Supplemental Materials: Evaluation & Assessment Module
Multidimensional and Comprehensive Evaluation and Assessment

Guiding questions for Multidimensional & Comprehensive Evaluation and Assessment

- What do we really need to know to determine a child's eligibility and identify, with families, meaningful outcomes and supports/services for this child and family?
- When do we need to know it?
- What is the best way to gather this information? (Williamson, 1994)

Why this topic was selected

The purpose of evaluation/assessment in early intervention is to collect information to understand where and how to support eligible children and their families in their particular home and community activity settings. The evaluation/assessment process collects a sampling of a child's knowledge, skills, abilities or personal characteristics at a specific point in time, from a specific perspective, using specific instruments or documentation tools. The information collected should result in a greater "understanding of a child's competencies and resources, and of the caregiving and learning environments most likely to help a child make fullest use of his or her developmental potential" (Greenspan & Meisels, 1996, p.11).

In order to be meaningful, evaluation/assessment tools and methods should sample a child's usual functioning. It is not an opportunity to study "the strange behavior of children, in strange situations, with strange adults, for the briefest possible period of time" (Bronfenbrenner, 1979, p.). Comprehensive evaluation and assessment, provides the essential information to guide early intervention providers in eliminating the "strange" situation in their evaluation/assessment of very young children. The content supports viewing evaluation and assessment as an opportunity to collect information with families about how to help children develop their abilities and engage in meaningful activities within the context of family and community life.

Multidimensional and Comprehensive Evaluation and Assessment focuses on how early intervention providers and family members can complete:

1) **an initial evaluation/assessment** to determine a child's eligibility for early intervention services and identify the family supports/services to ensure that a child participation in home and community life; and

2) an **ongoing assessment** to track a child's progress, and modify family supports/services, as appropriate.

Essential content: Multidimensional and Comprehensive Evaluation/Assessment

a. Clarifying the intent of evaluation and assessment

It is helpful to keep in mind that the terms "evaluation" and "assessment" are interchanged in many developmental resources. In the Federal and Maryland regulations accompanying *the Individuals with Disabilities Education Act*, evaluation and assessment are defined as closely linked but separate processes.

Following the IDEA, the terms "evaluation" and "assessment" are used to differentiate an initial evaluation/assessment for establishing a child's eligibility for early intervention (including identifying family supports/services) from an ongoing assessment of a child's abilities and progress once eligibility is established. The tasks included in evaluation and assessment are summarized below.

Initial evaluation/assessment includes:	**Ongoing assessment includes:**
1. determining a child's *eligibility* for early intervention and how his or her cognitive, physical, communication, social/emotional and adaptive development affects *participation* in family/community life; and	1. periodic review of a child's *progress* towards reaching family-identified outcomes that address a child's participation in family/community settings; and
2. initial assessment of a child's *unique* strengths and challenges and the *family* supports/services appropriate to ensuring participation in family-selected activity settings	2. periodic review of a child's *unique* strengths and challenges and the *family* supports/ services appropriate to ensuring participation in family-selected activity settings

b. Principles of responsive evaluation and assessment in early intervention

Developmental evaluation/assessment is a process of collecting information about a child to ultimately answer, "How can families and early intervention providers promote a child's participation in family-selected life situations?" The following principles were formulated by an interdisciplinary group of early intervention specialists and family members, and provide a framework for conducting a multidimensional and meaningful evaluation/assessment (Greenspan & Meisels, 1996).

Evaluation and assessment:

1. ***Is based on an integrated developmental model****,* which places children in the context of their families and surrounding world. Areas of child development are viewed as interrelated, and are not evaluated in isolation of one another.

2. ***Involves multiple sources of information****,* including the parent's description of a child's capacities and developmental history, discussion with families to understand their questions and concerns, direct observation of the child, focused observation and/or assessment of specific areas.

3. ***Follows a certain sequence****,* starting with establishing an alliance with family members. Collecting developmental information and making observations of a child in the context of unstructured interactions with family members is part of the evaluation/assessment process.

4. ***Depends on a child's relationship and interactions with his or her most trusted caregivers****.* Interactions with familiar caregivers provide the optimal context for understanding a child's competencies and patterns in *all* areas of development.

5. ***Is guided by the sequences and timetables in typical development****.* The sequence and timetable for various developmental areas provides an essential framework for interpreting the wide variation among infants and toddlers in how they learn "to do" and participate in family-selected activity settings.

6. ***Emphasizes attention to a child's level and pattern of organizing experience and to functional capacities****,* which represent an integration of emotional and cognitive abilities. A child's level and pattern of organizing experiences must be understood within the framework of his or her family's cultural context and functional abilities.

7. ***Identifies a child's current competencies and strengths as well as the competencies that will promote continuous development****.* A child's participation in meaningful activity settings depends on building his or her capacities, not identifying developmental delays. A child's capacities in various developmental areas build are interrelated and build on one another.

8. ***Is a collaborative process between early intervention providers and family members*** that involves family members to the extent they choose and always considers their specific questions and desires.

9. ***Becomes the first step in a potential intervention process****,* and leads *to* recommendations for specific family supports/services.

10. ***Involves reassessment in the context of day-to-day family or early intervention activities, or both****.* Careful observation of a child's behavior and interaction in different yet familiar contexts, on multiple occasions, provides an in-depth perspective about developing competencies, and next steps for promoting participation in meaningful activity settings.

These key principles of developmental evaluation/assessment are supported by extensive research in child development, reviewed in *From Neighborhoods to Neurons: The Science of Early Childhood Development*. The Executive Summary of this comprehensive research project emphasizes that an

> "explosion of research in the neurobiological, behavioral, and social sciences has led to major advances in understanding the conditions that influence whether children get off to a promising or a worrisome start in life. These scientific gains have generated a much deeper appreciation of:
>
> (1) the importance of early life experiences, as well as the inseparable and highly interactive influences of genetics and environment, on the development of the brain and the unfolding of human behavior;
>
> (2) the central role of a child's early relationships." *(National Research Council and Institute of Medicine, pg. 1). (Link to www.nap.edu/execsumm/0309069882.html)*

c. Importance of conducting evaluation/assessment in natural settings

Current research views child development as a dynamic process influenced by multiple, interrelated biological and environmental factors (National Research Council and Institute of Medicine, 2000). A child's behavior and skills are inseparable from the context of everyday experiences. Evaluation/assessment approaches must address the complexity of child development, and how children learn and use their learning to participate in individualized family and community activity settings.

In addition, some aspects of child development such as social-emotional development are not easily assessed through formal measures. For example, how children regulate themselves and cope in challenging situations, focus their attention to the task at hand, and form attachments to special people are best understood through observations of a child in a specific context, rather than through administration of formal tools (Losardo & Notari-Syverson, 2001).

A child's evaluation/assessment should look beyond developmental functioning in specific areas, and provide information about *all* factors which influence his/her behavior and interaction in real life settings (Meisels and Atkins-Burnett, 2000). Information should be collected about how a child interacts with others and learns in a specific context, and how a child responds to various input. Such information provides direction for selecting, with families, individualized supports/services to promote a child's participation in meaningful situations.

> "A complete assessment includes information about *how to facilitate* the child's development and the *supports* that are needed to help the child exhibit *desirable* behaviors.
>
> When assessment occurs in isolation from intervention, particularly when it is dependent on traditional norm-referenced instruments, the outcome of

assessment may be confusing, misleading, and ultimately counterproductive…" (Meisels, 2000, p. 236)

d. Key components of evaluation/assessment

There are 4 essential components of a developmental evaluation/assessment (Meisels and Fenichel, 1996, p. 17):

1. Parents description of the *child's developmental history and capacities* in the different areas of development;

2. *Discussion with parents* to determine their concerns about their child's development and ways they have found to include him or her in their family/community life;

   NOTE: Information related to Components 1 and 2 are collected prior to a child's evaluation/assessment, during a planning conversation with families to identify their concerns, priorities, and resources

3. *Observation of a child*, including interaction between child and caregivers; and

4. *Focused evaluation/assessment* of a specific area(s) of the child's functioning.

Any one of the following methods can be used *individually or in combination* to evaluate/assess how a child uses his or her abilities to participate in family selected activity settings:

- **Observation** of a child engaged in a task/interaction in a familiar setting(s);

- **Standardized measures** (norm referenced), when available and appropriate for a given age or developmental area;

- **Criterion-referenced instruments** when standardized measures are unavailable or inappropriate to answer questions about a child's abilities;

Informed clinical opinion, particularly when standardized measures are unavailable or inappropriate for a given age or developmental area. Informed clinical opinion *always* includes a discussion with family members and other caregivers to understand their perceptions, as well as observation of a child in a familiar setting. Other important elements include appropriate training and experience with evaluation and assessment, and sensitivity to a family's culture.

When informed clinical opinion is selected during initial evaluation/assessment as the primary method to determine a child's eligibility, a written description explaining a child's discrepancies in developmental patterns, including quality of performance and function, must be provided.

Amelie, a tiny baby who craved snuggling in her mother's arms, had very limited vision due to congenital cataracts. Her diagnosis (both prematurity and cataracts) made her eligible for her local Infants and Toddlers Program. A multidisciplinary *assessment* was scheduled during her alert morning period in her home. An educator (vision specialist) and occupational therapist based their assessment of her strengths and needs on an extended discussion with Amelie's mother about her daughter's interests and abilities, and their observation of Amelie drinking a bottle and playing with family members. The visual specialist's informed clinical opinion was instrumental in helping this family plan their next steps for Amelie.

e. Qualitative & quantitative approaches to evaluation/assessment

Two broad approaches to evaluation/assessment, quantitative and qualitative, emphasize different procedures and methods to review a child's abilities/challenges and performance in daily activity settings.

The ***quantitative*** approach is an objective measurement process that uses ***formal*** procedures and methods to focus on very specific areas of child development that can be easily observed and scored. Evaluation/assessment tools are highly structured and use items with specified guidelines for test administration. Information is collected at a single point in time, and the results compare a child's performance to a same-age peer group (e.g., a norm-referenced tool such as the Bayley Scales of Infant Development II). The results may also indicate whether a child has mastered specific objectives defined by set criteria (e.g., a criterion-referenced tool such as the Hawaii Early Learning Profile)

The ***qualitative*** approach uses ***informal*** procedures and methods to document complex and holistic behaviors of a child engaged in context-bound activities such as playing with siblings, eating at dinnertime, or taking a walk outside. Evaluation/assessment tools are used to collect information from structured and unstructured observations of a child across multiple environments at different times. These tools include rating scales, checklists, anecdotal notes, photographs, video and audiotapes, verbatim accounts of behavior, and word sampling.

The advantages and disadvantages of using various evaluation/assessment methods are summarized below.

Table 1. Quantitative approach to evaluation/assessment

Method	Advantages	Limitations
Criterion referenced	• Measures a child's mastery of specific skills/curriculum according to preset criteria	• Organized by separate developmental areas rather than a holistic view of a child; • Scope is limited to observable behavior; • Test items/tasks often do not represent real life behavior
Norm-referenced	• Compares a child's performance to same-age peers; used for diagnostic purposes	• Underestimates capabilities of children with developmental delays; • Test items may not be related to everyday life; environmental influences are not considered; • Not useful for selecting supports/services or measuring a child's progress

Table 2. Qualitative approaches to evaluation/assessment
(Losardo & Notari-Syverson, 2001)

Category	Advantages	Limitations
Qualitative assessments include: Naturalistic observation Ecological Focused Performance Portfolio Dynamic Authentic Functional behavioral assessment Informed clinical opinion	• Documents how and why family support/services work to achieve "real" changes in participation • Child is observed while child engaged in the context of familiar activity settings • Multiple opportunities to demonstrate abilities in a variety of activity settings • Adaptations and guided support are provided • Focuses on how a child learns/develops as well as the potential for change	• Time spent in planning and observing • Target behavior/ability may not be easily observed (e.g., ability to fall asleep) • Skill and practice needed by personnel for recording child behavior across domains • Lack of standardized procedures for structuring tasks • Results are not easily quantified/scored • Storage area needed for portfolios, video and audiotapes

f. Natural observation as a part of evaluation and assessment

Framework for evaluation and assessment
An evaluation/assessment framework should view the development of *all* children's skills and behaviors on a continuum that incorporates how a child participates in individualized activity settings. Within this perspective, infants and toddlers with developmental delays are considered as *not yet functioning* as expected in specific situations, rather than as unable to participate in family-desired situations or attain the skills of typically developing children (Meisels & Atkins-Burnett, 2000).

A productive approach to assessing a child's development and participation in family/community life is to observe him or her in naturally occurring situations that can be either structured and/or unstructured, depending on the desired information. Evaluation and assessment methods for young children should incorporate a functional application, and review skills or behaviors that a

child has learned within a familiar context (Goodman and Pollack, 1993). The goal is to help children make meaning of their world and participate in it. In support of this goal,

> …assessment of discrete areas of functioning (e.g., auditory discrimination or visual-motor integration) or specific skills (e.g., acquisition of pincer grasp or number of words used) should take place only to inform our understanding of the child's attempts to master a given area or better learn about the resources the child brings to the learning situation (Meisels and Atkins-Burnett, 2000, p. 234).

Thus, *evaluation and assessment should clarify how children use their skills and abilities, what motivates or frustrates them, and what they find satisfying*. In addition, information should be collected about what works to elicit, support, and extend a child's skills and abilities to participate in specific family-selected situations.

Natural observation as part of evaluation and assessment

Natural observation analyzes *why and how* a child engages in specific situations, and views a child's interactions and behaviors from a holistic perspective that collects information across *multiple* domains of development.

> Darnell, is a 8 month old boy who loves his toy cars and hates eating; consequently he has been diagnosed with failure-to-thrive. The multidisciplinary evaluators selected to address his parents primary concern (not eating) were an occupational therapist and an early childhood special educator. The evaluators used a criterion referenced tool to document Darnell's self help skills and other developmental levels, but felt it was *more* important to observe Darnell during one of the many snacks his mother offered to entice him to eat.
>
> Their observations included: Darnell's sitting posture; how he brought food to his mouth, chewed and swallowed; used his hands to hold the food; his social/emotional responses to eating and interacting with his mother and older brother; ; his cognitive abilities anticipating snack time and strategies he used to distract his mother from his snack; and his understanding and expression of language to communicate his desires and reactions related to the opportunity to eat and socialize.

Table 2 *Qualitative approaches to evaluation/assessment* identifies types of assessments that are based on natural observation.

Natural observation also provides important information about how a child engages in activities in *familiar* settings with *familiar* adults. It answers family questions and concerns and involves parents in *active* roles, as desired, in their child's evaluation/assessment. Finally, natural observation helps identify functional *outcomes* for children and select meaningful family supports/services to promote a child's participation in family-desired activity settings.

Al was 2 years old and had a great sense of humor. His cerebral palsy and arthrogryposis severely limited all his movement, including using his mouth and throat muscles to eat talk, but he had an impish little smile and subtle facial expressions that communicated a lot to his family. The interim service coordinator surprised the evaluation team with his parents' request to focus Al's assessment of his strengths and needs on finding ways for him to play by himself, and with his older brother (not learn to walk and talk). A physical therapist and educator conducted Al's multidisciplinary assessment by listening to Al's parents tell them what sparked his interest, strategies that have worked, and what was "a bust". Together they analyzed his movements and began plans to adapt his current toys and introduce electronically activated ones.

The advantages of completing a natural observation versus conducting a traditional quantitative evaluation/assessment are summarized in Table 3 below (Linder, 1993).

Table 3. Advantages of completing natural observations of a child in familiar

Advantages of natural observations	***Variables***	***Disadvantages of (traditional) quantitative assessment***
Family plays *active* role with assessors to elicit/analyze child's performance	***Involvement of family***	Family members *observe* child perform discrete skills
Takes place in child's environment with *familiar* people, furniture, toys, routines etc	***Environment***	Testing protocol and people *unfamiliar* to child, especially if in clinci/office
Child *interacts* with familiar caregivers while early intervention providers o*bserve*	***Rapport***	Unfamiliar adult(s) *direct* child through structured activities
Child's toys, routines and activities are used, with *modifications* if needed; *all* children are considered to be "testable"	***Materials***	*Unfamiliar* materials are used, often by a succession of assessors; children are not expected to complete all test items
Variations encouraged in conditions, directions, language, materials, sequence, and content	***Procedures***	Presentation of test items is in a *prescribed* manner, based on an invariable sequence of items
Child's *typical* performance is observed; establishes *baseline* for supports & services; stresses integrated report/goals of child behavior and learning	***Results***	Assigns *developmental levels or scores* based on selected skills, often irrelevant for a particular child; separate reports/goals often generated for each developmental domain

A child's progress is assessed within a *specific context*, highlighting next steps and modifications	**Assessing Progress**	Administration of same test protocol often shows negligible change; child's *context is irrelevant*

The most reliable information about a child's usual behavior and interactions is collected when evaluation/assessment is carried out in a child's familiar environment. When norm or criterion referenced methods are used to determine a child's eligibility or review progress, ***natural observation and discussion with parents and other caregivers should always be included.***

g. Overview of what happens during an initial evaluation/assessment

The planning conversations with families provide opportunities for qualified personnel to review the availability of pertinent records, and any reports a family may be willing to share related to a child's current health status and medical history.

During an initial or continuing evaluation/assessment, qualified personnel have several important tasks to complete. They must:

- **Carry out the methods** selected during prior planning conversations with family members;

- **Evaluate the status of a child's development** in cognitive, physical (including vision and hearing), communication, social or emotional, and adaptive development, and **assess the unique needs of a child** in each developmental area so that outcomes and family supports/services can be selected with families.

- **Share results with parents/guardians**, and explain why additional evaluation/assessment procedures, if indicated, might be helpful;

- **Determine a child's eligibility for early intervention services** by comparing a child's diagnosis and/or results of an initial evaluation with Maryland's state regulations defining "infants and toddlers with disabilities". These regulations specify that a child, birth through age 2 years old, is eligible for early intervention in any 1 of 3 ways;

    1. Has a 25% delay in at least one or more of five developmental areas (cognitive, physical including vision and hearing, communication, social/emotional; adaptive); or

    2. Manifests atypical development or behavior in one or more of the five developmental areas, interferes with current development, and is likely to result in a subsequent delay (even when diagnostic instruments and procedures do not document a 25% delay); or

3. Has a diagnosed physical or mental condition that has a high probability of resulting in developmental delay.

- **Document the eligibility determination in a written statement** that includes the names and titles of the qualified personnel determining the child's eligibility, date of determination, and basis for eligibility determination; and

- **Prepare a written report**.

h. What an evaluation/assessment for initial and/or continuing eligibility must include

There are 4 essential considerations to address when carrying out an initial or continuing eligibility evaluation/assessment. Each eligibility evaluation must:

- **Be multidisciplinary** and involve at least two qualified personnel from different disciplines. This can be accomplished in various ways by using reports of recent evaluations by qualified personnel in hospital or clinic settings, when available, to augment methods used by qualified personnel of a local Infant and Toddlers program in Maryland.

- **Be multidimensional** and include more than one method and source of information (observation, standardized test, criterion referenced test, informed clinical opinion) to determine eligibility and identify a child's level of functioning in all five developmental areas.

  The multidisciplinary examples above also illustrate how more than one method was used to determine a child's eligibility for early intervention. When at least two qualified personnel administer a criterion-referenced tool such as the Battelle Developmental Inventory (BDI-2), the multidisciplinary requirement is satisfied but *not* the requirement to use more than one *method* for determining a child's eligibility for early intervention.

  A comprehensive and individualized evaluation/assessment includes a combination of methods and procedures ranging from standardized tests to natural observation (Stillman, 1993). Protocols covering more than one area of development can be used *as part* of the evaluation/assessment process. They are particularly useful for obtaining information about a child's functioning in areas in which delay is *not* suspected. Examples include the Hawaii Early Learning Profile (HELP), the Early Learning Accomplishment Profile (ELAP) and the Carolina Curriculum..

  The use of discrete discipline-specific procedures for each developmental area is *not* required. The important question to consider is "Who has the expertise to evaluate how suspected delays in a child's development affect his or her participation in family-selected

activity settings?" (Hanft & Pilkington, 2000). If a discipline specific procedure is used, qualified personnel must administer it.

Dante is suspected of having significant delays in communication, and the expertise of a speech-language pathologist was chosen by the early intervention team to administer a norm referenced tool to assess his language.

Carrie was referred by her parents for an evaluation of her behavior and delayed language. Carrie was evaluated by an educator and occupational therapist who used a protocol covering language and other developmental areas. If results of the developmental protocol indicate a delay in language and additional information is needed to understand how to provide appropriate family supports/services, then a speech-language pathologist should provide additional assessment using a combination of discipline specific tools and natural observation.

- **Use nondiscriminatory evaluation and assessment materials and procedures** that are administered in a child's native language, or primary mode of communication of the family, unless it is clearly not feasible to do so. Early intervention providers must be particularly aware of their own biases, limitations, and preconceived attitudes when using informed clinical opinion to analyze evaluation/assessment outcomes for a child who comes from a different cultural background than they do. (Harry, Rudea, & Kalyanpur, 1999; Leung, 1996). Guidelines for evaluating/assessing children from various cultural backgrounds are included in Appendix B.

- **Be timely.** The child's initial evaluation/assessment must be conducted within a 45 day period from the day the referral is received by a local Infants and Toddlers Program in Maryland.

i. Documenting eligibility for early intervention

A written statement documenting the eligibility decision must be in a child's early intervention record. This statement can be compiled as a separate form or can be included in the written report documenting a child's initial evaluation/assessment as long as the eligibility statement is clearly identified and includes all requirements. The written statement must include 3 components:

- names and titles of the qualified personnel who determined a child's eligibility;

- date of the eligibility determination;

- basis for the eligibility determination. Remember that a child qualifies for a local Infants and Toddlers program in Maryland if: A child qualifies if he or she has at least a 25% delay in one or more of five developmental areas; manifests atypical development or behavior in one or more of the five developmental areas, or has a diagnosed physical or mental condition which has a high probability of resulting in delay. Eligibility is

determined not by specific supports/services. Services and supports for a child and family are selected after outcomes for the IFSP are identified with families.

j. Components of a written report documenting initial evaluation/assessment

Results of an initial evaluation/assessment to establish a child's eligibility for early intervention must be documented in a written report(s). Evaluation and/or assessment reports prepared by qualified personnel prior to referral to a local Infants and Toddlers Program may be used to meet this criteria, in full or in part.

The written report should include:

1. **A statement of the child's current health status**, based on a review of pertinent records and medical history;

2. **A statement which describes the child's levels of functioning** in five developmental areas (physical including hearing and vision, communication, social-emotional, adaptive, cognitive) and the dates when the evaluation and assessment procedures were conducted;

   NOTE: Children who are referred to a local Infants and Toddlers Program in Maryland with a diagnosed physical or mental condition that has a high probability of resulting in developmental delay are automatically eligible for early intervention services on the basis of their diagnosis. Although additional evaluation procedures to establish a child's eligibility are not required, the child's level of functioning in each developmental area, as well as their strengths and needs, must be included in a written report.

3. **A statement of criteria**, including tests, observation, evaluation materials, and informed clinical opinion, which were used to determine eligibility for early intervention services;

   NOTE: If some, or all, evaluation and assessment procedures cannot be provided in the family's identified natural environment for a child, consider how to address results that may not be a true indicator of the child's usual abilities. For example, the written report could include a statement that the child's responses might not have been optimal, based on lack of familiarity with the evaluators and/or test materials and procedures. Such a statement should always cue the early intervention providers (who implement the IFSP with families) to review the child's responses in familiar settings.

   > Ahmed had an asthma attack and was rushed to the hospital the night before his early intervention evaluation. When the evaluators arrived at the scheduled time, his mother explained that his naptime was completely turned around. She woke Ahmed up, but he was cranky and not interested in some of the presented items. It was noted on the report, with his mother's agreement, that his performance was affected by his lack of sleep, particularly on items, which required him to demonstrate gross motor skills.

Simi was distressed at seeing strangers, and would not look at any of the toys presented by the evaluators. They used a criterion-referenced test that allowed her mother to present test items to Simi to establish her eligibility for the program. During development of her IFSP, her mother suggested that it was important to limit the number of people with whom Simi would interact, and it was decided that the educator would serve as the primary service provider with consultation from the physical therapist.

4. The **signatures and titles of the qualified personnel** who conducted the evaluation and assessment.

k. Components of an ongoing assessment of a child's abilities and family supports/services

Ongoing assessment is a process that really begins with providing family supports/services. It occurs informally ***each*** time early intervention providers interact with a child and family, and formally when a family's Individualized Family Service Plan (IFSP) is reviewed with them periodically (at minimum 6 months) and at annual intervals**.** ***Ongoing assessment must include natural observation of the child in their familiar contexts;*** formal tools may also be used when appropriate.

Ongoing assessment includes:

1. ***Reviewing, with families, a child's abilities and challenges*** (strengths and needs) related to his or her participation in family-selected activity settings;

2. ***Reviewing and modifying, with families, the supports and services*** that will promote a child' s participation in family selected activity settings;

3. ***Natural observations*** of a child engaged in specific tasks in familiar contexts with familiar people. Natural observations, guided by family discussion and informed clinical opinion, provides valuable information about:

    - How a child ***participates*** in a specific activity setting;
    - Developmental skills/behavior a child ***spontaneously*** uses during a specific task;
    - Which emerging behaviors and skills can be ***prompted***, and how;
    - ***How*** a child communicates, interacts, problem solves, plays, cares for self and moves within a specific activity setting;

- What ***compensatory strategies*** a child uses in a specific activity setting, how effective they are, and how adults/peers can use other prompts to enhance a child's participation in these settings;

- Behaviors which ***interfere*** with a child's participation in a particular task or activity setting;

- how a child's participation improves by changing or modifying the ***tasks, environment, materials/resources, interaction with others***

l. Relationship of evaluation/assessment to family supports/services

> "The process of evaluation/assessment should always be viewed as the first step in a potential *intervention* process." (Meisels & Fenichel, 1996, p.22).

A child's daily activities/settings provide the basis for early intervention supports/services with opportunities for ongoing review of progress *in situations, which matter for the child and family.* These daily activities/routines, as well as spontaneous ones, provide the basis for ongoing natural learning opportunities, which is the focus of early intervention (Dunst, Bruder, Trivette, Raab, & McLean, 2001).

Evaluation/assessment is not just a quantification of a child's developmental levels; it also *suggests* hypotheses about why a child may encounter challenges in daily activity settings, and how to prompt increased participation in these settings. It is a means of "answering questions about children's knowledge, skills, achievement, or personality that relies on an analysis of children's behavior or performance in a variety of settings" (Meisels, 1996, p.29). If evaluation/assessment recommendations are implemented and hypotheses tested out, , their effectiveness can be confirmed. Implementing family supports/services elicits new information that is a form of assessment about what works to prompt a child's participation in daily activity settings.

Multidimensional and Comprehensive Evaluation/Assessment
Application Activity
Tracking evaluation/assessment

Review the methods and tools you use to conduct evaluations/assessments with 2-3 children and families over a month period of time. Use the Self-Assessment Inventory: Comprehensive Evaluation and Assessment to guide your reflections. (If you are not involved in evaluation/assessment, consider interviewing family members or early intervention providers who have participated in them.)

After reviewing the self-assessment inventory, reflect on and/or discuss with colleagues the following considerations about a child's initial evaluation/assessment and ongoing assessment:

- How do I (we) use a variety of methods (natural observation, informed clinical opinion, norm referenced and criterion referenced procedures) to determine a child's eligibility for early intervention?

- How do we use natural observation to assess a child's progress?

- How do I (we) meet the requirement to complete an initial evaluation/assessment that is multidisciplinary?

- How do we provide evaluation/assessment that is nondiscriminatory?

- How do we document evaluation results? Do we use family-friendly language?

- Are evaluation/assessment practices (e.g., using multidisciplinary and nondiscriminatory tools and procedures, varying methods, documenting eligibility, writing reports) consistent throughout our local Infants and Toddlers Program?

- Do we need to schedule professional development activities on this topic? If so, what specifically would be helpful?

Multidimensional and Comprehensive Evaluation/ Assessment
Application Activity
Roles in evaluation/assessment

Discuss specific examples of evaluation and assessments you have completed so that you can refine how both you and family members assume the roles of *Observer*, *Narrator*, *Coach* and *Reflector* as described below.

There are two categories to complete:

In *A*, list examples of how you have/could involve family members.

In *B*, list examples of how you have assumed these roles.

Observer	**Narrator**	**Coach**	**Reflector**
Watches child perform task or test items with evaluators; may hold an infant or toddler while specialist presents test items or plays with child.	Presents a portrait of the child by describing and elaborating on the child's behavior and performance; may identify emerging skills for more in-depth assessment.	Assists in eliciting optimal performance by suggesting modifications in presented tasks and toys or the child's position; may speak to, touch, or move the child to focus his or her attention on the task at hand.	Comments on child's performance and provides guidance to team members about whether performance is representative of behavior typically demonstrated
***A*. Examples of how I have/could involve family members in assessment/intervention in these roles**			
***B*. Examples of how I have assumed these roles**			

Multidimensional and Comprehensive Evaluation/ Assessment
Application Activity
Natural Observation

Consider two families/children with whom you are currently working. Talk with family members about when, where and how to observe the child to collect information to assess the child's progress in participating in family and community life. Use the questions below as a guide for the observations you and family members make. Does a child demonstrate the behavior and skills needed to ***participate*** in specific activity settings?

- What developmental skills/behavior does a child ***spontaneously*** use in a specific activity setting? Which ones can be ***elicited, or observed*** *with support* ***& modifications****?*

- ***How*** does a child communicate, interact, problem solve, play, care for self and move within a specific activity setting?

- What ***strategies*** does a child use to participate in a specific activity setting? How do adults/peers prompt and assist this participation? How effective are these strategies?

- Are there behaviors that ***interfere*** with a child's participation in a particular task or activity setting?

- How does a child's ***participation*** in desired activity settings improve with changes to the:

  task (e,g, simplify or substitute a different task, use pictures to show what's next)
  environment (e.g., reduce sensory stimuli; focus lighting to direct attention)
  materials/resources (e.g., adapt toys for better grip: read books with large pictures)
  interaction with others (e.g., change pitch of voice; include peers)

Multidimensional and Comprehensive Evaluation/ Assessment Application Activity
Vignette: A family-friendly assessment for Jason

Reflect on and/or discuss the advantages and disadvantages of using qualitative and quantitative approaches for an initial evaluation/assessment for Jason, described below. Give examples of the tools/procedures you could use.

Jason is 21 months old and lives at home with his mother, Laura, and grandmother, Josephine. Laura called her local Infants and Toddlers Program because Jason was not yet walking, although she describes him as "good at crawling and scooting."

During Laura's planning conversation with her service coordinator, Laura talked about what she wanted for Jason. Her priority was that he learn to walk so she doesn't have to carry him around the house and outside to the playground. During their conversation, it also came up that Jason "jabbers a lot but no one can understand him but me and Mama." Laura would like Jason to talk clearly, so that people outside the family can understand him. Josephine, who also participated in the planning conversation, would like Jason to "eat more and fill out some", and learn to drink from a cup " like his cousin"

To structure your reflection/discussion, use the table below as well as the following guiding questions:

- *What do we really need to know* to determine a child's eligibility and identify, with families, meaningful outcomes and supports/services for this child and family?
- *When* do we need to know it?
- *What is the best way* to gather this information?

Merits of evaluation/assessment methods for Jason

Approach/method	Advantages	Disadvantages	Examples of tools/procedures
Quantitative • *Norm referenced* • *Criterion referenced*			
Qualitative • *Informed clinical opinion* • *Natural observation*			

Recommended Reading for Evaluation and Assessment

Losardo, A. & Notari-Syverson, A. (2001). *Alternative approaches to assessing young children*. Baltimore: Brookes Publishing Co.

> This book focuses on qualitative evaluation/assessment of child development using informal methods such as structured and unstructured observation, portfolios, videotaping etc. In-depth discussion of six alternatives to traditional assessment for children from birth-age 8. Many examples of documentation checklists and forms are included.

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

> This book discusses promising approaches in developmental assessment from diverse perspectives of families and early intervention specialists. Excellent chapters include parent perspectives, assessing young children with diverse sociocultural backgrounds, and new approaches to assessing a child's adaptive competence, play, emotional/social development, and communication.

Meisels, S. & Atkins-Burnett, S. (2000). The elements of early childhood assessment. In J. Shonkoff & S. Meisels (eds), *Handbook of early childhood intervention* (second ed), pp.231- 257. New York: Cambridge University press.

> This book chapter discusses research supporting alternatives to formal assessment of child development with standardized tools. Five elements of early childhood assessment are discussed: viewing a child as part of a family unit, the context in which assessments take place, limitations of traditional methods of assessment, varied roles for early intervention providers in assessment and the relationship of assessment to implementing family supports and services.

Shackelford, J. (2002). *Informed clinical opinion*. (NECTAC Notes # 10). Chapel Hill: The University of North Carolina, FPG child Development Institute, National Early Childhood Technical Assistance Center. (Link to source: www.nectac.org/pubs/pdfs/nnotes10.pdf)

> This brief document clarifies "informed clinical opinion" by discussing it's meaning inthe context of Part C early intervention services, how it affects the determination of eligibility, and why it is necessary to document the sources and use by early intervention service providers

Especially for families:

Popper, B. (1996). Achieving change in assessment practices: A parent's perspective. In S.

Meisels & E. Fenichel (1996). *New visions for the developmental assessment of infants and young children (pp. 59-65).*. Washington DC: Zero to Three, National Center for Infants, Toddlers, and Families.

This article, written by a parent advocate, identifies eight guidelines for parents participation in their child's developmental assessment:

1. Your role in an assessment is to be the parent.
2. No matter what your background, you will not know all the technical terminology that might be used, and you do not have to.
3. You do not have to agree with everyone at the assessment, or with anyone at all.
4. Feeling "outnumbered" can be difficult.
5. As time passes, you may wish to be more or less involved in the process of assessment.
6. The process of making decisions at each stage of assessment will increase your ability to advocate for your child.
7. If you feel that an assessment is not adding to your understanding or helping you discover what you need to know, tell the team.
8. Find support for yourself over time, and find other who will benefit from what you have learned.

Self-Assessment Inventory
Comprehensive Evaluation and Assessment

Name:_____ **Date:** _____

This self-assessment inventory can help identify areas for continued professional development for individuals and teams, and identify individuals who can mentor/coach others.

Review your current competency in completing evaluations and assessments with families by checking the appropriate column for each item identified below, using this response scale:

Awareness	I am *aware* of this but don't apply it in my work/interactions.
Knowledge	I *understand* it, & *sometimes* apply it in my work/interactions.
Application	I understand this and apply it *consistently* in my work/interactions.
Mastery	I understand and apply this well enough to *teach/mentor* others.

General evaluation/assessment knowledge and skills	***Aware but don't apply***	***Sometimes apply***	***Consistent application***	***Can teach & coach others***
Select, with families, quantitative and qualitative methods to answer specific referral concerns				
Provide options (coach, reflector, narrator, and observer) for family involvement in evaluation/assessment				
Explain clearly the advantages & disadvantages of norm and criterion referenced tools				
Explain clearly the advantages & disadvantages of informed clinical opinion and natural observation				
Explain clearly how evaluation/assessment is related to family supports/services				
Other:				

Initial evaluation/assessment for eligibility	***Aware but don't apply***	***Sometimes apply***	***Consistent application***	***Can teach & coach others***
Analyze, with families, a child's physical, communication, cognitive, social/emotional, adaptive development				
Identify, with families, a child's unique strengths, abilities and challenges				
Use more than one method (natural observation, informed clinical opinion, norm and criterion referenced tests)				
Pair natural observation with quantitative methods for evaluation/ assessment				
Collaborate with at least one other discipline to determine a child's eligibility				
Use nondiscriminatory materials and procedures including a child's native language/mode of communication				
Complete initial evaluation/assessment within 45 days of the receipt of referral				
Determine a child's eligibility by comparing diagnosis and/or evaluation results with Maryland's ITP criteria				
Document the eligibility determination in writing				
Share results with parents/guardians verbally and in writing using family friendly language				
Identify, with families, the supports & services to promote a child's participation in family desired settings				
Other:				

Ongoing assessment	***Aware but don't apply***	***Sometimes apply***	***Consistent application***	***Can teach & coach others***
Periodically review with families a child's abilities/challenges to participate in family-selected activity settings				
Review with families, periodically and annually, IFSP outcomes and family supports/services to promote a child's participation in activity settings				

Use informed clinical opinion and natural observation of a child in familiar environment to discuss a child's progress with families				
Other:				

Comments

Appendix A
Examples of Qualitative Approaches to Evaluation/assessment in a Child's Natural Environment

Naturalistic assessment: Familiar adults observe child in typical routines performing a discrete, functional skill that is operationally defined in advance; use categorical, narrative and descriptive tools to record observations (Bailey, 1999; Bricker, 1998)

Ecological assessment: observes child interact with regular caregivers in typical "nested" environment of home, school & community (Rainforth & York-Barr, 1997)

Focused assessment: observations that use adult-structured interactions to elicit specific child behaviors that occur in the context of familiar activities and situations; uses open-ended anecdotal notes and checklists to describe and identify patterns of behavior, strategies and processes across multiple domains (Linder, 1993)

Performance assessment (for preschoolers): systematic observation of child behavior and projects to assess how children demonstrates and applies knowledge; uses observation, video taping, photographs, transcriptions etc.for documentation (Darling-Hammond, Ancess & Falk, 1993; Forman & Fyfe, 1998)

Portfolio assessment (for preshoolers): purposeful and flexible collection of a child's work to document progress and achievements in a comprehensive manner over time; uses photos, artwork, picture journals, dictations, audiotapes etc. (Arter & Spandel, 1991)

Functional behavioral assessment: repeated observation of specific child behaviors in particular settings to identify how children develop problem behaviors, leads to design and implement of positive behavioral interventions (Reschly, Tilly & Grimes, 1998)

Dynamic assessment: guided support or learning for the purpose of determining a child's potential for change; indicates the type of assistance that will help child do best (Klein, P. & Alony, 1993)

Source: (Losardo & Notari-Syverson, 2001)

Appendix B
Guidelines for Completing Nondiscriminatory Evaluation and Assessment
(Adapted from Losardo & Notari-Syverson, 2001)

During planning conversations with family members before a child's evaluation/assessment,

1. Learn about a child's/family's cultural and linguistic background, as well as the child's learning style

    - What parenting practices and family traditions/routines need to be honored during evaluation/assessment?
    - What is the family's level of acculturation to the United States?
    - What is the primary language a child understands and speaks?
    - What is the primary language family members understand, speak and read?

2. Discuss previous family experiences with developmental evaluation and assessment and explain the purpose of and methods for evaluation/assessment by the Infants and Toddlers Program

During the evaluation/assessment:

3. Provide the child with meaningful and culturally appropriate learning experiences, and use culturally relevant materials, activities and methods.

1. Be aware of cultural differences in communication styles that may influence a child's responsiveness to prompts and directions.

    - Try to learn a few words and sentences in the child and family's language.
    - Consider having a family member or an interpreter assist if the child does not respond positively to an unfamiliar person.
    - Use concrete materials and nonverbal prompts and gestures if a child does not understand English.
    - Use simple words and sentences if English is not understood, and omit professional jargon.

After the evaluation/assessment

1. Ask family members for their opinions regarding a child's responses.

2. Avoid making assumptions and take time to reflect on the information gathered.

3. Solicit feedback from family members and the interpreter, if present, on the appropriateness of methods, materials, and communication used.

References - Evaluation and Assessment

Arter, J. & Spandel, V. (1991). Using portfolios of student work in instruction and assessment. Portland, OR: Northwest Regional Education Laboratory.

Bailey, D. (1989). Assessment and its importance in early intervention. Columbus, OH: Charles E. Merrill.

Bailey, D. (1987). Issues and perspectives on family assessment. Infants and Young Children, 491, 27-34.

Bailey, D., McWilliam, R., Darkes, L. , Hebbeler, K., Simeonsson, R., Spiker, D. & Wagner, M. (1998). Family outcomes in early intervention: a framework for program evaluation and efficacy research. Exceptional Children, 64, 313-28.

Barber, P., Turnbull, A., Behr, S., & Kerns, G. (1989). A family systems perspective on early childhood special education. Early intervention for infants and children with handicaps: an empirical base. (pp. 179-197).

Bricker, D. (1998). An activity-based approach to early intervention. Baltimore: Paul H Brookes Publishing.

Bronfenbrenner, U. (1979). Ecology of human development. Cambridge, MA: Harvard University Press.

Clarification of High Probability Task Force. State of Maryland Interagency Coordinating Council

Cripe, J., Hanline, M., & Daley, S. (1997). Preparing practitioners for planning intervention for natural environments. reforming personnel in early intervention. Baltimore, MD: Brookes Publishing.

Darling-Hammond, L., Ancess, J. & Falk, B. (1993). Authentic assessment in action: studies of schools and students at work. New York: Teachers College Press.

Dunst, C. J., Bruder, M. B., Trivette, C. M., Raab, M., & McLean, M. (2001). Natural learning opportunities for infants, toddlers, and preschoolers. Young Exceptional Children, 4(3), 18-25.

Dunst, C. J., Bruder, M. B., Trivette, C. M., Hamby, D. W., Raab, M., & McLean, M. (2001). Characteristics and consequences of everyday natural learning opportunities. Topics in Early Childhood Special Education, 68-92.

Forman, G., & Fyfe, B. (1998). Negotiated learning through design, documentation and discourse. Stamford, CT: Ablex Publishing Co.

Goodman, J. & Pollack, E. (1993). An analysis of the core cognitive curriculum in early intervention programs. Early Education and Development, 4, 193-203.

Greenspan, S. & Meisels, S. (1996). Toward a new vision for the developmental assessment of infants and young children. Washington DC: Zero to Three, National Center for Infants, Toddlers, and Families.

Fadiman, A. (1997). The spirit catches you and you fall down. New York: Farrar, Straus and Giroux.

Hanft, B., & Pilkington, K. (2000). Therapy in natural environments: the means or the end? Infants and Young Children, 12(4), 1- 14.

Hanft, B. (1991). Identification of family resources, concerns and priorities within the IFSP process. Baltimore: Maryland Infants and Toddlers Program.

Harry, B. (1992). Developing cultural self-awareness: The first step in values clarification for early interventionists. Topics in Early Childhood Special Education, 12(3), 333-350.

Harry, B., Rueda, R. & Kalyanpur, M. (1999). Cultural reciprocity in sociocultural perspectives: adapting the normalization principle for family collaboration. Exceptional Children, 66(1), 123-136.

Johnston, M. (1980). Cultural variations in professional and parenting patterns. Journal of Gynecological and Neonatal Nursing, 9(1), 9-13.

Kleinman, A. (1988). The illness narratives. New York: Basic Books.

Klein, P. & Alony, S. (1993). Immediate and sustained effects of maternal mediating behaviors on young children. Journal of Early Intervention, 12, 177-193.

Leung, B. (1996). Quality assessment practices in a diverse society. Teaching Exceptional Children, 28(3), 42-45.

Linder, T. (1993). Transdisciplinary play-based assessment. Baltimore, MD: Brookes Publishing.

Losardo, A. & Notari-Syverson, A. (2001). Alternative approaches to assessing young children. Baltimore: Brookes Publishing Co.

Maryland Infants and Toddlers Program (2001). Maryland individualized family service plan process and document. Baltimore: Maryland State Department of Education.

McBride, S.L., Brotherson, M.J., Joaning, H., Whiddon, D., & Demmitt, A. (1993). Implementation of family-centered services: perceptions of families and professionals. Journal of Early Intervention, 17(4) 414-430.

Meisels, S. & Atkins-Burnett, S. (2000). The elements of early childhood assessment. New York: Cambridge University Press.

Meisels, S. & Fenichel, E. (1996). New visions for the developmental assessment of infants and young children. Washington DC: Zero to Three, National Center for Infants, Toddlers, and Families

Meisels, S. (1996). Charting the continuum of assessment and intervention. Washington DC: Zero to Three, National Center for Infants, Toddlers, and Families

Meisels, S. Dichtelmiller, M. & Liaw, F. (1993). A multidimensional analysis of early childhood intervention programs. New York, NY: Guildford Press.

Miller, L., & Hanft, B. (1998). Building positive alliances: partnerships with families as the cornerstone of developmental assessment. Infants and Young Children, 11(1), 49-60.

National Research Council and Institute of Medicine (2000). From neurons to neighborhoods: the science of early childhood development. Board on Children, Youth, and Families, Commission on Behavioral and Social Sciences and Education. Washington, D.C.: National Academy Press.

Rainforth, B. & York-Barr, J. (1997). Collaborative teams for students with severe disabilities. Baltimore, MD: Paul H. Brookes.

Reschly, Tilly, & Grimes. (1998). Functional noncategorical identification and intervention in special education. Des Moines, IA: Iowa State Dept of Education.

Roberts, R., Rule, S, & Innocenti, M. (1998). Strengthening family-professional partnership in services for young children. Baltimore: Brookes Publishing.

Sexton, D., & Snyder, P., Rheams, T., Barron-Sharp, B., & Perez, J. (1991). Considerations in using written surveys to identify family strengths and needs during the IFSP process. Topics in Early Childhood Special Education, 11(3), 81-91.

Silliman, E., Wilkinson, L., & Hoffman, L. (1993). Documenting authentic progress in language and literacy learning: collaborative assessment in classrooms. Topics in Language Disorders, 11(3), 58-71.

Wachs, T. (2000). Necessary but not sufficient: the respective roles of single and multiple influences on individual development. Washington, DC: American Psychological Association.

Weston, D. Ivins, B. Heffron, M. & Sweet, N. (1997). Formulating the centrality of relationships in early intervention: An organizational perspective. Infants and Young Children, (9)3, 1-12.