

DEVELOPMENTAL SCREENING

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Developmental Screening is:

- a brief procedure, designed to identify
- from a large population of children
- those who may need further assessment
- to verify developmental and/or health risks.

Council of Chief of State School Officers, Early Childhood Education Assessment (ECEA) Consortium www.ccssso.org

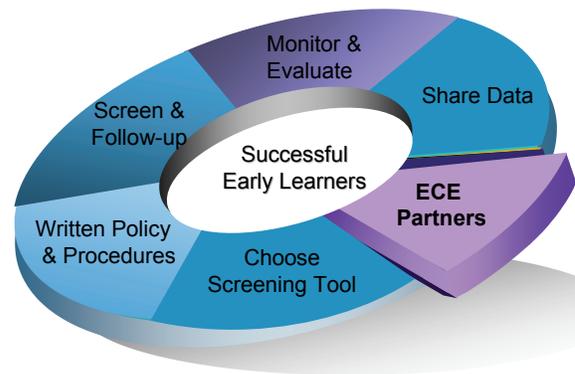
THINK SYSTEMATICALLY!

Thinking systematically, collaboratively, and regionally about child assessment helps to improve child learning and welfare.

The vision of a well-integrated screening, referral, and child assessment system includes many community resources to provide developmental screening for infants, toddlers and preschoolers.

The local Great Start Collaborative can provide leadership as local content experts in health, child development, mental health, and parents design a developmental screening approach which is linked to goals defined by early childhood partners and linked in complementary ways to other early childhood development services. The screening tool(s) selected address all aspects of child development and health, and are aligned with appropriate state standards. Provision is made to maintain a database of

Developmental Screening



Assessment subsystem within a larger system of early childhood care and education. Adapted from Snow and VanHemel, 2008.

assessment results, provide for quality assurance, integrity of data and prepare a variety of reports for audiences and purposes, such as family, regional, and state.

To learn more about assessment systems, please visit the National Academies Press

website — http://www.nap.edu/catalog.php?record_id=12446. 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.

CHANGING THE WAY WE WORK

Turn the pages to learn about three regions in Michigan where collaboration of many community resources and agencies provides a more effective screening, re-

ferral, and assessment system.

Thank you to staff at Alger-Marquette Community Action Board, Midland and Newaygo

counties for generously agreeing to share your successes and struggles to implement collaborative developmental screening.



AMCAB

Alger Marquette Community Action Board (AMCAB) Early Childhood Education has been participating in a cooperative screening effort for over 20 years. Initially, when doing assess-



Bridge to Michigan's Upper Peninsula

ments, if public schools needed assessors trained in certain tools like Gesell or DIAL, they would call up Head Start and ask to share staff.

This sharing developed into a well-planned system for offering a complete screening for all 3- and 4-year-old children in the two county area. We share in recruitment, scheduling, paper work, financial support, staffing, and follow-up with seven school districts, the intermediate school district, and the county health departments. Local screenings occur each spring and summer.

To participate in the screening process, families call one place, AMCAB Early Childhood Education. Parents arrange a screening appointment for the date their school district is

involved. On the day of screening, families meet with staff from the different agencies and their child is screened in the areas of motor, concepts, language, speech, hearing, vision, and social emotional. Parents talk to service coordinators about the potential enrollment of their children, share information on their child's development and behavior (DIAL R Parent Survey), and fill out a health history. The results of screening are shared with parents and they are also informed of the pre-school services available in their area. The goal is to help parents make the best decision for their children, especially if they qualify for more than one of the programs such as special education, Head Start, and the Great Start Readiness Program (GSRP).

If staff and parents still need further information, children may be brought back for follow-up evaluation. The public school experts (such as speech

therapist or psychologist) make this follow-up a more individualized process. Children are assessed only in the areas where there may have been concerns. At the end of the experience, assessors share the results and their recommendations with parents.

We have dealt with "whole systems" issues, such as who finances what. We have also looked at details such as whether we need to ask parents a specific question or not and we have returned to some issues over and over again (choice of the screening tool falls in this category). We continue to work on improving the process and plan for changes. Early spring, the special education coordinators from all programs get together to set dates, review paperwork, and solve any logistics that were of concern from the previous years' screening. The whole system is ever changing to meet the needs of school districts, agencies, and families.

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"AMCAB has been participating in a cooperative screening effort for over 20 years."

MIDLAND COUNTY QUALITY PRESCHOOL PARTNERSHIP

In Midland County, the Head Start provider, all GSRP providers (both formula and competitive programs), the Midland 4C office, the Midland County Educational Service Agency Special Education Programs, and the Great Start Collaborative staff have established a single preschool partnership to share common recruitment and intake procedures for preschool.

The Midland County Quality Preschool Partnership was formed in 2005. Currently, all partners promote their programs under the Preschool Partnership name and parents complete a common intake form when applying for preschool. All intake forms are submitted to the 4C's office, which maintains a county-wide database of intake information. Parent preference is given high-priority, although all Head Start eligible families requesting placement in a GSRP classroom receive a phone call to ensure they are completely aware of the benefits of participating in the Head Start program. The 4C office also maintains a toll-free phone number and website dedicated to the Preschool Partnership: www.preschoolpartnership.org.

The partner preschool programs have agreed to adopt a common curriculum model (*Creative Curriculum*) and a common child assessment tool (*Creative Curriculum Developmental Continuum*). In addition, the Midland County Educational Service Agency (ISD) provides regular professional development opportunities for partnership staff on the implementation and utilization of the curriculum model and child assessment

tools.

All GSRP providers in Midland County have contracted with the ESA to provide Early Childhood Specialist support for their classroom programs. Midland County ESA staff members conduct Program Quality Assessment (PQA) reviews with all GSRP classrooms and also provide on-site staff support and professional development. As of the 2008/2009 school year, all county school districts have formed a GSRP consortium with the Midland County ESA and the ESA now serves as the grant administrator and fiduciary for all formula funded GSRP programs in the County.



Prior to 2008, Midland County ESA therapists conducted snapshot assessments of all children accepted into a Head Start classroom within Midland County. Beginning with the summer of 2008, these assessments were extended to include all GSRP classrooms within the county. If a specific delay or developmental concern is identified during this screening process, ESA staff will refer the child for a more detailed appraisal to determine if the child qualifies to receive Special Education services or placement in an Early Childhood Special Education (ESCE) classroom program.

For the past two years, the Preschool Partnership members have conducted a preschool health fair in partnership with the local hospital and health department to provide health screenings for all incoming preschoolers. The screening includes:

- physical exam
- dental exam
- hearing /vision screening
- immunization, and
- blood lead and hemoglobin levels blood screening (if child deemed at-risk).

In 2008 new GSRP standards were announced requiring programs to utilize a comprehensive, standardized developmental screening tool. In Midland County, the Preschool Partnership members reviewed the available screening tools, and have agreed to adopt the Brigance Preschool Screening Tool as a county-wide standard. The selection of the Brigance has a major advantage in that it is already being utilized by all Head Start classrooms within the county.

For classrooms that are just beginning to adopt the Brigance, the 2008/2009 school year will be considered a transition year. Midland County ESA Early Childhood Specialists will be providing training on utilization of the Brigance to any classroom staff members requesting it. The expectation is that all children entering a Midland County Quality Preschool Partnership classroom next year will receive a Brigance Screening as part of their comprehensive developmental screening process.

*“Community Coordinated
Child Care maintains a
website dedicated to the
Midland County
Preschool Partnership”*
www.preschoolpartnership.org

HISTORICAL WALK WITH NEWAYGO COUNTY

1. Our own screen designed for special education referral children (1980s).
2. In the early 1990's two psychologists reviewed all



Newaygo County screens children from ages two to five years old.

test measures that dealt with preschool-aged children and came up with a screener that they believed would help to indicate a need for referral. The areas assessed included concepts, language, verbal memory, vocabulary, and fine and gross motor skills. The screener allowed charting of a developmental age in each of the areas assessed and was found to be highly predictive of the need for interventions in various areas.

3. Began using a play based screen (developmental range) from Toni Linder (mid 1990s).
4. Met as team (psychologist, social worker, speech therapist, occupational therapist, physical therapist, early childhood specialist – for area expertise) to design new play based screen.
5. Big adjustment from re-

ferred individual, structured screen to all “group” play based screen – evolved over time to varied methods (including but not limited to the number of children - time schedules – space available, etc.) depending on the district.

6. Screen shift from individual “referral area” focus (concerns) to group, whole child observation of “all areas” (strength and concerns) focus.

7. Expand knowledge of staff ; observe and experience the whole continuum of childhood development (delayed to gifted).
8. Screened all students in Newaygo County RESA programs, including tuition-based preschool, allowing earlier identification of children eligible for special education services.

9. Include all staff (team approach) in screen (teacher, aide, speech therapists, early childhood specialists, etc.) and everyone meets and learns about child together.

10. Major screens occur in spring and fall for fall preschool placement in each district. Any parent and/or agency may request a screen.

11. Screens available as needed throughout the year in each district.

12. Benefits the child (early identification, classroom planning, meet staff, in classroom/building).

13. Benefits the staff (prior knowledge of the student, meet parent, planning, class placement mix of all children, evaluations set up - timely).

14. Benefits the parent (meet staff, see building/ classroom, meet other parents, discussion of child – strengths and concerns with parent - in a non threatening screen, parent concerns are heard with immediate input from appropriate staff, evaluations set up - timely).

15. All children screened with peers, meet peers, and placement with peers in same program.

16. Each child’s developmental abilities (strengths and concerns) are briefly observed prior to attending.

17. Revision of screen by team (occupational therapist, physical therapist, psychologist, speech therapist, early childhood specialist for area expertise) in 2007 with inclusion of RTI (response to intervention) area.

18. Allows for scheduling a re-screening from spring to fall (eg. 3 year olds – monitor development).

19. The makeup of the screen team and the acquired knowledge of screening many students over time makes for a highly accurate screen tool/staff. 

It was a big adjustment to go from a referred individual, structured screen to an all “group” play-based screen.

ONE FAMILY'S EXPERIENCE

I was a little nervous as a parent when the day came for my child's screening appointment. Little did I know I had nothing to fear.

When we arrived (my husband, my child, and me), we were greeted by a person that worked in the classroom and taken to a room with other families to start filling out some paperwork.

The teacher then came to take our child to the classroom along with other children. One parent went with their child for a while because their child did not want to separate. The staff said this was fine and it was needed for a smooth transition.

We did not need to go in but we looked in the room often to see what was occurring. Six chil-

dren were playing, some together and some by themselves. The speech therapist was playing with two and the early childhood specialist was at a table playing with play-dough with three children. One child was just watching by the play-dough table and the early childhood specialist kept glancing at him and talking to him until he also sat down. The group stayed there about an hour, just having fun together - staff and children. Teachers and other specialists were taking notes on what they saw. They called these anecdotal observation notes and at the end of the hour these notes were shared with us.

They discussed the things they found our child could already do and some they thought were in process.



They explained that the screening tool that they use has a range. There were pluses and minuses, in-process items, and they were looking for the strengths our child had — not just the deficits. They also shared the essential outcomes the teacher would include in lesson plans - the curriculum for the year in preschool. They asked me again if I had any concerns and or questions.

I walked out of there feeling proud, safe and excited for my child to attend this preschool.

“I was a little nervous.”

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The purpose of Great Start is to assure a coordinated system of community services and supports to help all Michigan families provide a great start for their children from birth to age five.

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ON-TRACK WITH DEVELOPMENTAL SCREENING

Screening has often been associated with a child's entry into a preschool program, offering reassurance that 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.



Parents often describe their early experiences with assessment reports as confusing and intimidating.

Families can benefit when programs learn how to use the screening process as an opportunity to encourage parents to participate in activities which strengthen communication skills, decision-making skills, and advocacy for their child.

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

FOR EXAMPLE...



Michigan Department of Education
www.michigan.gov/ece



Head Start—State Collaboration Office
www.mhsa.ws/HSSCO.asp?id=1

For communities which do not yet have a collaborative screening process, or for children who enroll into the program after the screening process has been completed, the following process is recommended:



1. Program staff have been trained in a valid and reliable screening tool.
2. Family is enrolled into the preschool program.
3. At the initial home visit and before classroom programming begins for the child, parents receive verbal and

4. Developmental screening results are shared with family and when necessary, referral paperwork to LEA is com-

- pleted. Screening data and other relevant observations are shared with LEA.
5. Program staff attend Individualized Education Planning (IEP) meeting, partnering with parents to advocate for least restrictive environment and ensuring that both family concerns and goals are addressed.
6. Follow-up is documented in child files (i.e., additional observation, diagnostic evaluation, IEP).
7. Families are respectfully transitioned into recommended settings, as appropriate.