Assessment for IDEA Part C:
Lesson Two: Recommended Practice from the Professional Literature

Slide 1:
No Narration

Slide 2:
This lesson contains some of the practice recommendations and resources from the field of early childhood special education. The next lesson has practice recommendations from the therapy fields. As noted at the beginning of this module, future lessons will include additional practice recommendations for assessment.

Slide 3:

Slide 4:
As described in the previous lesson, the Division for Early Childhood of the Council for Exceptional Children Recommended Practices in Early Intervention/Early Childhood Special Education is a document that provides guidance to providers, families, and administrators, on effective practices for early childhood services.

DEC’s recommendations have become benchmarks for quality services and were built on standards and input from a variety of personnel and professional organizations, including the National Association for the Education of Young Children (NAEYC), the National Association of Early Childhood Specialists in State Departments of Education (NAECSSDE), the National Association of School Psychologists (NASP), the American Speech-Language-Hearing Association (ASHA), the Association for Childhood Education International (ACEI), and the Head Start Program Performance Standards as well as other associations.

The recommended practices are based on the integration of the “best available research “ and “knowledge gained through experience” and should guide the practice of all professionals serving young children.

Slide 5:
The DEC recommendations for assessment center on two main themes:
That family members and providers participate as partners in assessment, and that materials and practices used in assessment are developmentally appropriate for the child.

The DEC specifies that:
- Professionals and families should collaborate in planning and implementing assessment
- Assessment should be individualized and appropriate for the child and family
- Assessment should provide information that is useful for intervention
- Professionals should share assessment information in respectful and useful ways, and
- Professionals should meet legal and procedural requirements and Recommended Practices guidelines.

The next slides will describe these statements in more detail.

Slide 6:
Some of the recommended practices for assessment from the DEC include:

1. Professionals and families should collaborate in planning and implementing assessment. This may be accomplished by--
   - Providers asking for information from families about the child’s interests, abilities, and special needs.
For example, this might include asking the family about the child’s favorite toys, activities, culturally-appropriate language, and accommodations, and using these in the assessment, as well as having the family describe how the child participates in specific activities throughout the day.

- Providers and families can also collaborate by having family members choose their roles in the assessment of their child (that is, do they want to take part as an assistant, facilitator, observer, or assessor?). This could involve the Service Coordinator or other evaluator explaining the role options to the family for them to choose, such as observing the assessment and giving input, serving as informant, interacting with the child as part of the assessment, or providing support to the child by staying nearby. For example, a family member could help the child eat a snack while the occupational therapist or speech-language therapist observes the child’s chewing and swallowing abilities.

**Slide 7:**
2. Assessment should be individualized and provide useful information for IFSP goal development and intervention. This could include information such as about the materials and strategies that the child and family are using in everyday activities.

**Slide 8:**
3. Providers conduct assessments on an ongoing basis so that interventions can be modified and meaningful treatment planned. To do this, assessment could involve:
- providers conducting a curriculum-based assessment twice per year for each child,
- collecting weekly data on a child’s goal-related treatment plan objectives, or
- collecting ongoing data such as family members and early care providers tracking the quantity, texture, and caloric content of intake for a child having difficulty with feeding and weight gain.

It is helpful to use curriculum-based assessments or other measures in which items become treatment plan objectives or steps to meet objectives.

It is also helpful to report assessment results in a way that relates to the child’s needs, treatment plan, and everyday activities.

**Slide 9:**
4. The assessment process and results should be useful and helpful to the family.

For example, reports are given in the family’s dominant language and discussed in terms of the child’s needs in everyday activities and family priorities or concerns. Definitions are explained if specific terms are used; and a description of the child’s abilities and needs is given instead of scores or developmental ages alone.

It is also helpful if before the IFSP meeting, the family has had opportunity to hear results, ask questions, express concerns, and invite anyone else to attend to discuss the child’s performance or progress.

**Slide 10:**
5. Assessments should be completed in a way that meets legal and procedural requirements as well as recommended practice guidelines.
For example, this could involve providers conferring with the family to discuss progress and need for changes, and documenting this in service notes or quarterly reports.

This should also involve summative assessments such as conducted yearly to determine changes to the IFSP and for outcomes reporting.

**Slide 11:**
No Narration

**Slide 12:**
The next few slides present information from a sampling of other early childhood resources. From Greenspan and Meisels, assessment should be a process to increase the understanding of a child’s competencies, resources, and very
importantly, the child’s and family’s “environments,” all of which must be understood in order to help the child develop and grow. “Environment” in this statement refers to the settings and features such as routine activities and opportunities that occur throughout the day for a given child and family.

The outcome of the assessment process according to these authors is for the IFSP to develop a comprehensive picture of the child, family, and everyday environment, so that an IFSP can be designed to increase the families’ and other caregivers’ capacity to meet the developmental needs of their child throughout the day.

**Slide 13:**
The Early Head Start National Resource Center (Technical Assistance Paper No. 4) notes that assessment should be ongoing and include both formal and informal tools. This document states that assessment should involve all activities and methods for collecting information about a child’s strengths and needs and families’ resources, perceptions and priorities.

The National Resource Center’s position is that the processes of screening (to determine the need for further evaluation), evaluation (to determine the need for Part C services), and assessment (to determine plans to meet a child’s and families’ needs), are interrelated, as described in this slide.

**Slide 14:**
The National Head Start or NHS Standards have adopted recommended practice guidelines for assessment that are consistent with practices advocated by the National Education Goals Panel (NEGPs), NAYEC, and DEC, including that:

Assessment should benefit children, and should be seen as a way to organize information about child and family needs so that intervention can focus on these priorities and progress monitored.

Personnel who assess should be specifically trained to use assessment tools and strategies appropriately. Assessments used should be designed for a specific purpose and should be psychometrically sound for that purpose. These continue on the next slide.

**Slide 15:**
Children behave differently in different settings and with different people, and so their “…competencies may be better described by including their performance in their routine environments,” or from multiple sources.

Assessment should take place on an ongoing basis; this allows teams to continuously “…monitor developmental changes to identify challenges as early as possible and to meet the evolving needs of families.”

The authors emphasize that family involvement in assessment is critical and helps the child achieve optimal progress; family involvement helps providers determine and build on families’ priorities, resources, everyday activities, needs, and strategies to help their child develop.

**Slide 16:**
The last slides include more assessment principles and considerations to keep in mind when conducting assessments with young children 0-3 years of age. These include that:

- Assessment should be based on an integrated model of child development. This means that children should be assessed in the major developmental domains and also in terms of how they actually use information in these domain areas as they take part in everyday activities.
- Assessment should emphasize attention to the child’s level and pattern of organizing experience and to functional capacities. Functional capacities include the issues during the child’s and family’s every day activities, such as attention, participation, interactive communication, symbolic development, etc., in daily routines.
- The assessment process should also identify the child’s current competencies and strengths, as well as identify the next step in the developmental sequence in order to continuously facilitate growth.
Slide 17:
The National Early Childhood Technical Assistance Center notes that for evaluation and assessment, Part C systems should explain to each family the “testing” procedures, tools, timelines, and parent’s role in the process.

Parents should receive “written prior notice” of the assessment and must provide consent; the family’s identification of their resources, priorities, and concerns must be voluntary, and these requirements must be explained to families by the Part C system. This information allows parents to know their rights and safeguards in the system and to have similar information as other team members; the document states that “When all team members are informed and follow basic procedural safeguards, the team (which includes the family) can make more appropriate plans and decisions, and the team can work smarter, not harder.”

Refer to this NECTAC reference for numerous recommended methods for facilitating families’ understanding of and participation in the early intervention system.

Slide 18:
Although emphasis on family participation and partnership is required legally, numerous early intervention professionals incorporate this concept because it has been found to be a sound practical and professional practice. For example, families can provide specific information about their child, that is longitudinal and only available from them. Ramey and Ramey 1998 found that research has specifically shown that more active involvement of families in their child’s program appears to be related to greater developmental progress.

A document produced by the Kansas University Center on Developmental Disabilities, Family-guided Approaches to Collaborative Early Intervention Training and Services (FACETS 1996) lists examples of skills frequently needed by team members, when providing assessments that are family-guided, such as the ability to involve the family, communicate effectively to determine preferred services and service delivery format, and to allow the family to drive the team decision-making process.

Slide 19:
Family-directed vs. child-directed assessment approaches require team members to have different skills, as summarized in the comparison grid from FACETS.

FACETS also provides reminders and suggestions to consider when gathering assessment information from families using a family-centered philosophy.

For a review of additional suggestions to consider when discussing assessment information with families in the BabyNet system, see the Evaluation for Eligibility module.

Slide 20:
In this slide, Snow and Hemel, 2008, from the National Research Council, summarize and expand on some of the important guidelines for assessment with young children described in this lesson.
Lesson Two:
Recommended Practices from the Professional Literature

OBJECTIVE: Participants will be able to describe recommended practices for assessment with infants and toddlers and their families, from professional literature sources including:

- The Division for Early Childhood (DEC)
- Other early childhood resources

Emerging sources
Internal evidence, such as regulations
External evidence, such as peer-reviewed journals

Introduction to DEC Recommended Practices for Early Intervention Services

- Indicators of quality services were validated by parents, providers, and higher education personnel
- Recommended practices were built on standards and guides from a variety of professional organizations
- DEC recommended practices should guide practice of all professionals serving young children

Underlying requirements for assessment from the DEC:
- Family members are partners in assessment and
- Materials and practices must be developmentally appropriate

Specific assessment recommendation categories:
1. Professionals and families collaborate
2. Assessment is individualized
3. Assessment provides information for intervention
4. Professionals share information
5. Professionals meet legal and procedural requirements and recommended practice guidelines

Recommended Practices for Implementing Assessment for IDEA Part C

from the Division for Early Childhood (DEC)

(www.dec-spe.org) (Sandall, Hemmeter, Smith, & McLean, 2005)

1. Professionals and families should collaborate in planning and implementing assessment:

ISP: Professionals solicit information from families regarding the child’s interests, abilities, and special needs
Examples: ask the family about their child’s participation and needs in everyday routines; and about favorite activities, toys, and accommodations

ISP: Families choose their roles in assessment
Examples: explain role options for family to choose; family can choose to observe assessment and give input; serve as informant, interact with the child, or take part in a routine activity for the provider to observe

1. Professionals and families should collaborate in planning and implementing assessment:
2. Assessment should be individualized and appropriate for the child and family

Professionals rely on materials that capture the child’s authentic behaviors in routine.
Examples: observe the child in familiar activities, in typical settings, with favorite toys; record communication and play skills while family member and child look at a book, eat a snack, play with toys, get ready to go to the park; or do other typical activities together.

Professionals choose materials and procedures that accommodate the child’s sensory, physical, responsive, and temperamental differences and needs.
Examples: child plays best when sitting on sofa for support; child communicates by looking at choices; these methods & preferences are used in assessment during routine activities.

2. Service providers conduct assessments on an ongoing basis so that interventions can be modified and meaningful treatment planned

Professionals conduct longitudinal, repeated assessments in order to review previous information about the child, and modify ongoing program.
Examples: observe the child in familiar activities, in typical settings, with favorite toys; record communication and play skills while family member and child look at a book, eat a snack, play with toys, get ready to go to the park; or do other typical activities together.

Professionals report assessment results in a manner that is useful for planning goals and treatment plans.
Examples: report a child’s needs and corresponding treatment plan activity recommendation, relate assessment results to child’s everyday activities.

4. Professionals should share information in respectful and useful ways

Professionals report assessment results so that they are understandable and helpful for families.
Examples: translate reports in family’s dominant language, discuss results in terms of the child’s abilities & concerns related to family’s everyday activities; use minimal jargon; describe abilities and needs in addition to scores.

Families have adequate time to review reports, ask questions, or express concerns, before the team meets to make decisions.
Examples: share assessment information before the meeting, and discuss concerns and questions.

5. Professionals should meet both legal and procedural requirements and recommended practice guidelines

Professionals and families conduct ongoing (formative) review of the child’s progress at least every 90 days, and make needed changes.
Examples: use quarterly reports or team meetings to review child’s progress and make modifications; involve ongoing assessment and consultation with the family in routine visits.

Professionals and families assess the child’s progress on a yearly (summative) basis to modify IFSP goals.
Examples: summarize and discuss the child’s yearly progress based on treatment plan data and/or other assessments that involved the family.

Recommended practices from: Birth to Three, Greenspan and Meisels, 1996

- Assessment should address:
  - The needs and resources of the child and family, and the child’s “environments” including routine activities and opportunities that occur throughout the day
  - The outcome of assessment should be:
    - To obtain a comprehensive picture of the child, family, and everyday environments, so that a plan can be developed which will increase the families’/care givers’ capacity

Recommended Practices for Implementing Assessment for IDEA Part C
from other Early Childhood Sources

Examples:
- Assess the child’s needs and progress at least every 90 days.
- Use ongoing assessment and consultation with the family in routine visits.
- Summarize and discuss the child’s yearly progress based on treatment plan data and/or other assessments that involved the family.

Examples:
- Translate reports in family’s dominant language.
- Discuss results in terms of the child’s abilities & concerns related to family’s everyday activities.
- Use minimal jargon.
- Describe abilities and needs in addition to scores.

Examples:
- Conduct ongoing (formative) review of the child’s progress at least every 90 days.
- Make needed changes.
- Use quarterly reports or team meetings to review the child’s progress and make modifications.
- Involve ongoing assessment and consultation with the family in routine visits.

Examples:
- Summarize and discuss the child’s yearly progress based on treatment plan data and/or other assessments that involved the family.

Assessment should address:
- The needs and resources of the child and family, and the child’s “environments” including routine activities and opportunities that occur throughout the day.
- The outcome of assessment should be:
  - To obtain a comprehensive picture of the child, family, and everyday environments, so that a plan can be developed which will increase the families’/care givers’ capacity.
Ongoing assessment should include both formal and informal tools:
- Formal procedures may include published developmental profiles or checklists; health and medical tests and procedures; and/or structured observations.
- Informal procedures can include conversations with parents and caregivers or informal observations of children in their daily routines.

Screening, evaluation, and assessment are interrelated:
- Screening and evaluation provide global data regarding a child's and family's strengths, needs, preferences, and resources.
- Assessment expands this data by describing the specific needs and abilities of the child and family so that the IFSP can be developed.

Recommended practice guidelines continued:
- Multiple sources of information should be included in screening, evaluation and assessment.
- "Developmental screening, assessment, and evaluation should take place on a recurrent or periodic basis" and should guide instruction/intervention.
- "Family members should be an integral part of the screening, assessment, and evaluation process" in order to obtain a child's highest level of skills and achieve optimal progress.

Evaluation and assessment personnel should explain to each family the "testing" procedures and instruments, timelines, parent's role in the process, etc.; specifically:
- Parents' rights and safeguards including "written prior notice" of the assessment, consent for assessment, voluntary family identification of resources, priorities and concerns.
- Family-centered philosophy and related role of the family and early intervention system in the assessment and corresponding IFSP services.

Family participation and partnership in the assessment process is required legally and endorsed by numerous professionals as sound practical and professional practice.
- Family-guided approaches to assessment require team members to have specific skills such as the ability to:
  - involve the family
  - communicate effectively to determine preferred services and service delivery format and
  - allow the family to drive the team decision-making process.

Recommended practices from:
- The Head Start National Resource Center
- Early Head Start Standards, based on Task Force on Screening & Assessment of the National Early Childhood Technical Assistance System (NECTAS) & ZERO TO THREE

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- Early Head Start Standards, based on Task Force on Screening & Assessment of the National Early Childhood Technical Assistance System (NECTAS) & ZERO TO THREE

More recommended practices:
- Greenspan & Meisels, 1996
- The National Early Childhood Technical Assistance Center (NECTAC), Hurth & Goff, 2002

More recommended practices from:
- Greenspan & Meisels, 1996
- Other resources including Diamond & Squires, 1993; Ramey & Ramey, 1998; & Family-guided Approaches to Collaborative Early Intervention Training & Services from FACETS, 1996

Recommended practices from:
- Early Head Start Standards, based on Task Force on Screening & Assessment of the National Early Childhood Technical Assistance System (NECTAS) & ZERO TO THREE

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Recommended practices from: Diamond & Squires, 1993; Ramey & Ramey, 1996; FACETS, 1996, & other resources

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<tr>
<th>Family vs. child-directed assessment approaches require different skills from providers of services (FACETS, 1996):</th>
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<tr>
<td><strong>Child-directed</strong></td>
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<td>Ability to accurately administer, interpret, and document evaluation &amp; assessment procedures</td>
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<tr>
<td>Ability to communicate assessment &amp; intervention recommendations to family</td>
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<td>Professionals lead the team decision-making process</td>
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Assessments should benefit children (NEGP, NAEYC, DEC).
Assessments should meet professional, legal, & ethical standards (NAEYC, DEC).
Parents/family should be involved in assessment as possible (NEGP, NAEYC, DEC).
Assessment should be age-appropriate or developmentally/individually appropriate (NEGP, NAEYC, DEC).
Assessments should be linguistically & culturally appropriate/responsive (NEGP, NAEYC, DEC).
Assessments should assess developmentally/educationally significant content (NEGP, NAEYC, DEC).
Information should be gathered from multiple sources (NEGP, NAEYC, DEC).
Assessment results should be used to improve instruction and learning (NAEYC, DEC, NEGP).