know or think.
- Each area of development is influenced by every other area of development and it is difficult to tease apart where a problem may occur.
- Young children are changing at an incredible rate.

Children's Home Society of Washington, Auburn, WA

- Children's behavior reflects the values and culture in which they are raised and any judgment about child development must be done with sensitivity to cultural influences.
- Developmental problems in young children can be subtle and it takes much experience and knowledge of infant development to build acute observation and interpretation skills.

2 A regionally based system consisting of seventeen (16) Head Start Quality Improvement Centers (HSQICS) and twelve (12) Disabilities Services Quality Improvement Centers (DSQICS) provides training and technical assistance to meet the needs of all head start grantees and delegate agencies. These centers are staffed with specialists in early childhood education and development, health, family and community development, program design and management, transportation and facilities. The Infant/Toddler Specialists serve as professional resources to Early Head Start programs beginning with initial funding through ongoing delivery of services designed to enhance quality programming for pregnant women, infants, toddlers and their families. These services are specifically targeted to meet the individual needs of each Early Head Start program. Contact information for the HSQICs and DSQICs is available on the Web site of the Head Start Bureau at http://www.acf.dhhs.gov/programs/hsb/.

Developing an Approach to Screening, Assessment, and Evaluation

The developmental screening and ongoing assessment of infants and toddlers requires thoughtful planning and specific attention to the elements that create an effective process. The *Performance Standards* do not require that a specific screening instrument or strategy be used. Rather, the Guidance[3] (see sidebar) encourages a developmental screening *approach* that may or may not involve a formal, standardized screening instrument. However, a standardized instrument, as one piece of the screening process, can be a valuable device to organize and record observations and information related to the screening. A comprehensive screening approach should:

- **Be systematic** – The approach should include a method for documenting observations; a process for planning when, where, and how screenings will be accomplished; a system for communicating the results of the screening to parents and other professionals; and a process for tracking change over time and the outcomes of any referrals.
- **Include observations of children's behavior and actions** – This process should include the observations of parents, EHS staff, child care providers, and others who regularly interact with the child.
- **Incorporate health and developmental history** – Through this process, information should be gathered about prenatal care and childbirth, timelines of when the child reached developmental milestones, and past and current health issues.
- **Consider family characteristics** – The approach should provide a description of the nature of the relationships between child and parents, the social and emotional support systems of the child and family, and other environmental or situational factors such as safe housing, employment, and quality child care.

Screening for Developmental, Sensory, and Behavioral Concerns:

The Head Start Program Performance Standards *do not require that any particular strategy, instrument or technique be used. Appropriate procedures, however, should conform to sound early childhood practice and be valid, measuring what they are supposed to measure, and reliable, yielding consistent results over time and across users. Agencies consult with the program's content area experts in health, child development, and mental health, with parents, and with the Health Services Advisory Committee as they design and implement a developmental screening approach.* **Guidance related to 45 CFR 1304.20(b)(1-3)**

Guidelines for Developmentally Appropriate Screening, Assessment and Evaluation of Young Children and their Families

The following guidelines were adapted from a publication of the Task Force on Screening and Assessment of the National Early Childhood Technical Assistance System (NECTAS) in collaboration with ZERO TO THREE (Meisels & Provence, 1989). The purpose of the Task Force was to provide assistance to States regarding policies and programs for children, ages birth through 5, with developmental delays or vulnerabilities. These "best practices" also are reflected in the *Head Start Program Performance Standards* and supporting Guidance materials.

1. Screening, assessment, and evaluation should be viewed as services — as part of the intervention — and not only as means of identification and measurement.

3 The Guidance materials, published alongside the mandatory regulations found in the *Head Start Program Performance Standards*, provide examples of how agencies might operationalize the standards. The Guidance also provides a rationale for the related standard, and is designed to stimulate ideas about how the standards could be implemented. The *Performance Standards* and the Guidance are available through the Head Start Publications Management Center on the Internet at http://www.hskids-tmsc.org or by calling 202-737-1030.

Screening, assessment, and evaluation are dynamic processes. These activities have an impact on the family and should be an integral part of family goal setting, parent education, and curriculum development. These processes are ***not*** just scores on paper that determine eligibility for services; they are tools to organize observations about a child's and family's needs and resources.

2. Processes, procedures, and instruments intended for screening, assessment, and evaluation should only be used for their specified purposes. Test developers design screening, assessment, and evaluation tools for specific purposes and any adaptation of that tool can seriously impair the results of the instrument. Anyone who uses a tool should be familiar with the purpose of the tool, how it was developed, and what it is intended to measure, as well as the limitations of the tool. Knowledge of test measurement principles, such as *reliability* and *validity*, is essential to selecting the most appropriate instrument and interpreting the results. (See Guideline 6 below, and Appendix A for more information about the concepts of reliability and validity and other terms related to developmental assessment).

3. Multiple sources of information should be included in screening, assessment, and evaluation. Children behave differently in different settings and with different people. They may be better able to demonstrate their competencies under certain conditions than others. In addition, developmental disorders are generally due to multiple factors. Thus, it is important, and required in the *Performance Standards*, that EHS programs utilize multiple sources of information on all aspects of a child's development and behavior. Some methods for gathering information include observations, verbal or written reports, work samples, rating scales, checklists, audiotape, videotape, or photography.

4. Developmental screening, assessment, and evaluation should take place on a recurrent or periodic basis. As noted earlier, change in the early years occurs at a swift rate. It is important to monitor developmental changes to identify challenges as early as possible and to meet the evolving needs of families. Furthermore, children's behavior during a screening, assessment, or evaluation is often affected by situational factors – the child's familiarity with the setting and participating adults, energy level, hunger, mood, etc. Ongoing reassessment should occur in the context of the child's daily activities, in multiple settings, and be conducted by those who are working with the family and child. If a child is receiving early intervention services, the team of professionals (including the parents) working with the child and family should regularly meet to compare observations and make any necessary modifications in the services.

5. Screening should be viewed as only one path to further assessment or evaluation. Screening tools provide only a "snap shot" of a child's functioning. They also require the user to make inferences about a child's skills based on limited information. There is no single screening instrument that can capture the range of developmental skills and challenges that can occur in young children. Thus, even children who perform well on a screening tool should be considered in light of all the other factors that may have an impact on developmental functioning but are not revealed through a screening instrument. Examples of these other factors include health or social support vulnerabilities, family functioning, unstable housing, or exposure to violence. A more in-depth evaluation may be desirable when these additional factors are present.

6. Screening, assessment, and evaluation procedures should be reliable and valid. Reliability and validity are terms used to evaluate the quality of an instrument. The tools must measure what they are supposed to measure, give consistent information, be sensitive enough to adequately detect developmental deviations, and be appropriate for the cultural or ethnic group they are used with.

The *standardization* process is related to the reliability and validity of a test. Standardization refers to the uniformity of procedure in administering and scoring the test. This is the process the test developer uses to choose the test items or questions and the conditions under which the test should be administered (i.e., verbal instructions to the test taker, if and how the test administrator can

demonstrate a task, how many times the test taker can attempt the task, etc.). An important step in this process is the development of *norms*. The norms refer to the normal or average performance on the test and determine how much variation from the average performance is considered above or below average. The test must be normed on a large, representative sample of the population it is to be used with. Those who use standardized tests should investigate the standardization process to ensure that it is representative of the people who will be tested. For example, if the standardization sample for an infant screening tool consisted of Caucasian, middle-class children in a suburban neighborhood it would not be appropriate to use that tool with low-income, African American children from the inner city.

Standardization, reliability, and validity are critical to the use and interpretation of the results of the screening, assessment, or evaluation instrument. If these factors are in question, there can be little confidence in the results of the test.

How does the test user know if an instrument is reliable and valid? It is critically important that EHS staff investigate the materials they are considering for use with the families they serve. One method is to consult with a local university to locate individuals who have expertise in test measurement and can provide guidance to the EHS program. Other resources include staff or consultants from the DSQICs, Part C community partners, and the EHS program's Health Services Advisory Committee.

EHS staff can also use published reference materials to learn more about specific screening and assessment tools that are being considered for use with the children and families enrolled in their program. An important resource is The Buros Institute of Mental Measurements at the University of Nebraska. The Buros Institute publishes a series called *Mental Measurements Yearbook* that critically evaluates commercially available testing instruments. These reference books are available through academic libraries or can be ordered on the Internet. The Buros Institute Web site (http://www.unl.edu/buros) offers a fax-request service for specific test reviews, a classified subject index of all the tests that have been reviewed, and other valuable resources to make informed decisions about the use of measurement instruments.

These test reviews are written for an audience that is skilled at analyzing test measurement. EHS staff may consider consulting with professionals who have expertise in this area and can interpret the technical information contained in the reviews. Appendix B provides a brief summary of the type of information that is found in the published test reviews of several popular screening, assessment, and evalutation instruments for infants and toddlers.

7. Family members should be an integral part of the screening, assessment, and evaluation process. The child's relationship and interactions with his or her caregiver should form the cornerstone of the assessment. Children will generally reveal their highest level of skills in the context of spontaneous, motivated interactions with caregivers. The evaluator can build on these interactions by coaching the parent to elicit certain behaviors or skills or by joining in the interaction.

As in all EHS services, parents are intimately involved in the screening, goal-setting, and decision-making activities. Parents' needs, priorities, and perceptions play a central role in all aspects of this process. EHS grantees are required to familiarize parents with the developmental procedures administered through the program, and ensure that the results of these procedures are understood by parents **[45 CFR 1304.20(e)(2)]**. Parents are involved in an ongoing process of sharing observations, setting priorities, and determining progress.

8. Screening, assessment, and evaluation should be conducted in natural, non-threatening settings and involve tasks that are relevant to the child and family. Children will demonstrate their true capacities when they are in a place that is secure and familiar, and with people whom they know and trust. Infants and young children may be particularly sensitive to unfamiliar caregivers and separation from trusted adults. In addition, the activities and materials should reflect the kinds of experiences and objects that are relevant to their daily life.

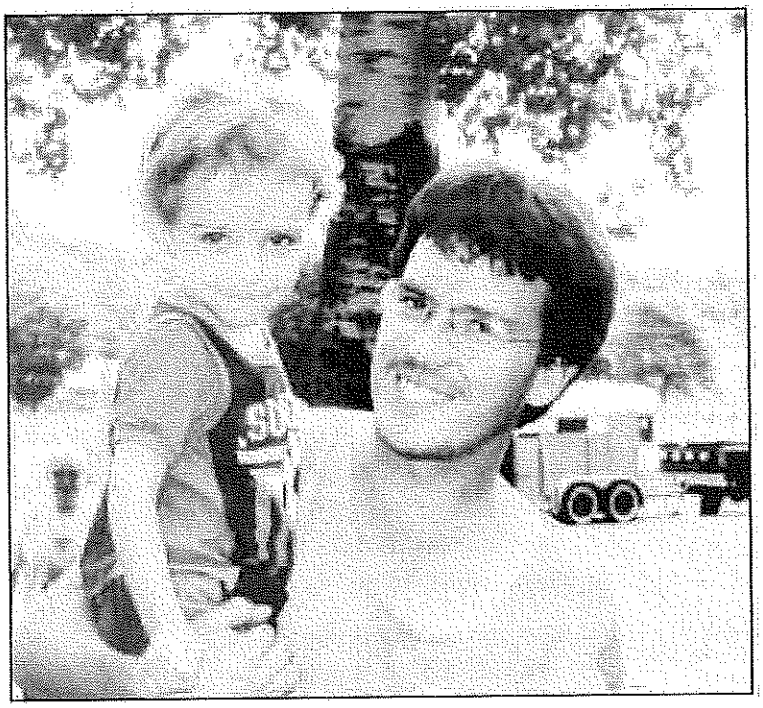
9. All tools, procedures, and processes intended for screening, assessment, and evaluation must be culturally sensitive. Most developmental instruments are developed to reflect the popular culture and its values and norms. EHS programs should take great care in selecting instruments and developing procedures that take into consideration the variety of backgrounds, languages, customs, and values of participating families.

10. Those who screen, assess, and evaluate young children should be well trained. It is a great responsibility to adequately assess children's strengths, needs, and challenges due to the decisions that are based on those assessments. To do this well, EHS staff need:

- excellent observational skills;
- a thorough knowledge of early development;
- an understanding of the proper use and interpretation of screening and assessment tools;
- relationship-building skills with both children and adults;
- knowledge of how to best use the results of a screening, ongoing assessment or evaluation; and
- the ability to effectively communicate those results to families and other professionals.

Given the considerable variation in the normal range of development during the early years, professionals must have sound knowledge of the typical sequence and timetable for different areas of development. This knowledge will allow the assessor to recognize what should emerge next in the child's development, if the child is making adequate progress in obtaining new skills, and the quality of the child's skills in a given area. It will also allow the professional(s) to determine the appropriate strategy for making gains and meeting developmental challenges. This approach is far more desirable then using a score on a test to make a decision about developmental functioning.

Staff development experiences to strengthen these skills, as well as reflective supervision and consultation with experts, is essential for the delivery of high quality services.



Astor Early Head Start, Poughkeepsie, NY

Principles of Appropriate Screening, Assessment, and Evaluation

In addition to the above guidelines, EHS programs should consider the following principles of appropriate screening, assessment, and evaluation and some practices to avoid that were recommended by Greenspan, Meisels, and the ZERO TO THREE Work Group on Developmental Assessment (1996):

- **Developmental evaluation should follow a certain sequence.**

  The steps in the process are:

  1. Build an alliance with the parent/caregiver and discuss issues and concerns of the family;
  2. Obtain developmental history and current family experience;
  3. Observe the child in the context of spontaneous play with parents and/or familiar caregivers;
  4. If appropriate, observe the interaction between the child and the evaluator/clinician;
  5. Conduct specific assessments of individual functions, as needed; and
  6. Use a developmental model as a framework to integrate all of the data to create picture of the whole child. Convey evaluation findings in the context of an alliance with families.

- **Screening, assessment, and evaluation must be based on an integrated model of child development.**

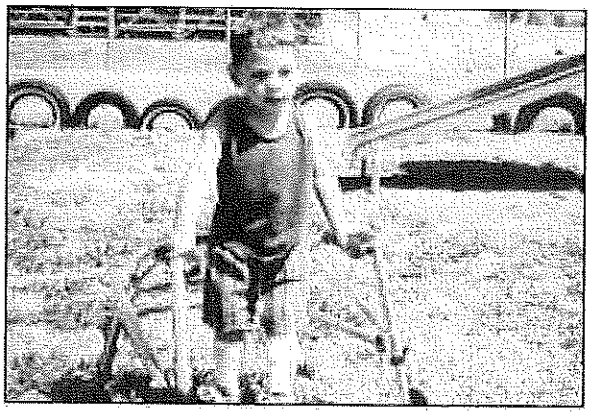
Developmental screening, assessment, and evaluation must take into account the full range of variables that influence a child's functioning. This integrated model includes the range of developmental domains (i.e., motor, cognitive, sensory, social and emotional capacitates) as well as how the child organizes and uses his or her skills. An effort must be made to understand the child in relation to his or her family, community, and culture and to examine how the child relates to the world around his or her. This approach requires that those responsible for screening, assessment, and evaluation find approaches that reveal the child *optimal* level of functioning. This necessitates observing the child over time and in different contexts.

- **Screening, assessment, and evaluation should emphasize attention to the child's level and pattern of organizing experience and to *functional capacities*, which represent an integration of emotional and cognitive functioning.**

The basic functional capacities of relating, interacting, and thinking will directly impact on the specific developmental skills under consideration. It is not just a question of whether or not particular skills exist, but how the environment supports the child's developmental functioning. These capacities include such skills as paying attention, relating and engaging, reciprocal or back-and-forth communication, and symbolic thinking. These capacities must also be understood in the child's particular culture and family context.

- **The screening, assessment, and evaluation process should identify current competencies and strengths, as well as identify the next step in the developmental sequence in order to facilitate growth.**

It is more useful to think about how to build on the



Young Families Early Head Start, Billings, MT

child's current capacities, than to merely describe deficits or lags in development. Too often an assessment focuses on the delay in development. Knowledge of typical child development and the progression of developmental skills help inform how to best support emerging capacities and build on what the child *can* do.

Practices to Avoid

- **Young children should never be challenged during a screening, assessment, or evaluation by separation from their parents or familiar caregivers.**

Separation from trusted and familiar caregivers places enormous stress on a young child and has no place in the assessment process. Children will rarely demonstrate their highest level of functioning under such stressful circumstances. As described earlier, parents have a critical role in the assessment.

- **Young children should never be tested by someone with whom they are unfamiliar.**

It is unlikely that children will demonstrate their highest abilities when faced with a strange examiner. This is an unnecessary challenge to the child and usually leads to less meaningful results.

- **Screenings, assessments, or evaluations that are limited to developmental areas that are easily measured should not be considered complete.**

Assessments that focus only on certain areas, such as cognitive or motor skills, are inadequate. The child's interactions with caregivers and functional capacities are critical elements of an evaluation. Assessments should not be conducted using a tool simply because it is available or because somebody is trained to use it. These types of assessments do not provide an integrated understanding of the child's capacities.

- **Formal tests or tools should not be the cornerstone of a screening, assessment, or evaluation.**

Formal tests are only approximations of a child's capacities in the real world. The limitations of formal tests must be understood and taken into account. Formal tests for infants and young children have often been developed using methodology created for older children and it is debatable how much meaningful information can be derived from such test scores.

Screening, Assessment, and Evaluation in Relation to Curriculum Planning

Grantee and delegate agencies must use the information from the screenings for developmental, sensory, and behavioral concerns, the ongoing observations, medical and dental evaluations and treatments, and insights from the child's parents to help staff and parents determine how the program can best respond to each child's individual characteristics, strengths, and needs. **45 CFR 1304.20(f)(1)**

Developmental Screening and Curriculum Planning

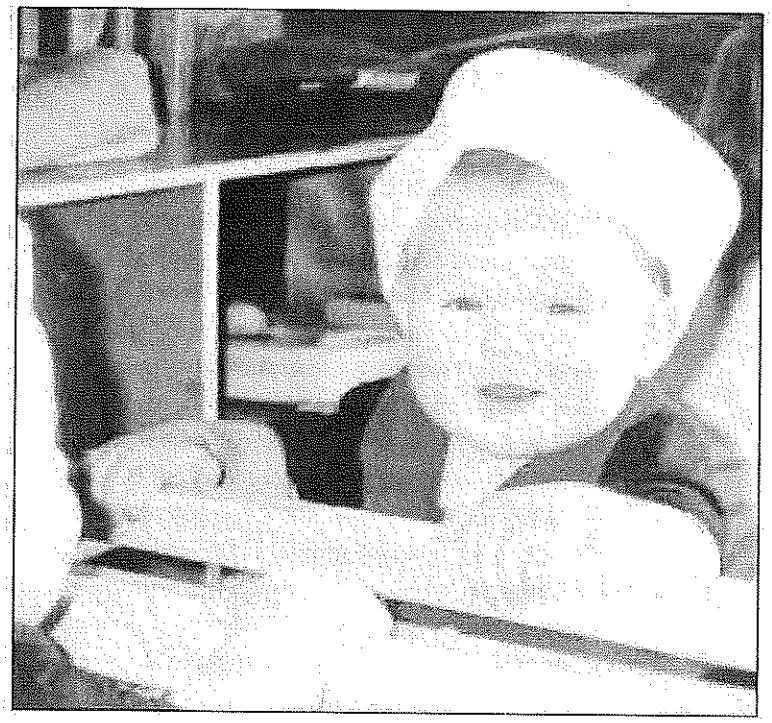
As defined earlier, the screening process is used to determine if a child's developmental skills are progressing at the expected level, or if there is concern about developmental functioning and a more in-depth assessment is warranted. By its very nature, a developmental screening is brief and global. Based on the results of the screening, the decision will be made that the child is functioning within normal limits, or that a potential problem requires a more in-depth evaluation. Regardless of the decision, the screening process itself provides a preliminary profile of the child's abilities, challenges, resources, and needs. All this information is a rich resource for individualizing the curriculum to support each child's particular learning style.

A word of caution: The results of a screening tool are *not* designed to be used for the purpose of developing intervention strategies. Rather, it is the *observations* about

developmental functioning gleaned from the screening process that enrich the curriculum experiences. For example, it would be inappropriate to take a task from a screening test and make that task a goal of the child's curriculum. To illustrate, a common item on a screening test for infants is "child can put one block in a cup." The action of placing objects in a container is not in itself meaningful. Staff must understand the underlying developmental functions of that behavior. In this example, the underlying developmental capacity is the ability to begin to combine objects in relational play. This occurs when a child begins to see the effects of his or her actions on the environment and understand that objects can relate to each other in some kind of meaningful way. Generally, this will lead to the child exploring and combining objects into more interesting effects and eventually into more complex actions and relationships between objects (e.g., putting on lids, opening doors, etc.). Thus, the goals of the curriculum would relate to the underlying developmental capacities, not to the content of the screening tool, and should provide a variety of experiences to support the emerging capacities.

The *Head Start Program Performance Standards* define curriculum as a written plan that includes: the goals for children's development and learning; the experiences through which they will achieve these goals; what staff and parents do to help children achieve these goals; and the materials needed to support the implementation of the curriculum **[45 CFR 1304.3(a)(5)]**. The information from the screening *process* can help to refine and individualize the goals for children's development and learning. These goals will reflect the skills, interests, and areas of needed support that emerged during the screening process.

In addition to providing the *content*, or goals and objectives, to individualize the curriculum, the information gathered during the screening process can inform the *context*, or how the curriculum is implemented. Consider, for example, the characteristics of the environment that would support emerging developmental skills. If a newly mobile infant is continually motivated to pull up to stand, the environment should support this emerging skill by providing plenty of low surfaces to pull up on, and soft flooring for the inevitable falls. Another example is the case of a very young infant who, during the screening process, demonstrated increased distress and disorganization when handled by several people. Yet when the lights were dimmed and other sources of stimulation were eliminated, he became increasingly alert and responsive. This observation revealed how changes to the environment had an impact on this child's demonstration of his true capacities.



Murray Early Head Start, Murray, KY

Ongoing Assessment and Curriculum Planning

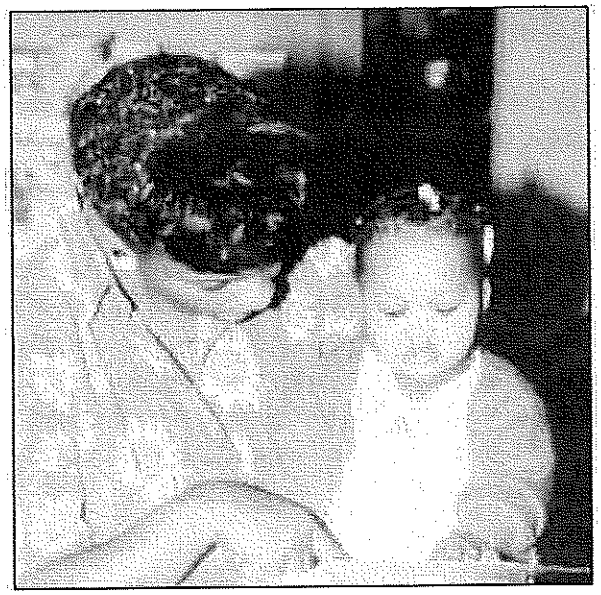
Ongoing observations about a child's unique skills, progress, interests, resources, and needs is at the heart of individualizing the curriculum. *Staff must use a variety of strategies to promote and support children's learning and developmental progress based on the observations and ongoing assessment of each child* **[45 CFR 1304.21(c)(2)]**.

Some of the these strategies include:

- recording children's behavior to identify current functioning and emerging skills;
- communicating with parents and other caregivers about behavior in the home or other settings;
- identifying different ways children learn and expanding the experiences to incorporate different learning styles; and
- modifying the materials, experiences, or environment to encourage new skills.

Developmental Evaluation and Curriculum Planning

Formal evaluations, as defined earlier, are conducted to diagnose a developmental delay and to identify strategies for intervention. EHS programs may have qualified staff to conduct assessments, or may collaborate with community partners, such as Part C agencies, to provide these assessments. The evaluation process provides an even more in-depth view into the child's skills, resources, and needs and is thus an even richer source of information for individualizing EHS services. Families of children who are diagnosed with a developmental delay will receive an Individualized Family Service Plan (IFSP), a written plan, that details the specific outcomes and intervention strategies the family and service providers have identified. The evaluation process and the IFSP provide critical information that can be used to modify the curriculum to best support the individual child and tailor EHS services to ensure that every child's individual learning style is best supported.

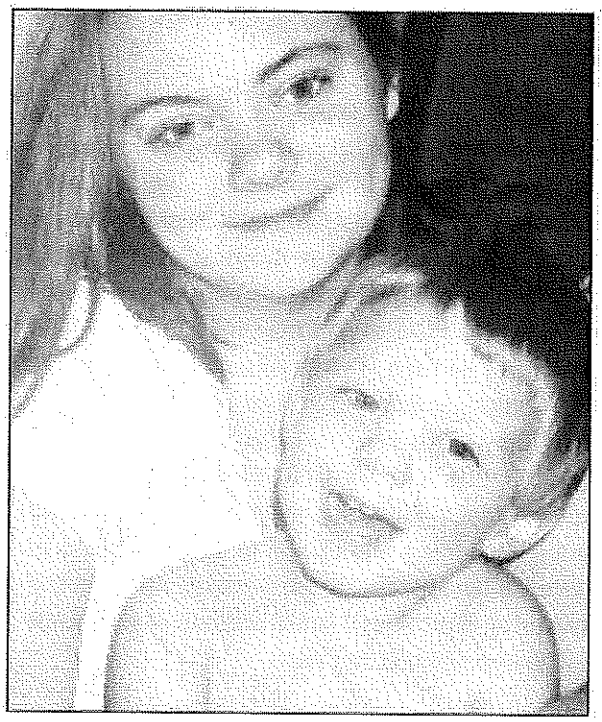


Tennesse Cares EHS, Paris, TN

EHS program managers should pay particular attention to the *systems* that are in place to ensure that the information from the assessment is communicated to the EHS staff working directly with the child and family. Record-keeping, reporting mechanisms, confidentiality guidelines, and comprehensive planning all support the EHS program's ability to work effectively with families and community partners. This is particularly valuable for transition planning from EHS into Head Start or other community-based preschool programs **[see 45 CFR 1304.20(f)(iii)** and **45 CFR 1304.41 (c)(2)]**. The assessment information that has been collected and used during the child's enrollment in EHS will help to determine the appropriate placement of the child and ensure that the child and family continue to receive the services and supports they need.

In Summary

- The formal processes of screening and evaluation serve unique purposes and are only one part of ongoing observations of the child's and family's needs, resources, and strengths.
- EHS staff have a responsibility to educate themselves about the appropriate use of formal and informal methods of evaluating children's developmental functioning and progress. Important decisions are made based on the outcome of the screening, assessment, and evaluation activities and each process requires particular skills and training.
- All levels of developmental assessment (screening, ongoing assessment, and in-depth evaluation) provide rich sources of information to meet the *Head Start Program Performance Standards* for individualizing the program. High-quality services demand attention to individual growth, changing circumstances, and evolving needs.



Laconia EHS, Laconia, NH

- The observations and information gathered for screening, assessment, and evaluation purposes are only one part of the process. Staff and families must then determine how to use the information. Using the information to best support young children and their families requires systems and procedures that support a careful analysis of the information, is responsive to ethical considerations, and helps staff and parents develop meaningful goals. EHS staff should consider precisely what information is necessary, how the information will be gathered, and what will be done with the information once it is collected.
- Management systems, such as record-keeping, play a critical role in the assessment process. It is crucial to have formal procedures for documenting observations, interpreting the results, and developing goals and activities to support the results of ongoing assessment. Effective systems for documenting and communicating about developmental progress provide a bridge from developmental assessment to individualizing the curriculum for every child.

References

Greenspan, S. I., & Meisels, S. J. (1996). Toward a new vision of developmental assessment of infants and young children. In S. J. Meisels & E. Fenichel (Eds.), *New visions for the developmental assessment of infants and young children* (pp. 11-26). Washington, DC: ZERO TO THREE.

Meisels, S. J., & Provence, S. (1989). *Screening and assessment: Guidelines for identifying young disabled and developmentally vulnerable children and their families.* Washington, DC: ZERO TO THREE.

U.S. Department of Health and Human Services, Head Start Bureau. (1996). *Revised Head Start Program Performance Standards.* Washington, DC: Author.

Selected Resources for Screening and Assessment

Each resource in this section is followed by a brief description of its content. Some of the resources are designed for an audience with advanced understanding of the technical aspects of developmental assessment and the use of tests to measure developmental functioning; these are indicated with an asterisk(*). They are offered here for those who wish to deepen their understanding, or as resources to use with consultants who can support EHS programs in their efforts to make the most informed decisions about appropriate assessment instruments and procedures.

*Buros Institute, University of Nebraska. (1959-1995). *Mental Measurements Yearbook.* Lincoln, NE: Author.

This is a reference manual that is currently in the 13th edition. Experts in the field provide critical reviews of a wide variety of tests and measurements. The reviews in this reference manual are written for an audience with advanced knowledge of the technical aspects of assessment procedures.

Fenichel, E. (Ed.). (1997). Assessing and treating infants and young children with severe difficulties in relating and communicating. *Zero To Three, 17(5).*

This special issue of the *Zero to Three* bulletin is designed to help professionals treat and understand children diagnosed with Multisystem Developmental Disorder, Pervasive Developmental Disorder, and Autistic Disorder. The issue contains an especially moving essay by a father who chronicles the families' journey through initial concern, diagnoses, and treatment.

Fenichel, E. (Ed.). (2000). Responding to infants and parents: Inclusive interaction in assessment, consultation, and treatment in infant/family practices. *Zero to Three, 20(4).*

This special issue of the *Zero to Three* bulletin focuses on the interpersonal work of meeting the needs of families with infants and toddlers. The work of the Infant Parent Program at the University of California, San Francisco, is highlighted.

Gibbs, E., & Teti, D. (1990). *Interdisciplinary assessment of infants: A guide for early intervention professionals.* Baltimore, MD: Paul H. Brooks Publishing Co.

A textbook in infant assessment, this book has a particularly helpful chapter on understanding questions of measurement. Psychometric properties of tests are discussed in a simple, easy-to-read manner.

*Keyser, D. & Sweetland, R. (1985). *Test critiques.* Minneapolis, MN: Behavior Science Systems.

This reference manual provides critical reviews of tests in the areas of psychology, education, and human resources. A companion book, *Tests*, offers an annotated list of published instruments. Tests provides a detailed description with price and ordering information but does not evaluate the instruments.

Linder, T. W. (1993). *Transdisciplinary play-based assessment: A functional approach to working with young children.* Baltimore, MD: Paul H. Brooks Publishing Co.

This book offers a model for a team-oriented approach to assessing a child in a natural context. The manual provides helpful charts of developmental milestones, and charts to guide observations of a child's cognitive, language, motor, and social-emotional functioning in the context of play. A companion book, *Transdiciplinary Play-Based Intervention: Guidelines for Developing a Meaningful Curriculum for Young Children* (1997), goes beyond assessment to developing intervention strategies.

Meisels, S. J., & Fenichel, E. (1996). *New visions for the developmental assessment of infants and young children.* Washington, DC: ZERO TO THREE: National Center for Infants, Toddlers, and Families.

This book reflects the most current developments in the field of assessment and intervention. Clinicians, researchers, parents, and policymakers contributed their expertise and insight to describe assessment approaches at the cutting-edge of best practice.

Rosetti, L. M. (1990). *Infant-toddler assessment: An interdisciplinary approach.* Austin, TX: Pro-Ed.

The purpose of this text is to address the underlying issues and challenges inherent in the developmental assessment of infants and toddlers, and to provide some direction in tackling these concerns. The author provides background and rationale for the need for infant screening and assessment, and provides concrete suggestions for issues such as correcting for prematurity, models for service delivery, selecting an appropriate instrument, and personnel training issues.

ZERO TO THREE: National Center for Infants, Toddlers, and Families. (1999). *New visions for parents: A guide to understanding developmental assessment.* [On-line]. Available: http://www.zerotothree.org/.

This is a family information packet based on the publication *New Visions for the Developmental Assessment of Infants and Young Children.* The packet includes a letter to parents preparing for an assessment; a guide to understanding assessment; tips for preparing for an assessment; and definitions for frequently used terms. (These materials are only available on the ZERO TO THREE Web site.)

Appendix A

Definition of Common Terms[1]

Assessment

The *Head Start Program Performance Standards* state:

Assessment means the ongoing procedures used by appropriate qualified personnel throughout the period of a child's eligibility to identify:

(i) The child's unique strengths and needs and the services appropriate to meet those needs; and

(ii) The resources, priorities, and concerns of the family and the supports and services necessary to enhance the family's capacity to meet the developmental needs of their child.
(45 CFR 1304.3)

Assessment is commonly referred to as an ongoing process by which qualified professionals, together with families, through standardized tests and observation, look at all areas of a child's development: motor, language, intellectual, social/emotional, and self-help skills. The assessment should identify both strengths and areas needing support. This term is often used interchangeably with "evaluation."

Developmentally Delayed/Disabled

A term used to describe infants and toddlers who need early intervention services because they:

a. are experiencing developmental delays, a term used when a child has not achieved the skills and abilities expected to be mastered by children of the same age. Delays can be in any of the following areas: physical, social, emotional, intellectual, speech and language and/or adaptive development, sometimes called self-help skills, which include dressing, toileting, feeding, etc.; or

b. have a diagnosed physical or mental condition which has a high probability of resulting in a developmental delay. Some examples include: chromosomal abnormalities; genetic or congenital disorders; severe sensory impairments, including hearing and vision; inborn errors of metabolism; disorders reflecting disturbance of the development of the nervous system; congenital infections; disorders secondary to exposure to toxic substances, including fetal alcohol syndrome; and severe attachment disorders.

Developmental Domains

Term used by professionals to describe areas of a child's development, for example: gross motor development (large muscle movement and control); fine motor development (hand and finger skills, and hand-eye coordination); speech and language/communication; the child's relationship to toys and other objects, to people and to the larger world around them; and the child's emotions and feeling states, coping behavior, and self-help skills.

Diagnosis

Term used to describe the critical analysis of a child's development in all the developmental domains, after reviewing all the assessment results, and the conclusion reached by such analysis. From this diagnosis, professionals should offer parents a precise and detailed description of the characteristics of a child's development, including strengths and the ways in which a child learns.

Early Intervention

Refers to the range of services designed to enhance the development of infants and toddlers with disabilities or at risk of developmental delay. These services should be offered, to the maximum extent possible, in a natural environment, such as the home or in community settings,

1 These definitions were adapted from New Visions for Parents: Terms Frequently Used in Developmental Assessment (1999). The full list is on the ZERO TO THREE Web site at http://www.zerotothree.org/.

in which children without disabilities participate. Early intervention services that are under public supervision, must be given by qualified personnel and require the development of an Individualized Family Service Plan (see Individual Family Service Plan below), developed in conjunction with the family, to guide the early intervention or therapeutic services given to a child.

Early intervention services should also enhance the capacity of families to meet the needs of their infants and toddlers with disabilities. Services may include but are not limited to: speech and language therapy, physical and/or occupational therapy, special education, and a range of family support services.

Early intervention is sometimes used to refer to any systematic effort to improve developmental outcomes for young children.

Eligibility

Specific criteria of developmental delay that meets the eligibility level needed for publicly funded services. This criteria is unique to each state's definition. Children who have a diagnosed physical or mental condition or are experiencing developmental delays are "eligible" for services. In addition, states may choose to serve children who are "at risk" of developmental delay by making them eligible for publicly funded early intervention services. Children who may be "at risk" of a developmental delay, may be provided services in some states. Risk factors include:

- **established risk:** a diagnosed physical or mental condition that has a high probability of resulting in developmental delay;
- **biological/medical risk:** significant biological or medical conditions or event that give a child a greater chance of developing a delay or a disability than children in the general population; and
- **environmental risk:** caregiving circumstances and current family situations that may place children at a greater risk for delay than the general population. Examples include: parental substance abuse, family social disorganization, poverty, parental developmental disability, parent age, parental educational attainment, and child abuse or neglect.

Evaluation

Term that is often used interchangeably with "assessment." However, in the context of services supported by the Individuals with Disabilities Education Act (IDEA) (see below), evaluation refers to a procedure that is used to determine a child's eligibility for early intervention services.

There are three types of formal or structured instruments that may be used in the evaluation process:

A **norm-referenced** instrument is used to compare the performance of an individual child to that of the normative group. Group "norms" are developed by obtaining the performance of a representative sample. This is called the standardization process. The standardization is critical to the validity and reliability of a test. The normative sample should be comprised of a representative cross-section of the population for whom the test is designed.

The results of this type of test are generally presented as developmental ages, IQ's, or percentile scores.

A **criterion-referenced** instrument is used to determine if a child has achieved mastery in a particular domain. The child's behavior is measured in relation to a specific behavior, rather than to a normative group. The focus is on what the child knows or can do, not on how they compare to others.

Performance-based evaluations allow children to demonstrate their competencies by acting on the environment, solving problems, and interacting with others in a natural context. These evaluations attend to the quality of children's skills and involve multiple sources of information.

IDEA

An acronym for the Individuals with Disabilities Education Act which provides grants to states and jurisdictions to support the planning of service systems and the delivery of services, including evaluation and assessment, for children, adolescents, and young adults (birth

through 21 years) who have or are at risk of developmental delays/disabilities. Funds are provided through the Early Intervention Program for Infants and Toddlers with Disabilities (known as part C of IDEA) for services to children birth through 2 years of age, and through the Preschool Grants Program (known as Part B-Section 619 of IDEA) for services to children 3 through 5 years of age.

Individualized Family Service Plan (IFSP)

A statement of the family's strengths and needs related to enhancing the development of the family's child, including specific statements about outcomes, criteria, and timelines regarding progress, specific services, provisions for service coordination, and dates for initiation, duration and reevaluation process.

Informed Clinical Opinion

A term that describes professionals' use of qualitative and quantitative information to assess a child's development, especially if there are not standardized measures, or if the standardized procedures are not appropriate for a given age or development area. Informed clinical opinion makes use of a practitioner's training, previous experience with evaluation and assessment, previous experience with children, sensitivity to cultural needs, and the ability to gather and include family perceptions as important elements in order to make a judgment.

Multidisciplinary Team

A group of people with different kinds of training and experience working together, usually on an ongoing basis. Professionals often use the word "discipline" to mean a "field of study," such as medicine, social work, or education; Therefore, a multidisciplinary team might include a pediatrician, an occupational therapist, a social worker, and an early childhood educator.

Norms

A pattern or average regarded as typical for a specific group.

Reliability

The reliability of a test refers to a statistical measure of the consistency or dependability of a test. Reliability is determined by statistical analysis. No test is 100% reliable due to "measurement error." There are always chance fluctuations in the testing environment. The reliability of a test is improved when the testing conditions remain uniform — the same environment, testing conditions, how instructions are presented, the materials used, etc. Reliability is always reported as a correlation coefficient. For research purposes, a reliability coefficient of .80 is sufficient, but for clinical purposes, a correlation of .90 or higher is necessary.

Screening

A screening tool is used to make a judgment about developmental progress in order to determine if further evaluation is necessary. The screening process helps an individual judge whether development is progressing typically or if there is cause for concern. A screening tool is not designed to provide detailed description of developmental functioning or to design intervention strategies.

Sensitivity

The sensitivity of a test is a statistical measure that indicates the proportion of children at risk who are correctly identified by the screening test.

Specificity

The specificity of a test is a statistical measure that refers to the proportion of children not at risk who are correctly excluded from further assessment.

Validity

The validity of a test refers to how well it measures what it is designed to measure. It cannot be determined in general terms, such as high or low, but only in reference to the particular use for which the test was designed.

Appendix B

Screening and Assessment Test Reviews[1]

- Ages & Stages Questionnaire
- Denver Developmental Screening II
- Battelle Developmental Inventory Screening Test
- Birth to Three Assessment & Intervention System
- Minnesota Child Development Inventory
- Minnesota Infant Development Inventory

Each review includes a description of the instrument; information on standardization, reliability and validity; and the potential use of the instrument. Each review is a summary of a published evaluation of the tool and references follow each review.

Ages & Stages Questionnaire (ASQ)

Age range: 4 months to 60 months

Purpose: Parent completed child monitoring system

Publication Dates: Original Publication Date 1979, Revised 1991,1994, 1999

Publisher: Paul Brookes Publishing Co.
P. O. Box 10624
Baltimore, MD 21285-0624

Description: The ASQ was designed to screen for developmental delays by evaluating an infant's development over time. The system consists of 11 questionnaires to be completed by the parent at 4, 6, 8,10, 12, 14, 16, 18, 20, 22, 24, 27, 33, 36, 42, 48, 54, and 60 months of age. Each questionnaire contains 30 items and examines development in the following five domains: communication, gross motor, fine motor, problem solving, and personal and social development. There are three choices parents can choose from in answering questions ("yes," "sometimes," "not yet"). Each questionnaire also provides a section where parents can identify general concerns that may not be captured by questionnaire items. All items are written at a sixth grade reading level and a Spanish version is available. There is also a video tape available that provides guidance on how the system may be used in a home visiting context. Estimated administration time is 10-30 minutes. An Administration Manual provides information on using the system and scoring the questionnaires, and guidance is offered on how one might evaluate the useful of the system in their given program.

Standardization: The sample reported in the Administration Manual is comprised of 2,008 children from the states of Oregon, Hawaii, and Ohio. The sample includes children from a variety of ethnic (Caucasian, African American, Hispanic, Native American) and socioeconomic backgrounds. However, parents from Asian backgrounds appear underrepresented. Among the standardization group, data has been gathered on typically developing infants, as well as infants at risk for developmental delay due to medical and/or environmental risk factors. In fact, from 1980 to 1988 the research sample evaluated largely consisted of infants who were deemed medically at risk.

Reliability/Validity: Both test-retest reliability and interrater reliability data on use of ASQ have been found to be fairly acceptable. Interrater reliability, in this case, refers to the percent of agreement between the parent's rating and those of a professional. Validity studies have also yielded fairly positive findings. The underreferral rate (those with a delay but not picked up by the ASQ) across the 11 age intervals ranged from 1% to 13% while the overreferral rate (those identified by ASQ as having a delay where in fact no delay was found upon subsequent assessment) ranged from 7% to 16%. Sensitivity ranged from 38% to 90% across the 11 age intervals and specificity ranged from 81% to 90% across the age intervals.

1 These reviews were compiled by the staff of the EHS NRC from published test reviews located in the references noted after each review. They do not represent the opinion of the EHS NRC and are offered here to illustrate the nature of the information offered in the resources available to the public to assist in making informed decisions about the use of measurement tools

Utility: Very few reviews have been published on the utility of this instrument. Current data on the reliability and validity of the tool suggest that it offers promise as an infant/toddler screening tool. See listing of references below for additional research data on ASQ. Please note that prior to the 1994 revision the instrument was referred to in the research literature as the Infant Monitoring System.

References:

Bricker, D., Squires, J., Kaminski, R., & Mounts, L. (1988). The validity, reliability, and cost of a parent- completed questionnaire system to evaluate at-risk infants. *Journal of Pediatric Psychology*, 13, 55-68.

Squires, J. K., Nickel, R., & Bricker, D. (1990). Use of parent-completed developmental questionnaires for child find and screen. *Infants and Young Children*, 3, 46-57.

Squires, J., & Bricker, D. (1991). Impact of completing infant developmental questionnaires on at-risk mothers. *Journal of Early Intervention*, 15, 162-172.

Denver Developmental Screening - II

Age range: 2 weeks to 6 years

Purpose: A screening tool to detect developmental delays

Publication dates: 1967-1990

Publisher: Denver Developmental Materials, Inc.
P. O. Box 371075
Denver, CO 80237-5075

Description: This instrument was designed to be a quick and simple screening tool to be used in clinical settings by people with little training in developmental assessment. The test is comprised of 125 items, divided into four categories: Gross Motor, Fine Motor/Adaptive, Personal/Social, and Language. The items are arranged in chronological order according to the ages at which most children pass them. The test is administered in 10 - 20 minutes and consists of asking the parent questions and having the child perform various tasks. The test kit contains a set of inexpensive materials in a soft zippered bag, a pad of test forms, and a reference manual. The manual includes instructions for calculating the child's age, administering and scoring each item, and interpreting the test results.

The test items are represented on the form by a bar that spans the age at which 25%, 50%, 75%, and 90% of the standardization sample passed that item. The child's age is drawn as a vertical line on the chart and the examiner administers the items bisected by the line. The child's performance is rated "Pass," "Caution," or "Delay" depending on where the age line is drawn across the bar. The number of Delays or Cautions determine the rating of Normal, Questionable, or Abnormal.

Standardization: The original standardization sample consisted 1,036 children and approximated the occupational and ethnic distribution of Colorado. Children with known handicaps, twins, breech or premature birth, and adopted children were excluded. The re-standardization in 1990 included 2,096 children. The demographic characteristics of the sample approximate the distribution in Colorado which compared to the population of the United States is an overrepresentation of Hispanic infants, an underrepresentation of African American infants, and a disproportionate number of infants from Caucasian mothers with more than 12 years of education.

Reliability/Validity: This test has been criticized for a number of inadequacies. The fit between the test items and what the test is supposed to measure has been questioned. The most serious concern has been it's lack of sensitivity in correctly identifying children with developmental delays, particularly children under 3 years of age. The standardization sample is not representative of the nation as a whole, but simply presents the age at which children in Colorado are able to do a variety of tasks.

Utility: This test is widely used due to its ease of administration and scoring. The weaknesses of this test are due to its psychometric problems and the tendency to miss children with developmental delays. Moreover, the use of this test on populations other than healthy, white, upper middle class children has been questioned due to

the standardization process. The DDST is intended only for screening purposes, and should not be used as an in-depth assessment of developmental functioning or to plan intervention programs.

References:

Keyser, D., & Sweetland, R. (Eds.). (1985). *Test Critiques*, Vol. I, pp. 239-251. Austin, TX: PRO-ED.

Buros, O. (Ed.). (1995). *Mental Measurements Yearbook*, 12th Edition, pp. 263-266. Lincoln, NE: Buros Institute of Mental Measurements.

Battelle Developmental Inventory Screening Test

Age range: Birth to 8 years

Purpose: General screening for developmental delays

Publication date: 1984

Publisher: DLM Teaching Resources
One DLM Park
Allen, TX 75002

Description: The Battelle Screening Test is a part of a larger test called the Battelle Developmental Inventory (BDI). The full-scale BDI is designed as a diagnostic assessment. The Screening Test is designed to identify children who are at-risk for delay and in need of a more comprehensive evaluation with the full-scale BDI. The Screening Test consists of 96 items in the areas of motor, communication, personal-social, adaptive, and cognitive development. Three methods of assessment may be used: administering the items to the children, observing the child in a natural context, and parent report. The manual provides adaptations that can be made for children with handicapping conditions.

Standardization: The standardization for the Screening Test is based on the data collected for the larger BDI. Eight hundred children participated and were selected according to race, gender, and geographic region according to the US Census Bureau. While the total percentage of minority children for the total sample was representative of the national percentage, the sub-sample at any particular age range may be quite small (e.g., only one minority male in the age range of 12-17 months). Also, the minority children included Hispanic and African American, but did not include Asian or Native American families. Children in poverty may also be underrepresented as the authors did not attempt to control for socioeconomic status. There is no mention whether children with handicaps were included in the sample.

Reliability/Validity: Only information on the parent BDI was available. One reviewer raised considerable questions concerning the cut-off scores. In many cases (46% of the age levels), the range of raw scores separating a moderate delay (-1 standard deviation) from a severe delay (-2.33 standard deviations) was 0,1, or 2 points. For another example, a child who receives a nearly perfect score (39 passes out of 40 items) on the Motor Domain, receives a rating of moderate delay at -1 standard deviation below average. Furthermore, children whose birthdays are at the borderline of the age intervals can have identical test performance but significantly different scores.

Additional concerns with this test include the fact that the examiner must collect their own test materials, and the test can be administered differently for each child. Therefore, the normative comparisons are flawed. An examiner cannot compare the performance of a handicapped child to the norms if the administration has been altered.

Utility: Given the psychometric inadequacies of this test, the reviewers recommend that the BDI Screening Test be used only as an additional aide in assessing a child's developmental skills, and not as tool to make a decision regarding a child's placement or referral. The error rates when using the cut-off scores is extremely high. They recommend that the cut-off scores not be used in making referral decisions, and that this test should not be used with infants under 6 months of age.

References:

Buros, O. (Ed.). (1990). *Mental Measurements Yearbook*, 10th Edition, pp. 23-31. Lincoln, NE: Buros Institute of Mental Measurements.

Keyser, D., & Sweetland, R. (Eds.). (1985). *Test Critiques*, Vol. II, pp. 72-82. Austin, TX: PRO-ED.

Birth to Three Assessment and Intervention System

Age Range: Birth to 3 years.

Purpose: To identify and assess developmental delays in young children and to design early intervention programs.

Published: 1986

Publisher: DLM Teaching Resources
One DLM Park
Allen TX 75002

Description: This is an expanded and updated version of the Birth to Three Developmental Scale. The kit consists of three spiral bound notebooks: 1) the manual for the Birth to Three Screening Test of Learning and Language Development; 2) the Birth to Three Checklist of Learning and Language Behavior; and 3) the Intervention Manual: A Parent-Teacher Interaction Program.

The Screening Test consists of a 4-page record form. The 85 test items are divided into five areas: Language Comprehension, Language Expression, Avenues to Learning (cognitive and perceptual-motor items), Social-Personal Development, and Motor Development.

The Checklist consists of an 11-page record form. The 240 test items are divided equally between, these same five areas, with 48 items in each domain. Each 6 month age range has six items per developmental area.

The items for the Screening Test and Checklist were selected from existing infant assessment scales. The test materials are not provided, but a list of needed items is presented in the manuals. The manuals also describe the administration procedures and criteria for scoring the performance as "Pass," "Emerging," or "Fail."

The Intervention Manual provides an introduction and basic overview for designing an intervention program. The focus is on developing a curriculum for cognitive and language skill development, with little attention to social-emotional development or engaging parents. The reviewer (see reference below) found the manual to be too superficial to use as a curriculum package or for developing an intervention program and warned that paraprofessionals should not be mislead into thinking that assessment and intervention is as simple and straightforward as the manual leads one to believe.

Standardization: Consisted of 357 children, ages 4 to 36 months, from the states of California, Tennessee, and Utah. The group was balanced for gender, and rural versus urban environment, and the manual states that an attempt was made to include children from varying ethnic and socioeconomic status but does not give any data on who was actually included. The normative tables were developed with data from the earlier standardization sample rather than the current one, but no reason is given. Furthermore, the instructions for using the norm tables are confusing and did not make sense to the reviewer.

Reliability/Validity: For the Screening Test, the manual does not provide enough information regarding reliability and validity to adequately address these issues. The reviewer mentioned the lack of standardized test materials as a limit to the ability to compare test results between individual children. No data was provided on validity studies. Similarly, the manual for the Checklist does not provide information on how the checklist was constructed or any reliability or validity data. There is no discussion of how to interpret scores.

Utility: This instrument is described as a 3-part set for screening, program planning, and monitoring progress of at-risk or delayed children. The reviewer raised concern regarding the inadequate information regarding standardization, reliability, and validity. Thus the Screening Test was not recommended as a norm-referenced test. The Checklist could have some use as a way to monitor a child's progress in a program, but extreme caution should be taken not to interpret the child's performance in a normative way (i.e. as delayed or not) until further validity studies have been done. The Intervention Manual is useful as a brief

introduction or overview of the issues involved in designing an early intervention program, but many additional resources are needed to adequately address the complex needs of an early intervention program.

References:

Buros, O. (Ed.). (1992). *Mental Measurements Yearbook*, 11th Edition, pp.110-112. Lincoln, NE: Buros Institute of Mental Measurements.

Minnesota Child Development Inventory

Age Range: 1-6 years

Purpose: Screening tool to determine developmental status

Published: 1968-1974

Publisher: Behavior Science Systems, Inc.
P.O. Box 1108
Minneapolis, MN 55440

Description: This scale is a 320-item parent-completed questionnaire. There are eight domains: general development, gross motor, fine motor, expressive language, comprehension-conceptual, situation comprehension, self help, and personal-social. There are separate forms according to age and gender. Caregivers are instructed to read each statement and check "yes" or "no" if it applies to their child. Respondents must have an eighth grade reading level to complete the questionnaire. It takes approximately 30-50 minutes to complete. This is test is designed to supplement a parent interview when questions of developmental delay have been raised.

Standardization: Items were selected on the basis of how representative it was of developmental skills, how easily observed by mothers in real life situations, descriptive clarity, and age-discriminating power. The standardization sample consisted of 796 children from Bloomington, Minnesota. The ages ranged from 6 months to 6 years. The number of boys and girls were equivalent. The authors state that "the normative group should not be considered representative of white, preschool children in general" and "the norms should not be used for children from families of lower socioeconomic status or other ethnic backgrounds".

Reliability/Validity: Limited information exists concerning reliability and validity. This test correlates well with other established measures of children's abilities (e.g., Bayley, McCarthy, Cattell). The biggest concern was with the interpretation of the scores "percent below age level."

Utility: One reviewer notes "The demographics suggest, and the authors concur, that this instrument is suited for use with white, middle-class, non-handicapped children from intact families of successfully employed fathers and unemployed mothers." This instrument is meant to supplement a parental interview and should not be the only source of information about a child.

References:

Buros, O. (Ed.). (1985). *Mental Measurements Yearbook*, 9th Edition, pp. 991-992. Lincoln, NE: Buros Institute of Mental Measurements.

Minnesota Infant Development Inventory

Age range: 1-15 months

Purpose: Mother's observations of her infant's development

Published: 1977-1980

Publisher: Behavior Science Systems, Inc.
P.O. Box 1108
Minneapolis, MN 55440

Description: This instrument evolved out of the authors earlier work with the Minnesota Child Development Inventory (MCDI). Similar to the MCDI, the MIDI was designed to obtain a mother's observations of her baby's developmental functioning. It measures five domains: gross motor, fine motor, language, comprehension, and personal-social. The booklet contains 75 questions; there is one item for each month of age in each of five areas. There is no manual, and no scores are derived. 'The examiner determines developmental delay if the child's performance falls below the behavior of infants 30% younger.

Standardization: The standardization for this instrument is based on the standardization of the parent MCDI. Since there were no infants younger than 6 months in the sample, the placement of items in the early months is unclear.

Reliability/Validity: No information is given for this age range for either the MCDI or the MIDI.

Utility: This scale is presented as a method for involving parents in examining the development of their infant. Reviewers note that no information is provided on the psychometric properties, the standardization is inadequate, and there is no guidance on the interpretation of delay.

References:

Buros, O. (Ed.). (1985). *Mental Measurements Yearbook*, 9th Edition, Vol. II, pp. 995-996. Lincoln, NE: Buros Institute of Mental Measurements.

Search Engines: How to Become a Virtual Expert In Five Minutes

Search faster, stronger, better!

By Wendy Boswell

Search engines are some of the most useful tools on the planet, but what if you're not sure how to use them? There's a lot more to these amazing tools than what you might think. Here are six in-depth tutorials that have been featured here at About Web Search; these are the ones that you need to read in order to know how search engines really work, how you can make them find what you're looking for, and best of all, how you can find anything, no matter how complicated.

- **How does a search engine work?** (http://websearch.about.com/od/enginesanddirectories/a/searchengine.htm): Search engines are some of the most complicated programs/tools on the planet. They retrieve billions of results generated by an even greater number of queries, and most of use one (or more) of them several times a day. But how do they work? What is really going on inside your favorite search tool? This easy to read article gives you a quick glimpse inside the inner workings.

- **Do search engines search the entire Web?** (http://websearch.about.com/od/searchtipoftheday/qt/qt421.htm):When you're using a search engine to scour the Web for something, are you really looking everything that has ever been placed on the Internet, or just a portion? In other words, how do you really know what your search query is really bringing back to you? One thing you can know for certain is that what you're looking at when you get your search results is just a tiny portion of the actual Web - which makes using several different search engines a much better idea. Clear as mud? Read the article and it will become much clearer, I promise.

- **How to find a website** (http://websearch.about.com/od/searchingtheweb/qt/find-a-website.htm): Search engines make it easy for you to find what you're looking for, in some ways. However, there are times when search engines just can't find what it is that you're looking for, no matter how you frame your query. Here's a few other methods you can try.

- **How to pick a search engine** (http://websearch.about.com/od/enginesanddirectories/p/websearch101.htm): There's no set rule in place that says you have to use the same search engine every time you look for something. In fact, most search industry experts would advise you to do the exact opposite in order to get the most well-rounded results. Every search engine serves up different results, sometimes drastically so.

- **Top Ten Google Search Tricks** (http://websearch.about.com/od/focusongoogle/tp/google-search-tricks.htm): While Google is definitely the search engine of choice for most people, there's a lot more to it than just tracking down Wikipedia articles and finding cute cat pics. Learn how you can make your Google searches more powerful than you ever thought you could.

- **Top ten Web search tricks** (http://websearch.about.com/od/enginesanddirectories/tp/toptentp.htm): Do you use the same basic Web search technique every time you look for something? If you do, you're not alone...most people are "stuck in a rut" when it comes to their search habits. With a few simple tweaks, you can make your Web searches more targeted and therefore much more effective

Boswell, Wendy . "Search Engines: How to Become a Virtual Expert In Five Minutes." About.com Web Search. http://websearch.about.com/od/dailywebsearchtips/qt/search-engine.htm (accessed March 10, 2014).

Developmentally appropriate practice is a research-based framework based on meeting children where they are individually, chronologically (i.e., by age) and culturally.

Individualized care refers to attention paid to a child which recognizes and adapts to his or her unique character and physical, emotional, and cognitive traits.

Key Point: Observation helps a program function at its best over several operational and functional areas.

Observation

Observation is an ongoing process conducted by child care providers and others to

_____ a child's growth and development.

During an observation session, a trained adult monitors a child as he or she demonstrates identified skills or abilities within a _____.

Observation sessions should be performed by a familiar person in the child's

_____ at a time when he or she is at his or her best.

Results are carefully documented following set _____ and written _____.

> ***Developmental domains*** categorize children's skills and abilities. They include Physical Development, Cognitive Development and General Knowledge, Language and Communication, Social and Emotional, and Approaches to Learning.

> ***Natural environment*** refers to places the child would typically be, such as home, the child care program, school, a place of worship, or the homes of family and friends rather than a director's office, doctor/therapist's office, or similar places.

Benefits of Observation

Observation can:

- Facilitate curriculum development,
- Guide developmentally appropriate practice,
- Assist in providing individualized care,
- Help share information with parents and others, and
- Reveal signs of abuse and neglect.