

CHILD ASSESSMENT

The assessment of young children presents many special challenges. Staff members need to be knowledgeable of children's growth and development. In addition, they need to be aware of the cultural and linguistic diversity among current children and their families. The main purposes for assessment should remain clear: to support learning and development for both individual children and classrooms of children, to identify children who may need additional services, and to aid in effectively communicating progress or concerns with families. In ongoing, authentic assessment staff observe, document, and analyze children's abilities exhibited in the classroom in both child and adult initiated activities as children apply their understandings and skills and integrate what they learn.

Child outcome data is aggregated for each classroom and program-wide to guide grantees in the continuous improvement of the program. It also informs goal setting, the ordering of program materials, and the planning of staff professional development. MDE receives the child outcome data from the tool developers for state level program evaluation.

Authentic assessment combines teaching, learning and assessment to promote higher-ordered thinking, learning and the full participation of children through all portions of the daily routine. The ongoing, authentic assessment of young children enrolled in the Great Start Readiness Program (GSRP) must provide information across all domains identified in the [Early Childhood Standards of Quality from Birth to Kindergarten](#) (ECSQ): approaches to play and learning; social and emotional development; physical development and health; communication, language, and early literacy development; creative and expressive arts; mathematics; engineering and technology; science; and social studies.

The Committee on Developmental Outcomes and Assessments for Young Children (2008) affirms that assessments make crucial contributions to the improvement of children's well-being if they are well designed, implemented effectively, developed in the context of systematic planning, and are interpreted and used appropriately.

All GSRP grantees use both an approvable developmental screening tool as the child is enrolled and then, with the start of the program, begin immediate and continuous assessment using an ongoing authentic assessment tool throughout the school year. In other words, the grant will support administration of a developmental screener once per enrolled child. After data from the developmental screener is appropriately processed and the children's program is underway, referrals for outside observation or evaluation are based explicitly on the teaching team's current observations and resulting ongoing, assessment data.

Assessment Structure

Written policies help guarantee consistency over time in dealing with children, families, staff, and other agencies, and contribute to program credibility. The ISD establishes a system of expectations, with timeframes for subrecipient-level and ISD-wide periodic formal data analysis meetings (see [ISD Administration](#) section for

additional guidance), that aligns with developmental screening and ongoing, authentic child assessment.

The ISD must establish, or support each program to set, clear internal procedures for child assessment. Anyone involved in administering developmental screening or ongoing child assessment, or anyone involved in interpreting results must receive formal training in the chosen tools. Formal training is defined as training done by the publisher of the tool or a person certified by the publisher as a trainer.

Training should emphasize confidentiality and include reports, forms, and documentation that teachers can expect to retain in classroom child files.

Staff should be trained in how information is elicited from families, how results are shared with families, along with strategies for communicating with families who are illiterate or whose native language is not English. In the case of screening, staff should also have knowledge of the local referral protocol and “next steps”.

Decisions should be made as to the specific tools used for both types of assessment, personnel roles, and measures of accountability. Decisions are also made with area partners on the time frame for screenings; is the plan to accomplish this during a spring recruitment event? What is the plan for screening children who enter the program later in the year? Specifying a timeline for review of policies and procedures related to assessment will assure that they are updated as needed.

Developmental Screening

Developmental Screening is 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. Developmental screening is standardized and surveys abilities in broad terms: large and small muscle coordination, perception, language, cognitive development, and emotional and behavioral concerns.

The ISD assessment structure addresses developmental screening:

- How staff are trained in use of the screener and how to interpret results with families;
- How staff are trained to effectively navigate related systems of online/electronic data storage;
- Whether administration is completed as a community event, by families or with families at the initial home visit, and how developmental screening is accomplished for late-enrolling children;
- Follow-up on concerns identified by the developmental screener;
- The importance of focusing classroom observation and written anecdotes within the comprehensive child assessment tool on areas of slight concern,

- The importance of focusing classroom observation and written anecdotes within the comprehensive child assessment tool on areas of elevated concern, including procedures to generate and follow up on a referral; and
- How data is aggregated and shared with pertinent stakeholders, such as the Great Start Collaborative and administrators of infant-toddler programs.
- Review of the written policy on child assessment found in each program’s handbook. Including a confidentiality statement in the family handbook that refers to the developmental screening process and handling of the results, may make it less worrisome for families and easier to obtain consent. Including information about developmental screening and referral procedures for a suspected developmental delay or disorder will confirm all children are being treated equally and no child is singled out.

Definition of developmental screening:

Developmental Screening Is	Developmental Screening is Not
A “snapshot” look at a child’s development, administered within the last six months, or as children are enrolled in GSRP.	An in-depth, exclusive profile of a child’s development.
Intended to identify the need for further assessment to verify delay in any developmental or health domain.	Used to diagnose special needs.
A data source that should be carefully administered to avoid mistaken judgments about children or the program.	Used to determine individual supports for a child’s development.
Part of a larger assessment system including ongoing child assessment, family involvement, and program improvement.	A progress monitoring tool or pre- and post-test for child development.
Implemented with adaptations or special attention to cultural and linguistic variability.	Used to rank, exclude, or label children.
Comprehensive across developmental domains and includes family input.	Restricted to pre-academic domains such as language/literacy or mathematics.

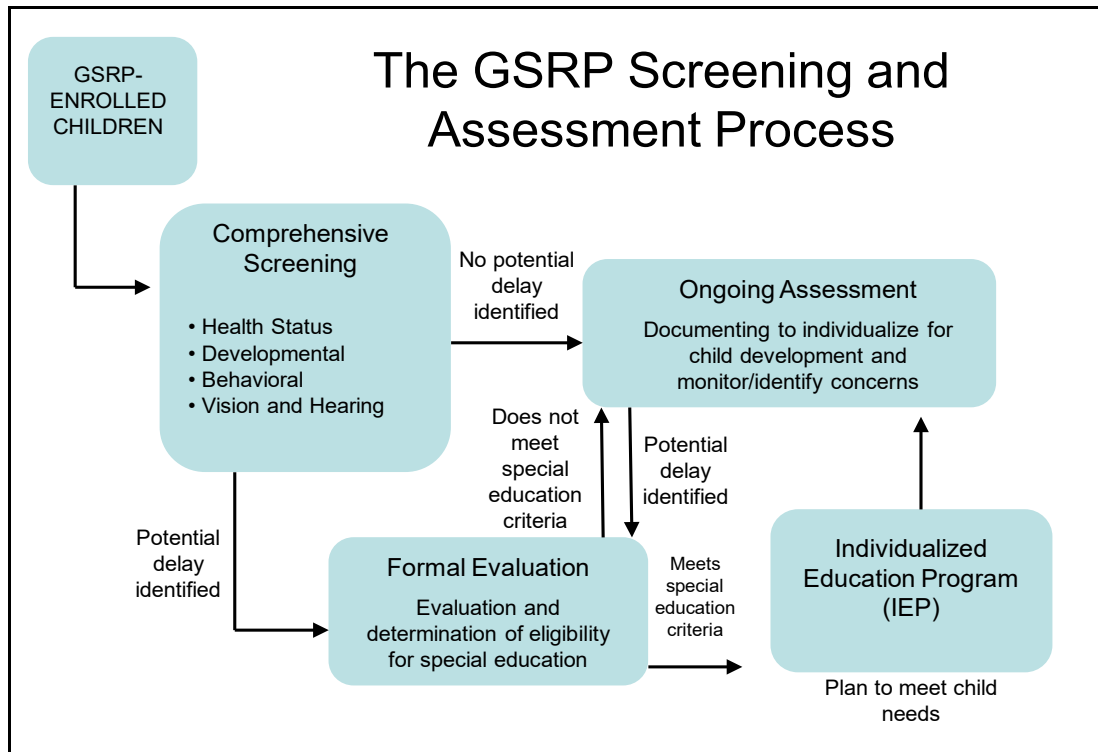
Collaborative, Systematic, and Regional

A well-integrated “Great Start early childhood system” engages many community partners to screen very young children for hearing, vision, and developmental growth during regular health checkups. The local Great Start Collaborative (GSC) School Readiness Advisory Committee (SRAC) can provide leadership as staff, families, and local content experts in health, child development, and mental health, design a collaborative developmental screening approach which is linked to common goals, defined by the SRAC. The screening tool(s) selected address all aspects of child development and health and are aligned with state standards. Provision is made to maintain a database of assessment results, provide for quality assurance and integrity of data, and prepare a variety of reports for audiences and purposes at the family, state, and regional level. The National Early Childhood Accountability Task Force (2007) recommends local school districts/agencies support a high-quality early childhood system by creating opportunities for teachers

and managers to initiate regional dialogue around child assessment, spanning preschool to grade 3, and related data on demographic trends and learning opportunities.

Screening as a Part of the Assessment System

When developmental screening has not occurred within the last six months, it should be implemented within two weeks of enrollment into the GSRP.



Families as Partners

Screening has often been associated with a child’s entry into a preschool program, offering reassurance the child is “on track” for achieving typical developmental outcomes. For many families, screening provides the first indication that a disability or health condition may be affecting their child’s development.

Families often describe their early experiences with assessment reports as confusing and intimidating. They may have had limited opportunities to state their concerns during well-child visits. They may be fearful of the findings or reluctant to share behavioral or mental health concerns. They may blame themselves if there is a concern.

Families want and expect support on child development issues. Families can benefit when programs learn how to use the screening process as an opportunity to encourage participation in activities which strengthen communication skills, decision-making skills, and advocacy for their children.

Screening can be a foundational opportunity to build a respectful and reciprocal relationship between program staff and families. On the first day, staff and families meet, and should begin to discuss child development and assessment. Screening must not take place without obtaining consent from the parent/guardian. Families should be informed that screening will be a quick survey of the child's abilities in large and small muscle coordination, perception, language, cognitive development, emotional development, and behavior. They should also know their input is needed to help staff more fully understand the child and that information about the child's screening results will be shared as soon as possible. Staff should be prepared to listen for family's "doorknob concerns," (i.e., "Oh, by the way...").

Sharing Screening Results with Families

No matter what type of message is being delivered, the staff member meeting with the family should be prepared, having knowledge of scores from the screening and the family's input. The family should have screening protocol or other relevant material available. The atmosphere is calm, quiet, and allows for confidentiality. The scores are explained, and information supplied by the family is acknowledged. Family concerns and questions are addressed in an unhurried manner.

Since the majority of children will not have developmental issues, most conferences to share screening results will be very brief, reassuring families their child is developing well. Regardless of the screening results, discuss activities that can be done with the child to support continued growth and development, and encourage families to try some activities.

When there is a concern, but data do not suggest there is a delay, explain the findings but specifically express your concerns. Avoid the "*Don't worry, he'll grow out of it*" approach. Assess program eligibility factors and use discretion when deciding it is appropriate to discuss community resources or other services available. Address family concerns, and IF UNSURE, REFER.

When data suggest a potential delay, remember it can be devastating for families to discover there is a concern about their child's development. Reassure families if a delay is suspected; a referral for follow-up evaluation is the first step in helping their child.

Let families know you can help with a referral for further observation or evaluation which will help to answer questions about the child's development. Follow-up appointments could be scheduled before the family/child leave(s) the premises.

Remember, participation is voluntary. If families refuse services at one point, this does not mean they are refusing forever; follow up! If the family refuses to seek additional services, documentation of the referral should appear in the child's file. Include a statement with the date and time of the conference and the information discussed with the family. Report family(s) were not interested in seeking additional services at this time, and sign and date the document. Retain the document in the child's file.

If families seem to need time to process what they heard, offer to phone them in a couple of days with the information. Share details (as you can) about the purpose of the follow-up evaluation, where and when the evaluation will take place, and the role the family(s) will play.

Commonly Used Developmental Screening Tools

- [Ages and Stages Questionnaires \(ASQ\)](#)
- [Battelle Developmental Inventory Screener](#)
- [Brigance Early Childhood Screens III](#)
- [Developmental Indicators for the Assessment of Learning](#)
- [Early Screening Inventory-Revised \(ESI-R\)](#)

Ongoing, Authentic Child Assessment

Ongoing Child Assessment is a process in which the teaching staff systematically observe and record information about the child's level of development and/or knowledge, skills, and attitudes; in order to determine what has been learned, improve teaching, and support children's progress. Programs must use one comprehensive, research validated tool for child assessment and implement authentic assessment across all domains. Teaching teams must be formally trained in the selected assessment tool. Formal training is defined as training completed by the publisher or as a certified trainer by the publisher.

The ISD assessment structure addresses ongoing, authentic child assessment:

- How staff are trained in use of the ongoing child assessment tool, how to use data from the tool to inform daily instruction and how to interpret results with families;
- How staff are trained to effectively navigate related systems of online/electronic data storage and the assorted reports available to assist with focused individualization for children and planning for classrooms of children;
- Establishment of minimally three assessment checkpoints per year, when data is aggregated for subrecipient and ISD-wide analysis;
- Minimally 75% of each domain of the tool is completed at each checkpoint, with ECS oversight of quantity, quality and scoring of entries;
- Review of the written policy on child assessment found in each program's handbook.

Ongoing, authentic, comprehensive child assessment is critical not only to providing data on children's progress and program effectiveness but is absolutely essential to purposeful and intentional teaching practices. Early Childhood Specialists, with the support of the ECC, partner with teachers to ensure sufficient quantity and quality of anecdotes across all domains for each child throughout the school year; these are the foundation of assessment data analysis and use. It is only through requiring and monitoring for the reliable use of a comprehensive tool that the ISD can provide assurance that children are, in fact, benefitting from experiences in all domains of learning and development.

Child assessment data is collected daily across the preschool routine. In addition to standard information including date and time, anecdotes must be observation-based narrative on child actions and behaviors over the course of a typical preschool day rather than responses to close-ended questions or one-on-one testing. The reader should be able to fully visualize the behavior, with identification of the portion of the daily routine, the area of the room, relevant peers or other adults, and materials. Additionally, notes on child-initiated language and behaviors are more likely to demonstrate the highest level of functioning in a domain. High-quality observation records are the evidence for reliable and valid child progress data. It is important to create a plan for how observations will be recorded. What are anecdotes recorded on? Is a camera sometimes used? Are pieces of children's work collected with the child's words about them recorded on the back of each piece? Although a variety of systems could be effective, it is important to think through an approach of recording evidence so the program's choice can be practiced consistently and efficiently. ECS ensure that direct assessment or test-type experiences are not used in lieu of anecdotes as they compromise use and results of the tool.

Observational assessments provide a mechanism for evaluating a wide range of knowledge and skills and show children's growth over time. Data are reviewed for individual children and aggregated at the classroom level to inform daily classroom practice.

Ongoing communication between families and teaching staff should inform child assessment. Teaching staff share individual developmental profiles with families by exchanging information to support children's learning and development at home and at school. This is done both formally through conferences and home visits, and informally during drop-off and pick-up times and other times families are present utilizing notes, e-mail, etc.

Data are aggregated program-wide to provide information for program improvement. Results are shared with the local GSRP family participation group, the school board or governing board of the grantee and the public. This process offers data for accountability and grows program support. See the [Program Evaluation](#) section of this manual for additional information on continuous improvement efforts.

Supplemental Child Assessment

Supplemental child assessment is unnecessary in a high-quality preschool classroom where curriculum is implemented with fidelity and ongoing, authentic child assessment is used to set the stage for intentional teaching. Supplemental assessment is often direct assessment focused on discrete facts (literacy/math), while authentic assessment is naturally woven into whole-child program learning activities which emphasize higher-level skills. Supplemental, individual child assessment administered during the preschool session interferes with children's full participation in the daily routine. It also effectively removes an adult (often the adult with the most sophisticated understanding of early childhood education) from

the critical role of facilitating meaningful activities, leaving the other adult with full responsibility to support the class.

If review of ongoing authentic child assessment data reveals that **many** children are presenting differently than expected in any developmental domain, a first course of action is always to ensure staff have focused professional development in the domain in question. The professional development should have strong connections to the ongoing child assessment tool and the comprehensive curriculum. The Early Childhood Specialist, as an advocate for authentic assessment, should support staff as skills are strengthened, practiced, and subsequent data are collected on child development. If, after focused staff support, data show many children are still not making expected developmental gains some programs may request ISD approval to supplement their comprehensive child assessment tool with companion assessments to generate further information in a specific domain.

To be considered for approval, the request must include features such as:

- Relevant baseline child assessment and program quality data indicating a need for a supplemental assessment for a classroom of children. Approvable program quality data will document that the comprehensive curriculum is implemented at a high-quality level for all children and that grant expectations are met related to daily routine and partnership with families on child development. Approvable child assessment data will originate from use of the comprehensive and ongoing, authentic child assessment tool,
- Description of focused training, coaching, subsequent child outcome data, and data analysis expressing educated opinion on why children are still not making expected developmental gains,
- The process for selecting the assessment, minimally including the essential components of appropriate assessment as indicated below,
- How the requested supplemental assessment will fit into the typical GSRP classroom daily routine, how it aligns with the GSRP philosophy on ongoing, authentic assessment,
- The plan to ensure that supplemental assessment data is analyzed separately and does not take the place of documentation within the authentic child assessment tool, and
- An explanation, if the supplemental being requested is not related to the comprehensive curriculum used.

ISD decisions on supplemental assessment will be reviewed as part of program monitoring and reports may be requested by MDE.

Essential Components of Appropriate Assessment

GSRP requires adherence to the following guidelines when selecting and utilizing an assessment method. A quality program:

- Uses sound developmental and learning theory to plan and conduct child assessment and looks beyond cognitive skills to assess the whole child.
- Uses a research-validated, reliable assessment tool and process that is ongoing, cumulative, and in the language a child understands.
- Uses children’s involvement in ordinary classroom activities, not artificially contrived activities, to gauge children’s growth.
- Documents children’s growth, development, and learning over time with observation and anecdotal reports, family, provider, and child interviews; products and samples of children’s work; standardized checklists; and children’s self-appraisals.
- Involves all members of the staff who have regular contact with the children.
- Arranges assessment so it does not bring added stress for children or teachers.
- Uses assessment results as a guide for curriculum and teaching decisions and the need for intervention for individuals and classrooms.
- Uses results to determine the need for specialized screening and/or intervention.

The above components reflect the 2003 Joint Position Statement of the National Association for the Education of Young Children (NAEYC) and the National Association of Early Childhood Specialists in State Departments of Education (NAECS/SDE) entitled, [*Early Childhood Curriculum, Assessment, and Program Evaluation*](#).

GSRP essential components also reflect the National Education Goals Panel, in their document entitled, [*Principles and Recommendations for Early Childhood Assessments*](#), February 1998.

Commonly Used Ongoing Child Assessment Tools

Teaching teams need to be provided professional development opportunities in the selected assessment tool. The following tools are approved for use in GSRP.

[COR Advantage](#)

[Teaching Strategies® GOLD](#)

[Desired Results Developmental Profile \(DRDP\)](#)

[Learning Accomplishment Profile*](#) (LAP)

***It is only when using LAP fully as an observational tool that that it is allowed in GSRP.** Although the LAP, through its design, can be used as a pull-out model of assessment, it may not be done in this manner in GSRP.

Resources:

[Head Start Resources](#)

National Association for the Education of Young Children and the National Association of Early Childhood Specialists in State Departments of Education, 2003. [Early Childhood Curriculum, Assessment, and Program Evaluation.](#)

[Principles and Recommendations for Early Childhood Assessments, February 1998.](#)

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.

[Taking Stock: Assessing and Improving Early Childhood Learning and Program Quality,](#) 2007. A report from The National Early Childhood Accountability Task Force, commissioned by the PEW Charitable Trust, Foundation for Child Development and the Joyce Foundation.