

Developmental Screening, Assessments, and Evaluations for Infants and Toddlers

Carol Mills: Greetings. Thank you. Yes, I will be your moderator for today. I am a senior training specialist for the Early Head Start National Resource Center. I'd like to just share briefly some of our goals today. Next slide, please. It will be to discuss the process and the purpose of screenings and assessments and evaluations. We'll also hear how to integrate data from your assessments into daily experiences and how to identify behavioral and developmental concerns that you may have with your infants and toddlers, and then, of course, to share with you in how to access many, many multiple resources for your program and for your community.

At this time, I would like to introduce to you Angie Godfrey, who is the infant/toddler program specialist at the Office of Head Start in Washington, DC. Angie, welcome.

Angie Godfrey: Thank you, Carol, and thank you for having me here. It is wonderful to be here today for this webinar. And on behalf of the Office of Head Start and Yvette Sanchez Fuentes at the Office – the director of the Office of Head Start, I do want to welcome everyone to this important webinar.

Probably the most questions that I get are around screening and assessment, and some around evaluation too, although I usually refer those to my colleague, Jim O'Brien; but we work together around the issues. And I do think it's difficult sometimes for programs to understand exactly what is it that we're doing for screening and assessment for infants and toddlers. What are – what are we looking for from screening? What are we looking for from ongoing assessment? Who is qualified to administer a screening? There are very specific behavioral and sensory screenings that you all know that you need to accomplish within 45 days of the program. And throughout this session, you're going to see the program specialists that govern screening and assessment and evaluation.

So I think, sometimes, there's a lot of worry about it and it maybe because we don't talk about it a lot; and so, I'm anxious also today to sit here and listen to it. The other piece that I think is one of the most important things that happens in an Early Head Start program or programs serving infants and toddlers and preschoolers is the ongoing assessment. If we really want to understand how children progress over time, then – sorry, I need to scoot up closer to the microphone. If we really want to understand how children are progressing over time, then ongoing assessment must be part of what we do every day. It's observation, it's talking to parents, it's talking to colleagues, it's knowing when to bring someone else in to support your work.

It's just such an important time in a child's life, and so important that you have in place systems that support screening and assessment and evaluation. So I want you to enjoy this webinar. Thank you, Carol; and I'm just going to remind you again of their resources. Two of my favorite resources I'm going to talk to you about is – I'm going to talk to you about the screening and assessment for infants and toddlers. It's Tip Sheet No. 6. It's a wonderful tip sheet; it's 12 pages long but it has resources on tools, resources for support, as well as different definitions that you might use and, of course, the very important Program Standards. So that's Tip Sheet No. 6. And then the next thing is, there's Technical Assistance Paper No. 4. And the Technical Assistance Paper is Developmental Screening, Assessment, and Evaluation: Key Elements for Individualizing Curriculum in Early Head Start Programs. And one of the reasons that I love this so much is that it's not just resources from – you know, research resources. It's also stories from programs in the field, which I think, as you all know, some of the greatest lessons

you've learned are from other folks in the field. And that's why I'm going to stop talking shortly, so the people in the field can talk to you and – and we'll all learn.

But I do just want to remind you about Head Start Program Performance Standard 1304.20. It's one of things – people think that it's dull a part of my job to talk about the Performance Standards, but I actually love to talk about them. And 1304.20(b)(1), determine child health status, screening for developmental sensory and behavioral concerns, and then follow up in treatment, which is where evaluation comes in. So those are the Standards that you should be familiar with as you're planning for your program to implement screening and assessment for all the children that you serve.

And then the other thing that I want to just mention to all of you is the ongoing nature of screening and assessment, particularly assessment. I don't want to confuse you. People always want to know what the difference is. And screening is a snapshot, it's what... In the beginning, a child enrolls, the child comes into your program, and you're looking at where that child is. And you do that through different tools, which other folks will be talking to you about and which you will be receiving some resources on. Assessment really is ongoing. And through that ongoing piece, as I mentioned, it's involving the parents in the process. And then the next piece that it talks about is individualization within the program, and again, that can happen most effectively when you're following a strong structural system of the developmental screening, assessment, and evaluation. So through that – and again, the Technical Assistance Paper will help show you the path from the key elements in developmental screening and assessment that will lead you to individualized curriculum in Early Head Start programs.

So I just want to thank you all for being here, and sit back and enjoy your time here. Thank you, Carol.

Carol: Thank you, Angie. And let's start walking together on this webinar. We have a poll question we'd like to ask you, a way of having you participate. What screening tool do you use? Do you use – and if you could indicate A, B, C, or D. And we will be able to quickly see the results to the left. Wow, interesting. Once again, you might have another 10 seconds if you would like to weigh in on either A, B, C, or D. It looks like a lot of folks are using Ages and Stages Questionnaire. Okay, we'll have a few more also as we move forward through the webinar.

At this time, I'd like to introduce to you Ms. Cynthia Dotson. She is the center operation specialist with the Cherokee Early Head Start program in Oklahoma; and she also has a special guest with her too, a parent, Ashley. She will share briefly some of her experiences of what it has been like going through the screening process and how it has been helpful to her and her family and child. Cynthia, welcome.

Cynthia Dotson: Thank you, Carol. I'm glad to be here, and we have Ashley here with us. As you know, there are many screenings that are available out there. And the one we use here at Cherokee Nation is the Ages and Stages Questionnaire-3. And in conjunction with that, we use the Ages and Stages Questionnaire Social and Emotional Screening. You know, the ASQ is designed to screen for developmental delay by evaluating the development over time. The ASQ-3, we start that at 2 months through 60 months. And the parents are involved in completing that also; and then we get the parent involvement that the parents complete every other month. And these screenings are done within 45 days.

We go to the next slide. This is our table. It shows the tables for the month. The teacher's on the left side. You see the teachers – what month the teachers complete. On the right is the when the parents complete. And then we'll go to our next slide, which – okay, this is the ASQ:SE. And as you see, the

parent and teacher both complete this, which – you know, there's a lot of social-emotional behavior issues in the classroom that children have. There's so much that affects the children. We have a lot of grandparents raising children and other family members, so it's very important to stay up on this to know how that child is doing socially and emotionally.

Next slide. With me today is Ms. Ashley Wilson. She's a parent here with Cherokee Nation and her son, who is 23 months old, has been with our program since August of this year. And I would like to ask Ashley, when she was notified at a parent-teacher conference to explain the results of the ASQ, how did you feel?

Ashley Wilson: At enrollment, the faculty explained that there were – there would be a developmental screening, ASQ, and that I would be asked to complete one every other month. I was glad because I wanted to know the results when I had questions for the teachers.

Cynthia: And what was something you learned from the meeting that explained the ASQ results?

Ashley: That there are stages of development and how my son was developing in the classroom. This is his first experience with a group of children and I didn't know how he would do. The teacher also explained where my son was in the development and, according to the screening, where he should be. And we discussed the concerns of his development.

Cynthia: So you did have concerns about what would result from the parent-teacher conference?

Ashley: I had concerns about my son's development and how we would – how he would do in the classroom. And I wanted these questions answered, and they were.

Cynthia: So do you feel that you were involved in the decision-making?

Ashley: Yes, every step of the way. After discussing the developmental concerns, the teacher and Ms. Dotson explained the – the county resources and the referral process and gave me suggestions and phone numbers to make appointments. Then I had a choice of physicians, and it was my responsibility to get my son to these appointments and return the results to the teachers to see what, if anything, else needed to be done.

Cynthia: And so, we can decide that your son was referred to an early intervention program here in Cherokee County. And have you seen changes – or what changes have you seen in his development?

Ashley: He is talking more. He socializes. He has improved – he improved – excuse me. He has improved with friends and now he walks better. He also enjoys coming to school every morning.

Cynthia: Good. Thank you. Well, thank you for coming in and being with us today. Could we go to the next slide, which is – this is a picture of me conducting training. Our training process when a faculty member has been selected for employment, they will complete 20 hours of orientation. They come in the very day that they start with us. They'll come in and complete two-and-a-half hours of training on licensing – DHS licensing requirements.

So could we go to the next – do we have the faculty training slide? Yes. So, they get 20 hours of training that first week that they're employed with us. Then they're – they attend a two-week pre-service

training. We provide individual trainings because the supervisors, the COS, and the site supervisors provide training. We do weekly site visits in the classroom; and while we're there, we address any issues or concerns and train our staff on things that we see happening in the classroom. We also provide specialized training to staff if – you know, they request – maybe they – maybe there's an event that would be a behavior issue in the classroom and the staff will request training on how they work with that child or what do they need to do or even request resources. We provide monthly trainings to our staff. Once a month our centers are closed for staff development day, and then all the supervisors here are certified in completing the health screenings.

We'll go to the next slide, which is our ongoing monitoring. And as – as Carol said earlier about the screenings, it's just a snapshot – just a picture, a glance of that child – how that child is doing. But with the Ages and Stages Questionnaire, it's completed throughout their development. And here in our program, we have children from 6 weeks of age through 3 years of age, and we use this as a screening every other month. And that way, we get to see how that child is growing and progressing and see these concerns, if there is concern. We do – we use the weekly individual learning plan for each child. Our staff completes weekly anecdotal notes on each child and observations. We also have portfolios for infants and toddlers that we start at 10 months. When that child is 10 months of age, we start collecting – you know, we collect pictures and their artwork or, you know, things that they do in the classroom. Maybe when they take their first step and we record their first word, or something like that. Because the parents, you know, that are working, they're missing all these things.

We also have our referrals, our follow ups, our family service records and daily logs, weekly staff meetings, weekly site visits. We do a monthly file check. The supervisors do a monthly file check in the classrooms. And then we have our parent-teacher conferences and our home visits, which are an ongoing monitoring. And all this together with all these forms completed and all this information gathered would be an assessment. After, you know, you're keeping this – you know, every so often, you're going to be checking that and you'll know how that child is progressing and going on. This – you know, these are all documentation. This is documentation of our – of our work and how we're working with our families. That was – we'll go to the next slide, and that is our poll question.

Carol: This is Carol. Thank you, Cynthia, and thank you, Ashley. Before we go to the poll, could I ask Ashley a question?

Ashley: Sure.

Carol: Hi, Ashley. Can you just share with us maybe the last time your son made you smile or laugh?

Ashley: He makes me smile and laugh every morning I wake up.

Carol: Aww. That's wonderful to hear. Do you have early intervention services on – at your Early Head Start program?

Ashley: Yes.

Carol: Or at home?

Ashley: Both.

Carol: Both?

Ashley: Yes.

Carol: Both. Okay. All right. Thank you, Ashley. And once again, thank you, Cynthia, from the Early Head Start program in Tahlequah, Oklahoma.

Cynthia: Thank you.

Carol: We have another poll question on assessment. We will be moving to our next presenter; but before we do, where do you conduct your assessments?

Cynthia: Our assessments are...

Carol: Once again, if you could – if all the audience could select either A, B, or C, or D; and you will be able to view them again on the left of your screen. You have a couple more seconds in case you would like to vote. Interesting. C: Work Place. All right, we'll have one more poll before the end of the webinar. But at this time, I would like to invite and welcome Frances Moore. She's a private consultant and she is a consultant in the early care and education field. She has had many years experience working with tribal programs and specializing in the area of disabilities. So I'd like to welcome Frances, who will be speaking and sharing with you more information about assessments. Frances, welcome.

Frances Moore: Thanks, Carol. I'm really excited to be here. And I also want to thank Cynthia and Ashley for giving such great examples of some of the things I'm going to be talking about from more of a systems point of view. So I'm really excited that that was provided. And I really enjoyed hearing from Ashley about the joy that her little guy is bringing to her, so that's also great. And also, I just want to make a quick comment on the poll results in that it looks as though most of you are out there are doing your assessments at centers and in homes.

So, you know, there's – we are going to have a little preview here that – we're going to have a little bit of a discussion or talk about what else can be done to or what are you doing within those environments to really individualize the process to meet the cultural and community needs within the – within your program. So with that said, I'm – the key elements that I'm going to focus on today are the ongoing assessment system that includes how this results in individualization of your curriculum for each of those little people in your charge. So obviously, the little sketch here on this slide doesn't have it quite right. You might think it's pretty far-fetched. And yet, making those ongoing assessment processes work for babies and families can be pretty tricky sometimes. So it may be time to sort of take a step back and ask yourself, "Is our ongoing assessment system really doing what we want and need it to do?" So, you know, it's – just think about that as we go through some of the slides and have these – information – go over this information. Next slide.

So to help you answer that question, we're going to cover these topics in the next few minutes. But this is going to be pretty brief because they only gave me 20 minutes. [Laughter] Oh, I get 25. I got the word. So we – and I can use all of that, because these are pretty big topics. The first one that we're going to be talking about is our systems from screening to ongoing assessment to evaluation; and then we're going to be talking a lot about assessment, formal and informal processes for finding out about those babies and toddlers that you're working with every day. And we're also going to talk about individualizing and how you're putting that information to work. All that stuff that you're learning about those children and

the families and – what do you do with that information? And we're going to just touch real briefly on referrals and having a system. But the next speaker after me will be talking a little bit more in detail about referrals, making internal and external referrals, and addressing some of those things that you find out about your babies. So this is really meant to be an overview to get you on the path of discovery in designing those – the ongoing assessment system that will be most appropriate for your culture, community, families, and children. Next slide.

Okay, so this is what it says in the Head Start Performance Standards about assessment. But basically, ongoing assessment is a system of collecting information about the babies and toddlers you're serving in your program. And this includes the developmental screening, actually. It includes the evaluation piece that they're going to – that's going to be talked about after I'm done with my 25 minutes. And it also includes the ongoing assessment piece. So it includes the whole deal; everything you do to collect information and learn about what's going on with your children and families. So, that's that whole ongoing assessment process.

So just quickly here, I want to emphasize some of the things that Angie was pointing out, and that's the differences between screening, ongoing assessment, and evaluation. And these are pretty critical because I think sometimes that when I've been out at programs, I've seen – sometimes they get – the lines get a little blurred. So screening is meant – intended to be just a quick, you know, first time look at the kids that you have never seen before. Just to get an idea of, wow, do I really need to get in there and make a referral for more information on this guy. That's like the big – the big red flags. The big ones that you're not going to – that aren't, you know, quite standing out just by normal everyday interactions. And so, it's just a quick, quick thing. It shouldn't be taking up a lot of your time.

I know you have 45 days to do that after a child is enrolled, but actually, there's a little section in the Head Start Performance Standards that encourages you to do it before a child is enrolled. And so – and if you look at it in that term, in that light, it's really intended that the 45 days be more of a grace period for those kids you can't get to. So – I mean, everybody has a different system that they create so – within the parameters of Head Start Performance Standards.

Ongoing assessment is way different from screening. Ongoing assessment is about looking at what's going on with the babies and the toddlers on a daily basis, and comparing that with what you know about typical development of young children and figuring out, "Is this what I expect? Is this – is this looking right to me?" Because we're the experts, so we should know; right? [Laughter] And I think that ongoing assessment process is – has to happen – as Angie was talking earlier about it, has to happen every, every day, every minute you have access to those children and families. So – and then, of course, there's a lot more to that ongoing assessment system that we're going to get into more in detail.

And then the final part of this whole data collection piece is the evaluation piece, which is really only done when, man, this goes beyond our expertise. We don't know what's happening here and we need to get some experts in on this thing here because we just don't know. And so, it's time to do those external referrals and, if you're lucky enough, internal referrals if you have those experts on staff. But that's what the evaluation is for; it's to get that – bring in those experts that go beyond what you guys know at a – at a basic level.

So I just want to point out here, also, that – it kind of leads me to the first essential and critical point to developing an ongoing assessment system that's going to work for you. And that is, you really can't do an effective ongoing assessment process unless your staff is deeply grounded in what typical

development looks like and what it is, and they have it in their souls almost. So they have to know that, and so you have to start there. And I know that Cynthia shared with you a lot of the things that they do with training their staff, so anything you can do to get them so it becomes second nature to them to just know those things about their children and what they're looking at, because that's the only way you're going to be able to have caregivers who really know if what they're seeing is what is expected. Okay, next slide.

Carol is over here telling me, "Hurry, hurry". [Laughter] I can get... This is one of my – I love this topic, so I can get a little long-winded. So... [Laughter] Characteristics of assessment, there's a lot of things that go into an ongoing assessment system. And I apologize for my voice, I'm still kind of overcome – getting over a cold so it may go in and out on me a little bit.

But there's Performance Standards – when we looked at the Performance Standards and we heard some clarifications about how important they are, and that's all fine and great, but what does it actually look like in the everyday experiences of a child and caregiver? What does that really look like? And by the way, what I just said is the definition of curriculum. So – and that I'm going to repeat. So I'm going to repeat that: everyday experiences of a child and caregiver. So that's – that's what curriculum is. So whatever it is you're doing, that's your curriculum. You may have a published curriculum, but everything you do beyond that curriculum is – is important.

So think about how you are with your babies and toddlers in your own families. I think – one of the things that I know from working and playing with my nieces and nephews is that I'm very prejudiced and I believe that everything they do is genius. So... [Laughter] And that's what you call thinking with your heart, and that's – that's really important to acknowledge that with your parents and your families. And – but then, also, there's the head piece where you're thinking, "Well, is this what I would expect a 3-month-old to be doing? Is this what I would expect a 6-month-old to be doing?" And you kind of, you know, make yourself crazy thinking about that in some ways, but that's where the partnership with your families comes in. We're the experts and we're there to help to form a – more of an objective expert, you know, partnership, be that part of the partnership for the parents.

So really, what goes on in a classroom or in a home or wherever you provide your services is not really that much different from what you do on a daily basis with your own children or your own little ones that you have in your life. The main difference is that we can offer more of an – we have to do more documentation and reporting. [Laughter] So, we have to add that piece to our system. And then that means that the partnership and trust you form with the family is another one of those essential ingredients of an ongoing assessment process. Without it, you're going to lose the 360-degree perspective that you have to have in order to really make sure you're providing the best care possible for your children.

So on this slide, you see some basic types of data gathering that has to go on. You can't just use one source of information to really have a complete system. So you may be thinking, "I'm not sure if I'm using any informal systems, or maybe I'm relying too much on formal systems or maybe we only use one assessment source. Do I have a problem?" [Laughter] Don't worry. You may – don't feel like you have to totally overhaul your system. Take a step back and ask, "Is there any data somewhere on staff – that someone on the staff has about children that we don't already have documented in our process?" And then the question becomes, "How do we capture that information and use it to maximize the benefits of the curriculum for each child?" Next slide.

The next part of essential – essential ingredients – let's get it out here – of the ongoing assessment process is knowledge of your culture and community. And I think there's a reference there to some articles about early intervention services with American Indian tribes in New Mexico. And all of that information that we get in this area points to the importance of creating these partnerships, especially with American Indian families, and getting that trust and rapport because without that, your ongoing assessment process is just not going to have any oil to make sure the wheels keep turning. And the other thing that they found in some of these papers and surveys that they did was that it was important to find non-mainstream methods for gathering information and data that best suits the culture and community. And one example of that is called ethnographic interviewing, and Carol Westby came up with that back in the '90s. And it's – It's basically, what we're already doing; it uses a variety of methods of – of finding out all you can to the culture end of the family.

And so if you wanted more information about that, there are ways to research that on the Internet. But it's really an interesting way of thinking about, "How do I get more information about what's going on with my children and families?" Another example is that there was survey done in a Native American community that suggested that families would feel more comfortable sharing a picnic lunch at the beginning of a formal assessment process rather than at the end, which is what they were doing. Meal time was considered in that tribe to be central to family interactions, where all the stuff happens for that tribe.

And then in addition, the tribal representatives, when they were asked, suggested that instead of just a free play portion of the protocol that they were using for assessment that they substitute storytelling or book reading for that portion because it really reflected more of what people do naturally in their cultural environment. So those are just some examples of how you might want to think about and answer the question of, "How do you incorporate cultural considerations in your ongoing assessment process?" Next.

So this is – I'm going to spend a lot of – the rest of my time probably on this section. The rest of the slides are pretty self-explanatory and they give you some basic information about assessment, and I know the next speaker will speak a little bit more and pull it all together. But this is – this is data-driven individualization. You know, we talk about this all the time and it's like, "Huh, what?" [Laughter] "What do you mean?" And there's a big buzz word right now in the – in the field is to be – make sure your program is data-driven. So...

But I don't know if Angie is going to agree with me on this one, but I got news. My belief is that we – we already do this; you know? The thing we don't do is we don't capture the process that we do and we don't highlight it in ways that translate to outsiders or to others as being data-driven, especially in diverse cultures. And so, I think we have to be creative about how we look at data in diverse cultures and how we use that data and make it work for us in these unique, different environments. We also haven't been so great at putting information to work for children and families to the maximum extent possible, and so that's another reason why there's a big emphasis on data-driven.

So what does this look like? I tried to just put down some bullet points that you could actually turn into a little bit of a checklist if you needed to ask yourself and self-evaluate a little bit about how things are going within your own program regarding making sure that your ongoing assessment process is driving the Individualization of your curriculum. So you want a document, you want to look at your documentation, and how you do that; and there's lots of ways to do it. So you want to look at how am I – how am I capturing that little Eleanor used a spoon today for the first time or used a new word? Or

that the parents reported that they buckled themselves into the car seat by themselves for the first time?

You want to capture all that data and document it. And how are we doing that? Are we really getting it all? You know? And then how are you sharing all of that information with your families and with other professionals that you need to pull into the process to really make sure you have the training and expertise and strategies you need to address what you find out through the process? And then, of course, there's the importance of getting that 360-degree point of view on each child. That's just the first point at – at which you begin to analyze.

And there's – one of the big things about that – another area that we're not so good at, I think, is analyzing. We do it, but it's like it's so natural we don't realize that's what we're doing. So we need to sort of slow down and realize that's what we're doing; that you're getting input, that you're thinking about that input, and you're making decisions based on that input. And then, some of the decisions are in your action, your impact. What experiences are you providing to the children and families in your program and how does that data influence that? What are the results then? You have to look at that like – and another chance to analyze. What is going well? What worked? What didn't work? And then deciding what's next; you know? Do we need to change anything major in any of the programs that you're – the strategies that you're using with children or the training that you're providing for teachers?

And then there's the recycle aspect of all systems, which is you keep going. It's ongoing all the time, everyday. And then, of course, you need to do the step by step policies and procedures and make sure it's all written down and documented; how you do it, not just that you are doing it. How am I doing for time? So now you've got all the system in place, you've got all your data, you got all your stuff, you've done your screening, you've taken action as you needed to, you've begun your ongoing assessment process, and you got loads of information. Now what do you do? The Head Start Performance Standards does require, as it's stated here, that you make decisions about strategies about how you're going to promote and support children's learning based on those observations and ongoing assessment. Next slide.

And here is what the Head Start Performance Standards say about curriculum. And basically, your ongoing assessment system should impact all of the things mentioned here in this Standard: child development goals; experiences that you provide on a daily basis; how you involve parents and families in helping to reach those goals; all the materials you use with the children; your lesson plans; your reporting process; and basically anything that has to do with individualizing the child's experience within the Early Head Start program. So no matter what curriculum you use, it has to be adjusted and individualized for each child based on the information gathered in your system. Next slide.

So let's take a quick look at what happens when the ongoing assessment system produces a concern about a child's development. And the best thing – the thing you have to do, actually, is be prepared because that will happen. And be prepared with both internal referral systems and external referral systems. Your well-trained staff grounded in knowledge of the developmental milestones of young children may, when they observe red flags, they need to know what to do, where to go, and what happens next, as well as the families. So – and this could happen at any point that you decide that you need more information. It could be during the screening. It could be any point during ongoing assessment. It could be anytime during health evaluations and data that you get; anytime. And anytime throughout the year or the time that you have.

All the decisions that you make about how that data is used to support a child's unique development, it's important that you make decisions on that data in partnership with all of those people who know the children best. Not just one person should be making that decision or making those decisions, just like you'd never use only one source of information for your ongoing assessment process. You have to be prepared that staff may need additional training and then support to adjust their strategies according to what you learn about the children through the evaluation process.

But basically, some of the children, once they're evaluated by professionals, will have very intense specialized interventions provided. And basically, whenever a parent becomes aware of a concern, this – you know, a lot of times you'd look at this as an – you know, "This is a challenge; I don't know if I can handle it," you know. And you kind of do that OMG thing, "Oh my God, what am I going to do now?" But, you know, to kind of reframe that and start thinking of it as an opportunity to improve yourself as a professional as well as enhance the ability of the family to be more supportive to that child. It's just a learning opportunity all the way around.

So I wish we had a lot more time to go into details, because I could do it. [Laughter] There's a lot to cover on this topic. I hope it's been helpful, and happy observing out there.

Carol: Thank you, Frances. Thank you very much for that comprehensive presentation. And we see we have many, many questions coming in, so we may be able to have a few extra minutes for the Q&A session. Or maybe in the future we may consider having a webinar part two. So – so thank you very much. Poll question – our last poll question, number three. Who typically conducts your evaluations, if you know: psychologist or psychiatrist, A; B, mental health professional; C, early intervention specialist; or D, not sure? We have about 10 more seconds to vote, but right now it looks like C, early intervention, is having a key role in the assessment – the evaluation. Okay. Thank you.

Our next presenter is Alvino Sandoval, and he is with the Education for Parents of Indian Children with Special Needs. It is situated in Albuquerque, New Mexico. And he will share with you, summarizing some of the information that we've already heard, a quick review, but also touching base on referrals and evaluations and Child Find and early intervention. So I would like to welcome you to this webinar, Alvino.

Alvino Sandoval: Thank you, and greetings to everyone. [Speaking Navajo language] Yá'át'ééh. I'm Navajo here from New Mexico and work for a nonprofit agency called Education for Parents of Indian Children with Special Needs. We are a Community Parent Resource Center, also known as, to some, CPRC, which is also the same programs that are similar to Parent Training Information Centers, also known as PTIs, in which – each state across the nation has a Parent Training Information Center that is funded by the Office of Special Education Programs, also known as OSEP. And – but not each – but every state has a PTI Center; however, not every state has a CPRC. In New Mexico, we're unique that we do have a CPRC. And that's our agency, which allows us to focus more in servicing parents who have Native American children with disabilities from birth to age 26 years old.

And in addition to that, there are two national centers that you should be aware of as well. There is the National Native American Parent Training Information Center as well, and also there's the National Parent Training Information Center for Military Families as well. So those of you who work primarily with Native Americans, you have a choice to access either the National Native American Parent Training Center or your local state PTI. And those of you that are non-AIAN grantees, also you have the

opportunity to work with your local PTI Centers as well. So just sort of I wanted to bring some clarification to that. And so...

Carol: Excuse me, Alvino, and I know it's very rude to interrupt and please forgive me, but could you speak a little louder because the information you have to share is so important. So if you could speak a little bit louder, that would be helpful for all the regions across the country listening.

Alvino: Okay. Next slide. Is that better or is it still low?

Carol: Yes, better.

Alvino: Okay. And so, we've heard from several other speakers who have talked to us about the importance of early identification, screening, early intervention. And we know that we all agree that the early years in the child's life are very critical; and those we also refer to as windows of opportunities. And so therefore, early identification becomes essential. And incorporating that in our – in the systems that we have in place for Early Head Start families and how we implement those in collaboration with other agencies is also very important as well. And we know that early intervention services is there to enhance the capacity of families to meet the needs of their children and the child's ability to participate in everyday routines and activities. And so, understanding the importance of early intervention and also creating information that is made available to families is also an essential components as well. Next slide.

When we talk about screening, as we – some speakers before me have already talked about the importance of screenings. One of the other things that I wanted to emphasize was referencing the Head Start Performance Standards, as it does allow for us to conduct screenings within that 45 period time frame as well. In addition to that, as others have mentioned, screening allows us an opportunity to capture just the very minimal and identify any – what we – any other red flags that parents may have and any other red flags that concern that center-based staff or home-based parent educators may have as well. And earlier, when each of you were polled, most of you had indicated that you utilize the Ages and Stages Questionnaire, which is much more – which is – most of it is filled out by the families themselves as well.

And so, it allows them to also observe their children and based on that, also respond to the respective question choices that they have on the Ages and Stages assessment – screening tool that is given to them as well. And so for Early Head Start staff, I think it is important for us to also take those opportunities and also talk to parents about what is screening, what – what are the benefits of screening and the importance of it in identifying certain milestones and typical activities that children typically develop at certain periods of development as well. So that could also be an opportunity, a teachable moment for Early Head Start staff to engage with families in explaining to them the importance of child development and understanding certain activities and certain [inaudible] typical – and also what – what may be concerning as well in the different developmental domains of young children. And I mention on here – on this slide that you all see is that certain common instruments that some programs do use, as we saw during the poll, are the Ages and Stages Questionnaire, the Brigance Screening Tool, also the Child Development Inventories, and Denver Developmental Screening Test II as well. Next slide.

When we talk about assessment, understanding the differences between screening and assessment is essential and important for us to understand and know as professionals. In addition to that, it is also

important for families to understand the difference between screening and assessment as well. So taking those opportunities in educating and providing information and resources to families and distinguishing the two are also teachable moments for us as well. Assessment we see as an ongoing process. And as we mentioned – as mentioned earlier – I'm sorry – in earlier presentations as well, is that this is an ongoing process. And it's an essential component of ongoing processes in monitoring children's development and also seeing if there are any changes, and also looking at the impact of service delivery through early intervention services should the child qualify for Part C early intervention services. And also, using your assessments and ongoing assessment tools and opportunities there in conducting assessments in looking at comparing them with the family child outcomes that may be written into the ISSP.

So those are ways that you could also use your assessments even beyond the screening and identification period as well. And some common tools that are used for assessments are the – folks that use the High Scope approach are common, and the Child Observation Record, also known as the COR. Earlier, Frances had mentioned also, I think – or the one – the program from Oklahoma had mentioned that they were using portfolios – I'm sorry. Those could be, again, opportunities for us to gauge the progresses that are made also in particular for children with special needs as well. And again, using authentic assessment approaches. So it could also – you know, look – depending on the strategies and systems each program has in place, the processes we do are – are unique as well. Next slide.

When we look at Child Find, Child Find also is – it should be an ongoing process, should occur on a daily basis. And in particular, when programs – when children and families enter our program, we have our Performance Standard guidelines within that 45-day timeframe of conducting screenings – developmental screenings for each child. But even beyond that, also, Child Find activities could mean – it could vary from – you know, from communities to communities. Some have it as – on annual basis where they conduct – coincide it with their health fairs. Some do it in collaboration with their Part C agency and local education agency, also known as LEAs. And so, these are opportunities where we identify children by conducting screenings – or developmental screenings for children who enter into program.

The Individuals with Disabilities Education Act, also known as IDEA, has two components, Part C and Part B, where early intervention services, as we all know, falls under Part C. And so, it also has its – its set of requirements as well of requiring states to collaborate with respective agencies in conducting Child Find activities. For tribal programs in particular, the Bureau of Indian Education early childhood programs also makes available to tribal – tribal communities to apply for early intervention Part C and 619 – particularly 619 funding but early – early childhood funding where tribes are able to utilize those moneys to assist the states in conducting Child Find activities, parent training, and additional resources as well.

The reason why I put BIE and LEA roles and responsibilities on here is, under IDEA, it clearly distinguishes that – what the roles are for the Bureau of Indian Education programs and also the LEA once children do transition out. But also outlines that tribal programs do have that access of – accessing additional funding for – to assist the state in Child Find activities, whether it be your Part C state agency or your state – LEA state education agency as well. And for most of you, Early Head Start and – well, not for most of you, but in Early Head Start and Head Start Performance Standards, it does also require us to develop a Memorandum of Understanding in our agency agreements, as well with our local Part C agency. And so, knowing who your local and Part C agency is essential and important as well.

Some tribes do have their own tribal early intervention programs, but some have tribal – not tribal – non-tribal early intervention programs that they collaborate with that do come and provide services either at the child's home if it's home-based or in the center-based setting as well. So understanding and knowing who your partners are is very, very essential as well. And on here, I put partnerships with your state school. Not all – each state may have one, but in New Mexico in particular, we have two state schools that we have a great partnership with. One of them is the New Mexico School for the Visually Blind and Impaired and also the second one is the New Mexico School for the Deaf. Each – both programs also have worked with two different populations, those children who are deaf or hard of hearing and also children who are visually impaired as well. And so if you have state schools as such, it is also important to partner with those respective state programs so – especially if they're specialized as well. So they have and provide that additional support for your programs as well. Next slide.

When we talk about referral to evaluation in that process, under IDEA Part C requirements, it does save on timely services. And typically, each state then takes those requirements and develops their own respective policy and procedure. So it is also important for each Early Head Start grantee also to understand and know what your local state regulations are as well, although there is federal IDEA requirements and regulations; but each state then takes those federal regulations and design their respective regulations and requirements for their respective state as well. And so, some typically – usually that timely service is looked at as a 45-day timeline. In addition to that, what it means is that once the referral is made from a respective agency, Early Head Start or an early intervention tool or early intervention agency, there's a 45-day timeframe; that's when the individualized family service plan, IFSP, typically develops.

So within that timeframe, eligibility is determined and then in that process, programs participate in the screening and assessment process. So understanding what those timelines are in your respective states is very important as well. And also, when we look at internal and external referral process, it is also important to really get to know your disability service plan as we are required by Head Start requirements to develop a disability service plan that outlines specifically who will be responsible in carrying out the requirements to serve children with disabilities in Early Head Start programs. In that process, some programs may outline what the framework would like of who would be responsible for receiving the – receiving – receiving and filtering the referrals out to the respective agencies, Part C agency. Or if it's a child who is medically fragile or has health issues, who are your local contacts and your referral resources as well?

So typically, there is a disabilities coordinator – some call them disabilities managers, some – it's either the mental health or health coordinator that coordinates those services as well. So those individuals would typically filter out the resources once an internal referral is received from either a parent educator, home visitor, parent themselves, or the teacher or co-teacher, teacher assistant as well. And so understanding and outlining who would be responsible once we – if there are any concerns or red flags that may occur in our interactions with the child or in conversation with family, who do we refer internally as well. And from there, explaining to the parents that process is also important so they understand who would filter that information out and for them as well.

So, utilizing and capturing proper documentation is very important in that process so you're able to objectively document those concerns and the reasons for referral as well. So understanding your systems is also very important within your disability services funds. And then after that, what – understanding what the – who are your local contacts at your – within your Part C early intervention agency. Is it the service coordinators – some also call them developmental specialists – who are the ones

that – who is the point of contact there to receive those referrals and process them. Even they're under IDEA, it also requires that the service coordinator must, in a timely manner, process those referrals, as well. Even under IDEA, there are also set requirements for timely referral process and systems as well.

In addition to, as I mentioned, other resources that you could also utilize are, again, contacting your tribal education program to see, you know, if they do have access to – to early intervention Child Find activities as well. And so partnering and understanding who are out there in your local, respective communities is important. Also contacting the – your local Parent Training Information Centers – those PTIs are made available in each state to provide parent training information and resources to parents who have children with disabilities. And the Parent Training Information Centers serve all children. And there also is the National Native American Parent Training Information Center that is available as well. You can also contact a couple of agencies to access that information. You can contact the Parent Center Network and they also have an outlined – information of who your state's Parent Training Information is. And you can also contact the National Early Childhood Technical Assistance Center to find out who your state Part C coordinator is and therefore understanding what the processes would be as well. Thank you.

Carol: Alvino, thank you very much. Thank you very much for that information as well, too. As you can see in the next slide, our journey is continuing and now we're along the East – or the West Coast. So while we reflect for a moment, Angie Godfrey, once again, will come and share with us some of the take-away messages. Some of the take-away messages are, you know, very important for your program. So if we could have the next slide, please; and welcome back, Angie.

Angie: Thank you, Carol; and thanks to everyone who presented today. It was wonderful information and, I think, certainly helped us. I know a lot of questions came in, which is always good, and we'll be answering some of them. But I just – I think the take-away message is to have a system in place to ensure that screening, assessment, and evaluation can be fully implemented for children within the program and that parents are involved in the process all along the way.

We know that screening is done initially when a child enrolls a program and that information is the beginning place – the beginning of the journey, as you would say, Carol. And then assessment is an ongoing process; and again, parents are completely involved in it. And evaluation, as Frances mentioned, is so important to understand. Alvino also talked about this, too. Who – you know, when you have a referral or when you know a family needs a referral, who do you then bring in to support the staff and the family to ensure that an appropriate evaluation takes place and the children receive the services that they should, again, engaging parents all along the way?

So, I thank you. I – there were few more things that I wanted to say, Carol, about tools but I think I can go ahead. There's a whole series of questions, so when you're ready for the Q&A maybe I'll address those around these first questions that came in.

Carol: Okay. Thank you. We have the first question around tools, Angie. [Laughter]

Angie: Well, actually, the first question was around Ages and Stages and whether or not it was a screening or an ongoing assessment tool, and that's an easy answer. It's a screening tool. And I know that when Cynthia was talking and talked at length about screening and assessment in Cherokee, and I can also let Cynthia talk about this at some point also. She talked about how they do the Ages and Stages more than just as the beginning of the program – or the enrollment of the child, really, is when

folks bring it in; and it's important to note that that is when screening takes place. And Ages and Stages is very parent-friendly and so I know sometimes programs like Cherokee integrate it into the ongoing assessment process. But it is a screening tool. If you're going to use it, it definitely needs to be used when the child first comes into your program.

There are many assessment tools out there, also. And that was another question that was asked; and we're going to post – I mean EHSNRC will be posting this webinar, and my suggestion to them is that when they do that, they – they post two documents with it. And one is the Developmental Screening and Assessment Instruments that was compiled by the National Early Childhood Technical Assistance Center that Alvino mentioned. It lists a large variety of screening and assessment tools.

A second one is a compendium of screening and assessment instruments. And I need to get the right title because Mary was looking for it and I didn't quite have the title right. But the Office of Planning, Research, and Evaluation pulled together that list too. It's a compendium. It lists a lot of assessment – screening and assessment tools. I think the important thing in choosing tools, whether it's for screening or assessment, is that you involve your families in the process, your staff in the process, and your partners in the process.

One of the things that I know is that there are some tribal programs that use Ages and Stages. I know that Brigance is used, as well as the Dial. There are a lot our programs that use Denver too and use the Dial as screening instruments. So there are a variety out there, and it's hard if you – if you name one or two. And again, we're not recommending any. We're recommending that you work with you families, your partners, your staff, and your community to select the one that's most appropriate for you; and we can get you the entire list of them.

Someone else asked what – there were several questions around assessment instruments. And I know that the – that the programs use different curricula and oftentimes, as Alvino mentioned – High Scope has an assessment piece to it, as does Creative Curriculum. A lot of programs use the Creative Curriculum. There is an assessment piece to it. There are other curriculums too.

And again, I know there was a question about portfolios that I'll let Cynthia answer; but there's portfolios, there's work sampling. The Ounce has an ongoing assessment for infants and toddlers that, again, includes portfolios and work sampling. And it's funny it's called work sampling for the preschool one, but it really is. I loved when you were also, Frances, trying to say, "What do we call it with babies?" And with babies, it could be like a first step but it's really the – you – having a tool that gives you a structure for improving your observation of young children, improving the parent's ability to observe their young children, and being able to document so that you are tracking a very young child's progress over time. That is what we're looking for with screening and assessment.

And Carol, I know – I don't know that all of these can be answered because there's a not enough time, but I would suggest that some of these – like I know you have a couple there – we go ahead and answer today; and then when we post the webinar, that people can have the time for a thoughtful, you know, interpretation of the questions – they're being able to answer the questions. And I think that that would be really helpful.

Carol: Okay. I appreciate that. Thank you, Angie, because we do have so many questions. And maybe, perhaps if we could, Cynthia...

Cynthia: Yes?

Carol: Talking about specific types of portfolio, can you comment on that?

Cynthia: [Inaudible] Our portfolio for our infants and toddlers?

Carol: Yes.

Cynthia: Okay. It is a collection of pictures, things that – of that child's development, maybe their first day of school, the picture of mom bringing them in to the classroom. As they grow, you know, and develop, their first step, maybe the – a picture of them feeding themselves, and art activities. Their scribbling, you know, when they – when they learned to hold the crayon and scribble. We have chalk and even finger paint available for the children. And we keep – you know, we keep a collection of each of those things for the parents, which we start at – you know, when the child's 10 months of age, we start collecting those things.

Carol: So also, Ashley, have you been able to participate in that or do you get copies or send pictures in? What is your role in that?

Ashley: I've received different pictures and different craft items that Jacob has made and different scribbling that he has done, and different pictures that his teacher has taken of him. And just them telling me different things that he's done during the day.

Carol: Those scribbling are precious artwork, right?

Ashley: Yep! They go right into his baby box.

Carol: Yes. Great. Okay. Thank you. Alvino, could you please comment on any thoughts about culturally appropriate screening tools? And I know in the past, some programs have used the HELP, the Hawaiian instrument. Would you like to comment on that, Alvino?

Alvino: Yes, I think it is – I think it also begins – depends regionally as well. Of – of what – I think also from a couple of what – a couple of examples of what some programs have done is they include community members in looking at certain questions as well. I think even the way some of the questions are asked as well are – is really critical as well in looking at assessing tools that are – that may be more culturally appropriate. And, again, it does really depend. What we found is it varies regionally because tribes from different regions also vary in their different needs as well. And so, I think it's just a matter of, you know, trying to look for something that's [inaudible] universal, I guess you could say. But also, really looking at what works for your respective programs. It's sort of what we've – sort of have come to in our observation in this – on this particular topic as well.

Carol: All right, thank you. We have a question that Frances would like to answer. Where in the Performance Standards does it encourage you to conduct the screening earlier than their enrollment date?

Frances: Yes, thanks. That's a great question. I – my background is in disabilities and I work a lot in 1308. So 1308.6 is where it says that; number two. And I know that doesn't apply to Early Head Start programs, but I think the intent is that where – no matter what, that you try to do your screenings as

early as possible. Because if you're not doing them as early as possible and possibly even – before they even hit your – your door or your – you hit – you know, just as early as possible because the goal is to find out what is the big – you know, the big concerns. What are the big concerns? And so if you don't do that as early as possible, then you get into your ongoing assessment process and you're looking at how is the child developing on a daily basis, and that's much, much more information than your screening will ever give you.

Carol: Great. Thank you, Frances. We had another question come in across the country asking about if ASQ/Cubing used for hearing and vision screening. Would anyone like to answer that? Perhaps Angie?

Angie: Well, I looked at Frances before I said I would answer it because we do note that, again, there should be appropriate tools and appropriate professionals or appropriately trained staff to do the hearing and vision screening. And that, again, ASQ is a developmental screening and you're really looking for specifics with hearing and vision. And you should have a plan either that staff are trained on a specific instrument and do the screening or that you have partners. Again, I can't emphasize enough how important it is to work with partners in the community, professionals who can help you with your screening and assessment.

And I just – if I could say one last thing. I think you're looking [inaudible] question, Carol. And the question is, so do you need a tool to do assessment? Well you've talked a lot about screening tools, but you do need – and I like how Alvino said it, you do need an assessment tool. And that provides a structure; and it could be part of your – part of Creative Curriculum. It could be a variety of ways that you approach it, but you're not just doing – doing that in an informal way. It should be a friendly way; it should be a way that involves families as well as professionals, as I mentioned.

And if you look at 1304.21(c)(2), and Alvino also talked about this, staff must use a variety of strategies to promote and support learning and developmental progress based on the observations and ongoing assessment of each child. And you need, you know, tools and methods to help you do this. You're not just thinking about what it looks like. And, again, we've given you lots of examples. I won't give you more now, but go to the Standards and then go – we will be putting all the resources up – Carol's shaking her head – and that will help you to see what the next steps can be in terms of then setting goals for children, adapting those goals, looking at where they're going next, and working with individual children towards their learning and development and their progress in learning and developing. So... Okay, so I think that's that. Thank you.

Carol: All right. Thank you. I think we have time for one more question. We have time for one more question. We have a question that you're requesting more information about screening and enrollment, and also the Parent Centers that are throughout the country. Alvino, could you mention that again, please? The PITC... No?

Alvino: Yeah. The – they can go to the Parent Technical Assistance Center Network, PTACN, and it's www.parentcenternetwork.org. And there, it lists by state and region who the state and Parent Training Information Centers are online. Again, that's the Parent Training – Parent Technical Assistance Center Network.

Carol: And all regions and all Head Start programs can connect to that, correct?

Alvino: Yes. All programs can access the – the Parent Training Information Centers, yes. Including the two national centers as well, which is the National Native American Center and also the National Center for Military Families as well.

Carol: Okay. Thank you. Ashley, would you like to ask us a question or would you like to maybe share with us some of things that your son – some of his experiences that he has had this week?

Ashley: I had the chance of spending time with him this morning in his classroom and seeing how he was with the children and how he reacts with his teachers. He loves to be around his teachers. He loves to walk into the door every morning. Other than that, that's really about it. He just really enjoys the program.

Carol: How long has he been attending?

Ashley: Since August.

Carol: And you are in school, working, at home?

Ashley: I work right now.

Carol: Very good. All right. Well, we wish you the best of luck.

Ashley: Thank you.

Carol: Thank you very much once again. At this time, we will have to begin to close the program out – this webinar, and we want to thank all the people – the participants, the faculty, the multiple staff – that supported this webinar in making this possible for you today. So we would like to, once again, also say thank you to iLink and to all those at the Early Head Start National Resource Center. So if we could close with – for all people to hear, "Let us put our hearts and minds together to see what good we can do for all of our children;" and that is a quote by Sitting Bull. And at this time, I would like to turn it over to Pat to close us out. Any last comment?