



THE ROLE OF DEVELOPMENTAL SCREENING IN A SYSTEM FOR SUCCESSFUL EARLY LEARNERS:

*A TECHNICAL ASSISTANCE DAY FOR
ADMINISTRATORS AND TEACHERS*

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Michigan Collaborative
Early Childhood Conference

Office of Early Childhood Education and Family Services

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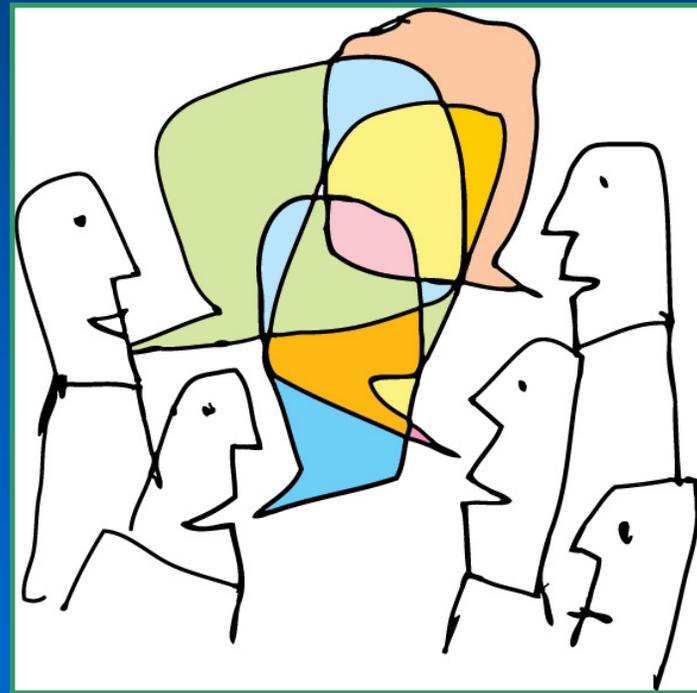
Partners



- Alissa Parks, Director
 - Great Start Collaboratives & Technical Assistance
- Jeremy Reuter, Director
 - Head Start-State Collaboration Office
Michigan Department of Human Services

Welcome!

- In table groups:
 - Introduce yourself and include program and position.
 - WKL.



Developmental Screening

W

K

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What do you
already know?

What do you
want to know?

What have we
learned?

Agenda

**Systematic Approach,
or ...What, Why, and How?**

Break 10:30 - 10:45

Supporting Quality

Lunch 12:05 – 1:15

Local Planning

Break 2:30 - 2:45

Commonly Used Tools

Goals for the Day:

- Heighten the awareness and understanding of developmental screening and its place in systematic child assessment.
- Begin the dialogue for discussions about a community approach to health and developmental screening.
- Provide the opportunity to examine commonly used developmental screening tools.

Interesting Facts

- 17% of children have a developmental or behavioral disability.
- Less than 50% of these children are identified as having a problem before starting school.
- 65% of pediatricians feel inadequate to assess children's developmental status.

Centers for Disease Control and Prevention: Child Development www.cdc.gov

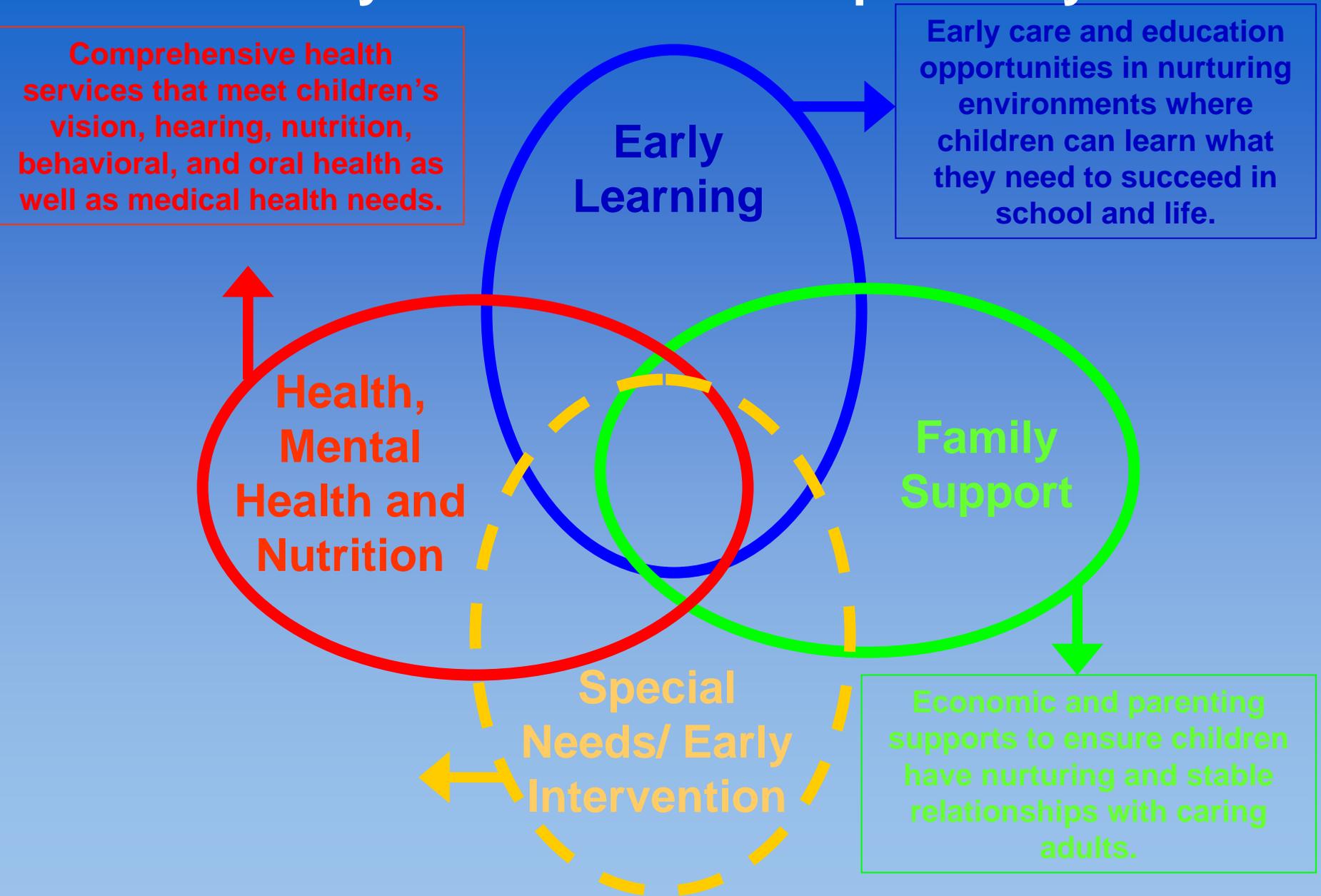
Fact or Myth?

- There are no adequate screening tools for preschoolers.
- It takes a great deal of training to administer screening correctly.
- Screening takes a lot of time.
- Tools that incorporate information from parents are not valid.

Sieve, Strainer, Filter



State Early Childhood Development System*



How do experts define appropriate early childhood assessment?

- The process of obtaining information for the purpose of evaluative decisions (Meisels)
- The process of observing, recording, and otherwise documenting work that children do and how they do it, as a basis for a variety of educational decisions that affect the child*

*NAEYC & NAECS/SDE, Position Statement on Curriculum, Assessment and Program Evaluation <http://www.naeyc.org/about/positions/pdf/CAPEexpand.pdf>

Assessment 101: Purposes for Assessing Young Children*

1. To promote children's learning and development; report to families
2. To identify children for health and special services
3. To monitor trends and evaluate programs and services
4. To hold individual students, teachers and schools accountable

*National Education Goals Panel (1998). *Principles and Recommendations for Early Childhood Assessments.*

Focus on Goal 2

- To identify children for health and special services
 - Screening
 - Health
 - Vision
 - Hearing
 - **Developmental**
 - Diagnostic Assessment
 - When the “screen” discovers a potential problem
 - Determine whether the child has a disability/problem, and if so, what type.
 - Propose possible remediation strategies.



Special Needs/ Early Intervention

**Early identification,
assessment and
appropriate services for
children with special
health care needs,
disabilities, or
developmental delays**

What is Developmental Screening?



- *The use of a brief procedure or instrument designed to identify, from within a large population of children, those who may need further assessment to verify developmental and/or health risks.**
- **Think of a “screen” as a sieve:**
 - Small problems fall through the screen and aren’t of concern.
 - Large problems stay in the container and need to be addressed.
 - Some problems are the same size as the holes in the mesh and require further surveillance.

*CCSSO, ECEA SCASS

<http://www.ccsso.org/projects/SCASS/Projects/Early%5FChildhood%5FEducation%5FAssessment%5FConsortium/>

What's the Purpose?



- Discern developmental delays.
- Differentiate between a delay that requires a special education referral and a delay caused by a disadvantaged environment or opportunity to learn.
- Speed up the process in getting children the help they need to enter kindergarten “safe, healthy, and eager to succeed in school and in life.” (Great Start Vision)
- Gain access to small problems early to prevent them growing into more severe problems later.

Why Only “Screen”?



- In-depth diagnostic assessment is very expensive and takes a good deal of time.
- Children developing typically can use their time to learn and develop.
- Focus resources on those likely to need intervention or additional services.

Why Screen at Different Ages?

- Children's development is not even; it has peaks, valleys and plateaus rather than a smooth, steady increase in slope.
- Development at all stages requires a responsive environment; environment cannot respond optimally if the challenges are unknown.
- It is necessary to screen at regular intervals because problems not evident at one age may only appear later.



When Should Screening Occur?



- Birth.
 - e.g., newborn hearing screening, PKU testing
- Periodic well-child checks (EPSDT*, AAP**).
 - Health surveillance.
 - Vision, hearing screening.
 - Different tools at different ages; e.g., autism screening about 24 months.
- **Entrance to preschool.**
- **Kindergarten entry.**

*Early and Periodic Screening, Diagnosis and Treatment required by Medicaid

**Recommendations of the American Academy of Pediatrics www.aap.org

... Entry to Preschool...

- GSRP and Head Start mandates.
- Get a quick start if a referral for diagnostic testing is needed.
- Best as part of a comprehensive, collaborative, community-wide recruitment and enrollment process.

BUT WAIT—We shouldn't have a test to determine qualifications for PRESCHOOL!

What's the Relationship between Enrollment and Screening?

- Screening is best done as part of enrollment, but is not part of the placement decision.
- Placement decisions are based on qualifications for particular programs.
- Results of thorough diagnostic assessments may be used to provide services or differentiated placements if children need them, although most children with special needs can be accommodated in a high-quality, inclusive preschool setting.



CAUTIONS



- Screening measures are used **ONLY** in the referral stage of identification. They are limited instruments, and are administered by teachers or school personnel who are not trained to diagnose or interpret information about disabilities or delays.
- Screening measures are **NEVER** the sole measures used to identify children for special services. The instruments are **NOT** used for instructional planning.

What's in a Developmental Screening Instrument?

- Wide range of areas of development:
 - Visual-motor/adaptive (eye-hand coordination, visual memory, drawing, block building)
 - Language and cognition (comprehension, articulation, expression, reason, count)
 - Gross motor/body awareness (balance, gross motor coordination).
- Administered one on one; game-like situation using manipulatives and questions; child moves around and responds; often include drawing.

Just Give Me Some Examples!

- Commonly-Used General Developmental Screening Instruments
 - Ages and Stages
 - Battelle
 - Brigance
 - Denver II
 - DIAL-3 (Developmental Indicators for the Assessment of Learning, 3rd Revision)
 - ESI-R (Early Screening Inventory- Revised)
- Social-Emotional Screening Tools
 - Ages and States Questionnaires: Social Emotional
 - Devereaux Early Childhood Assessment (DECA)

What Isn't Developmental Screening?

- Diagnostic Assessment
- Readiness Testing
- Does not replace ongoing, systematic documentation



What is Diagnostic Assessment?

- Process to identify definitively children who have special needs; to probe more deeply; may take several sessions with a psychologist or other expert
- Examples:
 - Battelle Development Inventory
 - Kaufman Assessment Battery for Children
 - McCarthy Scales of Children's Abilities
 - Wechsler Preschool and Primary Scale of Intelligence III (WPPSI-III)

Is Developmental Screening Readiness Testing?



- *A readiness test is a testing instrument designed to measure skills believed to be related to school learning tasks and to be predictive of school success. (CCSSO ECEA SCASS)*
- The purpose of a readiness test is to predict which children will be successful in school and which will not. It is a form of an achievement test.
- Readiness tests can be useful if they are used in curriculum planning to design optimum individualized instruction. These tests help to determine if a child will benefit from a specific instructional program.
- Readiness tests and developmental screening instruments can complement, but not substitute, for each other in a comprehensive assessment system!

What are Common Readiness Tests?

- Boehm Test of Basic Concepts
- Bracken Basic Concept Scale-Revised
- Brigance K & 1 Screen II
- Cognitive Skills Battery Test
- Metropolitan Readiness Tests
- Stanford Early School Achievement Test
- Subject area tests

What about Ongoing, Systematic Observation?

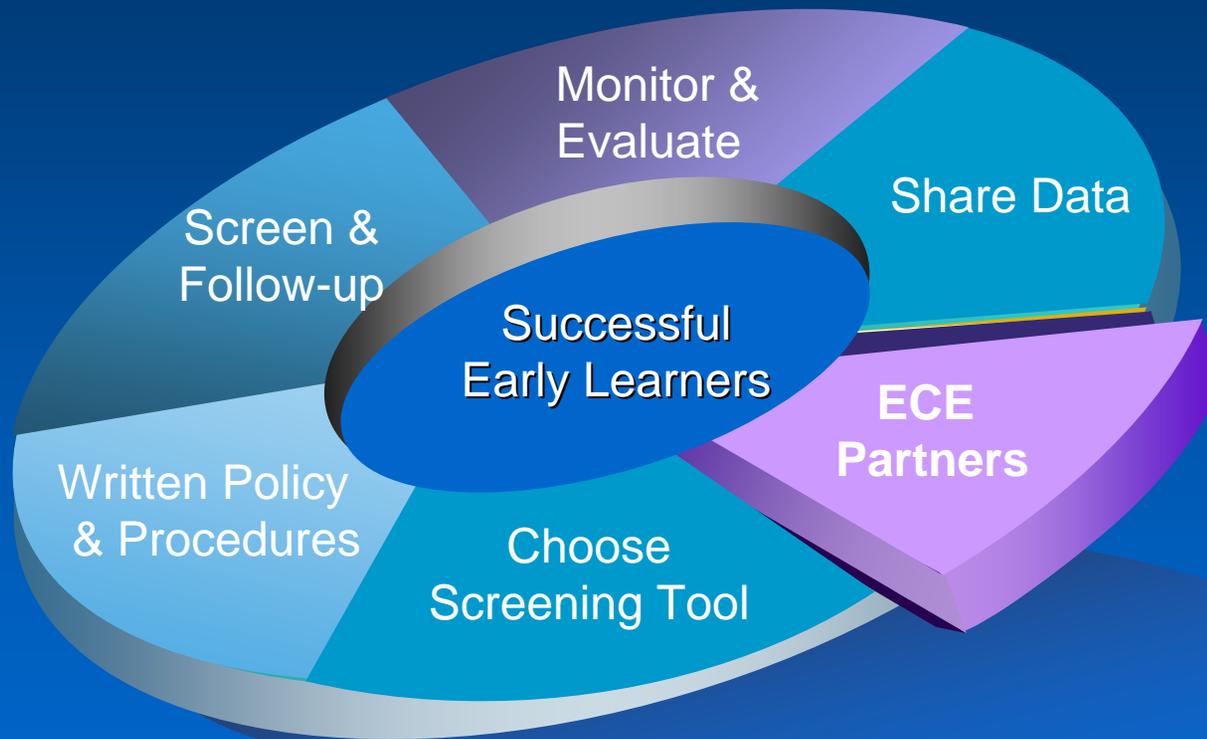
- Goal 1—for planning ongoing instruction and reporting to parents
- The most important part of the comprehensive assessment system—once the children are enrolled!

Why Now?



- ECIC's strategic goals for Early Education and Care:
 - Every child 0-5 has access to affordable, high-quality child care.
 - Every 3 and 4 year old child has access to affordable, high quality preschool, beginning with those most at-risk.
 - Young children with developmental delays or disabilities receive the intervention they need to develop to their highest potential.

Think Systematically Developmental Screening



Snow, C., VanHemel, S, 2008.
www.nap.edu/catalog.php?record_id=12446

What's the Status in GSRP?

- School district grantees reported in the 08-09 application in MEGS on tools in use.
- Staff and peer-reviewers are reading applications to determine trends.
- Goal: more comprehensive advice to communities, in conjunction with ECIC and the Head Start-State Collaboration Office.
- Goal: a common colander state-wide; an equal opportunity to find children with special needs and provide intervention throughout the years before school entry.



The GSRP Screening and Assessment Process

GSRP-
ENROLLED
CHILDREN

Comprehensive Screening

- Health Status
- Developmental
- Behavioral
- Vision and Hearing

Ongoing Assessment

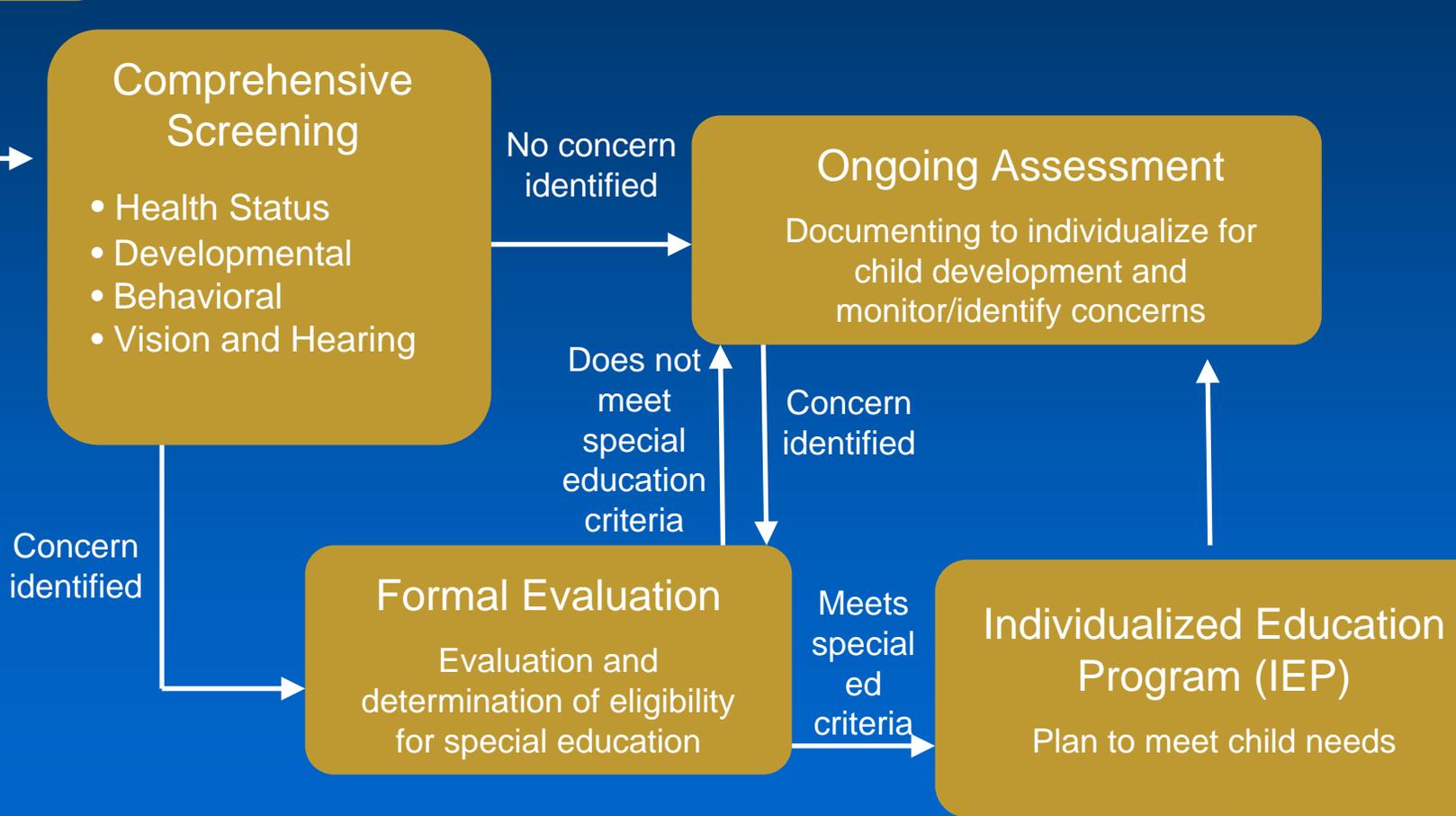
Documenting to individualize for child development and monitor/identify concerns

Formal Evaluation

Evaluation and determination of eligibility for special education

Individualized Education Program (IEP)

Plan to meet child needs



Adapted from *Head Start Bulletin # 70*, 2001.

What is Response to Intervention (RTI)?

- RTI is a multi-tiered approach to instruction that
 - Incorporates evidence-based interventions at all tiers.
 - Uses a systematic problem-solving approach that focuses on students' response to those interventions as a basis for determining their instructional needs and intensity.

Goals of RTI

- Use a systematic problem-solving process to identify children who need additional support or more intensive levels of instruction.
- Provide students with a level of evidence-based instructional support matched to their demonstrated RTI.
- Provide a data-based method for evaluating the effectiveness of instructional approaches and change/improving them (i.e., assumes monitoring children).

Why RTI?

- Past approach to providing services was “discrepancy model” of documenting gap between a student’s aptitude and achievement.

Key Features of RTI

- Intended to reduce the need for special education.
- Services are individualized and based on evidence-based strategies.
- Services assume a high-quality of “general” intervention, and add resources and services as needed.

Key Components of RTI

- Multiple tiers of intervention.
- Reliance on evidence-based practices in all tiers.
- Monitoring to determine if students are making progress.
- Problem-solving approach to determine most appropriate level of intervention for individual students.

Three-Tier Rtl Model

ACADEMIC SYSTEMS

TIER 3 Intensive, Individual Interventions

- Individual students
- Assessment-based
- High intensity
- Of longer duration

TIER 2 Targeted Group Interventions

- Some students (at-risk)
- High efficiency
- Rapid response

TIER 1 Core Instructional Interventions

- All students
- Preventive, proactive

BEHAVIORAL SYSTEMS

TIER 3 Intensive, Individual Interventions

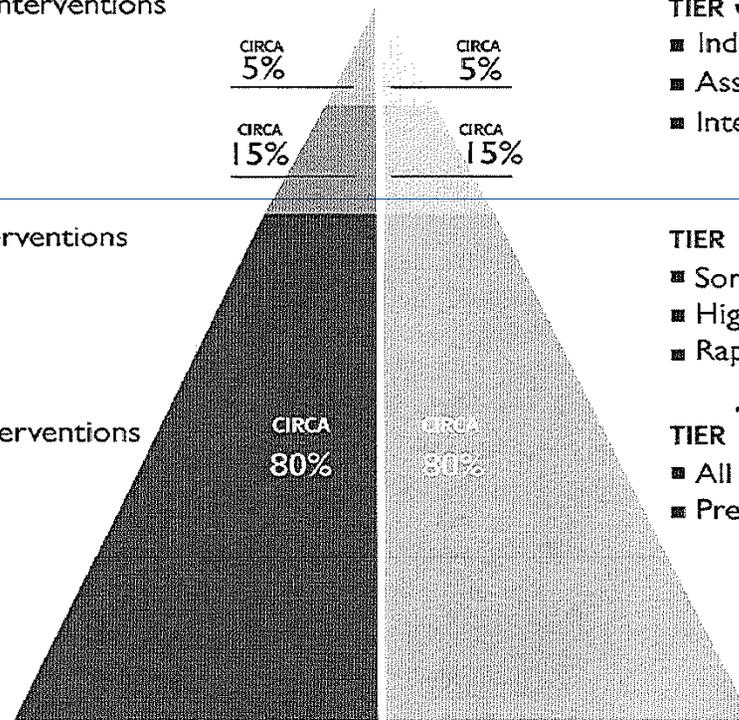
- Individual students
- Assessment-based
- Intense, durable procedures

TIER 2 Targeted Group Interventions

- Some students (at-risk)
- High efficiency
- Rapid response

TIER 1 Core Instructional Interventions

- All settings, all students
- Preventive, proactive



Students

Why a good fit with early childhood?

- RTI emphasizes prevention and early childhood is supportive of prevention.
- RTI is based on inclusion and individualization.

What aspects of the current RTI model may not translate to early childhood education?

- What early childhood system is in place to implement the model?
- What evidence-based instructional practices are available?
- What personnel are available?

Resources

- Recognition and Response
- (RTI Goes to Pre-K)
- UNC FPG Child Development Institute
- www.fpg.unc.edu/~randr
- Center for Response to Intervention in Early Childhood
- www.crtiec.org

Think about the children in your program. Are there any that do not have an IEP but stand out as having delays or other issues?

Take just a few minutes to answer the first part of the handout:

I have a child in my class who:

At your tables:

- You will receive a scenario about a child. There were no “potential delays” identified during developmental screening.
- Using the large poster paper, read, discuss, and write your response to the questions.
- Come back together for discussion.

“Compensating for missed opportunities, such as the failure to detect early difficulties... often requires extensive intervention, if not heroic efforts, later in life.”

***Neurons to Neighborhoods:
The Science of Early Childhood Development***

Jack P. Shonkoff and Deborah Phillips, Eds. y Board on Children, Committee on Integrating the Science of Early Childhood Development, National Research Council, (2000)

Remember ...

- Approximately 17% of children under the age of 18 have some form of developmental disability.
- Less than 50% of those children are identified before starting school.
- Early identification of children with developmental disorders affords the opportunity for the best health and developmental outcomes, including:
 - Future well being of all family members
 - Financial savings for the family
 - Savings in social and educational systems

10 Steps to Special Education

1. Referral
2. Evaluation
3. Eligibility is decided
4. Child is found eligible for services
5. IEP Meeting is scheduled

10 Steps to Special Education

6. IEP Meeting is held and IEP is written
7. Services are provided
8. Progress is measured and reported to parents
9. IEP is reviewed
10. Child is reevaluated

Are young children reliable test-takers?



They often don't understand about
"doing their best."

Follow Up

- Written policy to follow up on screening results for consistent implementation:
 - includes local referral procedures and protocol,
 - includes special education legalities and timelines, and
 - includes preferred methods for early childhood program to document follow-up results of enrolled children.
- Known by staff and parents
- Provide for staff professional development
- Review policy/procedures on a regular basis

Create Utopia!

- In your group, create a visual representation of collaborative and comprehensive developmental screening.



Create Utopia!

- What are the strengths and barriers in your community to implementing developmental screening?
- What resources and programming exist to address special needs?
- What resources would be helpful?
- What data collection strategies would be helpful?

What is Cultural Competence?

- Refers to an ability to interact effectively with people of different cultures.
- Comprised of four components:
 - awareness of one's own cultural worldview
 - attitude towards cultural differences
 - knowledge of different cultural practices, and worldviews; and
 - cross-cultural skills.
- Developing cultural competence results in an ability to understand, communicate with, and effectively interact with people across cultures.

What's Happening in the U.S.?

- We are all migrants, moving between our ancestors' traditions, the worlds we inhabit, and the world we will leave to those who come after us.
- More than one million legal and undocumented immigrants are arriving annually in the U.S., most from Asia and pan-Hispanic countries.
- Societal shift within immigration countries from “melting pot” to “roots” ideology.
- Racism and openly-expressed intolerance are now politically incorrect attitudes.
- Acknowledgement of minority rights and encouragement of sociocultural diversity are becoming the accepted norm.

Pitfalls to Achieving Cultural Competence

- Speculative Generalizations Can Legitimize Stereotypes.
- Ethnic Groups Are Not Homogeneous.
- Prevalent Trends Are Not Necessarily True of Particular Families.
- Our Language Reflects Biases:
 - The term “Latino” refers simultaneously to Taino Indians, Cubans of Spanish origin, Chinese who settled in Puerto Rico, families from Africa whose ancestors were brought to Latin America as slaves, and Argentinean Jews, whose ancestors lived in Europe for over 1,000 years until the 1930s and ‘40s.

Pitfalls to Achieving Cultural Competence (continued)

- Our Language Reflects Biases (continued):
 - There is no term “United Statesan” to describe people of the U.S, so we use an inaccurate term of “American,” which makes invisible Canadians, Mexicans, and other Americans.

Concept of Culture is Hard to Define

- A system possessing the same properties and obeying the same laws as the family system.
 - The family is a subsystem of culture. It has its own unique characteristics, but it shares many with the culture of which it is a member. Ethnicity is deeply tied to the family and individual identity formation.

Where Does Ethnicity Fit In?

- Defined as a common ancestry through which individuals have evolved shared values and customs.
- The consciousness of ethnic identity varies greatly within groups and from one group to another. Interacts with:
 - Economics
 - Race
 - Class
 - Religion
 - Politics
 - Geography
 - Length of time since migration
 - A group's specific historical experience
 - Degree of discrimination it has experienced

Culture as a Dynamic of Families

- Every family's background is in a sense multicultural. No two families share exactly the same cultural roots.
- Families of different cultures vary considerably in their structural organization. Culturally determined aspects:
 - Membership of the family.
 - Degree of homogeneity of the family.
 - Subsystems of the family (relationships between members of the family).
 - Level of organization of the family (rigid and stable vs. flexible and capable of changing with varying circumstances).

Culture as a Dynamic of Families ***(continued)***

- It is crucial to take the family's values into account when working with them during recruitment, at intake, during delivery of services, etc.
- People's beliefs and values often reflect basic principles that impact how they function within society. More importantly, how they react to different stressors that they face.

Cultural Considerations

- People of different cultures do not suffer from the same things.
- Families of different cultural backgrounds do not view their problems and difficulties and do not solve them in the same ways.
- Families differ in what the causes of those problems and difficulties are, how they define and explain them, and in how they cope and help-seek.
- Families hold a variety of views and prejudices with respect to public programs and acquiring professional help.

Examples: General Characteristics by Ethnicity

- **Communication Patterns:**
 - High level of verbal interaction is expected in Jewish, Italian, and Greek families, whereas Anglo, Irish and Scandinavian families have much less intense interaction.
- **Seeking/Accepting Outside Help:**
 - Italians rely primarily on family and turn to an outsider only as a last resort.
 - African Americans have mistrust of institutions, except for the church.
 - Puerto Ricans, Chinese, and Norwegians tend to seek out medical rather than mental health assistance because it's more acceptable to be physically ill than mentally ill.

Examples: General Characteristics by Ethnicity (continued)

- Common Ethnic Traits:
 - Jewish families are often seen as valuing education, family connections, encouragement of children, democratic principles, and shared suffering.
 - Anglos tend to emphasize control, personal responsibility, independence, individuality, and moderation in everything.
 - Italian American families are generally described as valuing family more than the individual, food is a major source of emotional and physical nourishment, and have strong traditional male-female gender roles.

Examples: General Characteristics by Ethnicity (continued)

- Common Ethnic Traits (continued):
 - African Americans are often described as favoring an informal kinship network and spiritual values.
 - Hispanic cultures stress family togetherness and respect and people are appreciated more for their character and for their vocational success.
 - Chinese families stress harmony and interdependence in relationships, saving face, and food as an emotional and spiritual expression.
 - For Asian Indians, purity, sacrifice, passivity, and spiritual orientation are core values.

Examples: General Characteristics by Ethnicity (continued)

- Misunderstanding Behavior:
 - Puerto Rican women are taught to lower their eyes and avoid eye contact.
 - Irish families may not praise or show overt affection to their children for fear of giving them a “swelled head.”

Take-Away Guidelines to Think About

- Importance of ethnicity/culture to the family.
- Validate and strengthen ethnic identity/culture.
- Be aware of and use the family's support systems.
- Serve as a “cultural broker”.

Take-Away Guidelines to Think About (continued):

- Be aware of “cultural camouflage”.
- Know that there are advantages/disadvantages in being of the same ethnicity/culture.
- Don’t feel that you have to “know everything” about other ethnic/cultural groups.
- Be intentional so that practices apply to ALL families, even those you don’t currently work with.

Selecting a Developmental Screening Tool



- Reliability
 - How confident can we be that the tool assesses the same thing when used with different examiners and children?
- Validity
 - Does the tool measure what we want it to? Can we draw appropriate inferences from the tool? Tools should identify at least 80% of children not-at-risk as not-at-risk, and 80% of those at-risk as at-risk.
 - Confirmed by comparisons in the tool development
 - Concurrent validity: compare with comprehensive diagnostic assessments.
 - Predictive validity: compare with children's performance at a later time.

The Size and Shape of the Holes in the Sieve



- Sensitivity
 - Proportion of children who are really at-risk who are identified as at-risk.
 - Truly at-risk/true at-risk + falsely identified as not-at-risk.
- Specificity
 - Proportion of children who are identified as not at-risk who are correctly identified.
 - Truly not at-risk/truly not at-risk + falsely identified as at-risk.

What Else?



- Psychometric properties: validity, reliability, sensitivity, specificity.
- Was the tool normed on children like ours (cultural sensitivity, language, other issues)?
- Is it for the right age (4 year-old-children)?
- Length of screening.
- Training required; difficulty of administration and scoring
- Parent Questionnaire included?
- Expensive tool or kit?
- Will referral sources accept scores from this instrument?

What about Domain-Specific Screening Tools?

- Should be used only as supplement to more comprehensive measures.
- Not required by GSRP.
- May decide to use social-emotional screening tools in addition to a general tool.

Why Not Design Our Own Tool?

- Local tools do not have validity data.
- Remember specificity and sensitivity—accurate referrals make sure children are not missed, but also that children's normal developmental variability is honored; we do not want to misidentify children.

Commonly Used Developmental Screening Tools

- Ages and Stages
- Battelle
- Brigance
- Denver II
- DIAL-3 (Developmental Indicators for the Assessment of Learning, 3rd Revision)
- ESI-R (Early Screening Inventory- Revised)

A Closer Look at Screeners

- In your group, discuss whether your assessment tool is appropriate according to the guidelines presented.
- Record your findings to share with the whole group.



Identifying risk or disability in a young child does little good if no provisions have been made:

- to remedy or mediate the problem,
- to help caregivers understand and address it; or
- to link the early available information to decisions about interventions, schooling, and ongoing attention.

Snow, C., VanHemel, S, eds. 2008. *Early Childhood Assessment: Why, What and How? A report of the Committee on Developmental Outcomes and Assessments for Young Children for the National Research Council of the National Academies.* National Academies Press. Washington, D.C.
www.nap.edu/catalog.php?record_id=12446