Assessments

Assessments For Functional Participation-based IFSP/IEP Outcomes/Goals

A Practitioner's Resource

How can early childhood assessments be used to gather pertinent information related to a child's current and future participation in natural learning opportunities in their home, community and early childhood settings so that Individualized Family Service Plans (IFSP) or Individual Education Plans (IEP) lead to functional participation-based outcomes/goals?

How can this assessment process promote family/caregiver participation so that they are equal partners in the development and implementation of a functional participation-based IFSP/IEP?

Research Says...

Authentic assessments are "natural expressions of the functional capabilities of individual children observed in everyday settings and routines, using the ongoing natural observations of knowledgeable parents, teachers, and other caregivers" (Neisworth & Bagnato, 2004, p. 203). These authentic measures are most effective in making linkages between assessment and participation-based outcomes/goals, and matching the recommended professional standards of the early childhood intervention fields (Bredekamp & Copple, 1997; Sandall, Hemmeter, Smith, & McLean, 2005). Conventional, norm-referenced tests are only useful in determining a child's degree of difference from typical development and offer little guidance to what specific behaviors or activities should be addressed in the intervention program or what special supports or services are appropriate (Neisworth & Bagnato, 2004).

Furthermore we know that...

• Assessments should be conducted within contexts familiar to the child and with familiar materials; the child's authentic behaviors within typical routines provide the most useful information for planning intervention programs (Neisworth & Bagnato, 2004).

• Children will develop by being engaged in interactions with objects, people, ideas, and events that are familiar and of interest to them and their family (Jung, 2003).

• Both families and professionals are reliable and valid reporters of an individual child's development when using natural observations in everyday settings (Squires, Bricker, & Potter, 1998).

Early in the relationship with family members, try to define the family's or teacher/care-provider's current concerns, resources and supports through non-invasive questions. At first contact or during initial visits with the family or child's teachers or care-providers, you might ask:

- *What are your concerns? What are your challenges in interacting with Kaleb?*
- *Tell me about the family and friends who help you with Kaleb.*
- *Tell me what you already know about that condition (diagnosis).*
- *What activities would like to see Kaleb enjoying in the next year?*
- *What communication have you had with Kaleb's parents about this concern?*
- *Who at your center or in the agency sometimes helps you with your concerns?*

In addition, try and ask questions that identify child/family assets and child/family interests, such as:

- *What are you and your child especially good at doing?*
- *What are your child's favorite toys, people, and events?*

As this process continues and your relationship grows, use nonjudgmental, open-ended questions. Limit use of "yes/no" questions to clarify information provided, as they may imply judgment. For example:

- *"Tell me how Ronnie plays with his friends."*
- *"How does Matthew communicate with you so you know what he wants?" [to clarify:] "Does he get frustrated?"*
- *"You mentioned he has huge temper tantrums. What do those look like?"*

Gather information about the child's participation in terms of independence, engagement, communication and social interactions within activities or routines. You could ask:

- *At bath time, what does Sarah do? (engagement)*
- *During bath time, tell me what Sara is doing all by herself? (independence)*
- *How does Sarah communicate during bath time? (social communication)*
- *Are you satisfied with Sarah's participation in bath time? (expectation)*
- *How would you like it to look different? (possible priority)*

When helping the team make a list of possible priority outcomes/goals, ask yourself or others these questions:

- *Do some of these outcomes/goals need to happen before others can?*
- *Will this outcome/goal create change for child/family in many activities?*
- *Will the learning opportunity for this outcome/goal present itself frequently?*
- *Will this outcome/goal make the child more independent?*
- *Will this outcome/goal allow the family to do more things they would like to do?*
- *Will this outcome/goal make life easier for the family?*
- *Does this outcome/goal require "special" services/supports or simply increased learning opportunities?*

The following recommended practices should be part of the early childhood assessment process. They are not intended to be role-, time-, or sequence-specific, except where there are legal requirements (i.e. Nebraska Department of Education (NDE) Rule 51, 2006; Individual with Disabilities Education Act (IDEA) 2006; Department of Health and Human Services (DHHS) Title 480 NAC 10-000, 2000). Each team should determine the assessment process they will use before they begin with each family so as to be assured of implementing best practice that can lead to the development and implementation of functional participation-based outcome/goals and interventions.

Child Evaluation

Team members should utilize evaluation procedures to determine if the child is eligible for special education services. These procedures have traditionally included standardized developmental or domain-specific instruments or non-standardized surveys, checklists or scales, and a review of records (i.e. Preschool Language Scale-4, Developmental Assessment of Young Children, Developmental Observation Checklist Screening, Vineland Adaptive Behavior Scales). The evaluation should include information about all areas of development (NDE Rule 51, sec. 006.02B9-10 and 006.02D2). Remember, "evaluation" in programs for children birth to age 5 refers to the process for determining program eligibility.

MDT reporting

Prior to the IFSP/IEP meeting, the Multidisciplinary Evaluation Team (MDT) must share their information with the family and explain why the child is or is not eligible for special education services under NDE Rule 51. A copy of the MDT Evaluation Report, along with recommendations for eligibility, must be given to the parent (See NDE Rule 51, sec. 006.03 for legal requirements of the MDT).

Assessment-for-Program-Planning

The assessment-for-program-planning procedures are distinct from the evaluation process. They usually include observing a child in both structured and unstructured play with familiar toys/objects or participating in routine activities such as eating and dressing (Cook, 2004). The assessment should also include interviews about the child's and family's, care-provider's, or teacher's interests, daily routines, preferences, challenges, and priorities (McWilliam, 2005; Wilson, Mott, & Batman, 2004).

Assessment tools

A variety of assessment methods can be used to gather information for functional outcome/goal and program planning. These can include checklists and the criterion-based assessment tools required for the local community's accountability to Nebraska's Results Matter (COR: HighScope Child Observation Record; CC-DC: Creative Curriculum Developmental Continuum; AEPS: Assessment, Evaluation & Programming System). In addition, using an asset- and interest-based approach to interviews and observations contributes information for the IFSP/IEP that will guide how children learn best and assure other positive benefits (Roberts, 2000; Swanson et al, 2006). Assessment-for-program-planning should not be limited to standardized tools used for eligibility determination. In fact, assessment for these purposes should include the use of interview and authentic tools (i.e., COR, CC-DC, AEPS) which lend themselves to program planning that can minimize professional discipline boundaries and promote services in the context of a child's natural learning opportunities (NDE Rule 51, sec. 008.01 and 008.03).

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Recommended Practices

First contacts
The assessment-for-program-planning should begin at first contact with a representative of the early childhood program/agency and can continue along with the evaluation process. This early contact sets the stage for the relationship between agency personnel and the family and should be in keeping with the goals and philosophy of the program. Initially, the family/caregivers should be given information about the evaluation/assessment process (i.e. rights and responsibilities, role of the caregiver in the process, why this information is gathered, how it is used, and whom it is shared with). Information gathering about the child (medical history, developmental abilities) and the family (resources, informal supports, concerns) starts here.

Family/Care-provider involvement
Prior to beginning the assessment-for-program-planning process, someone on the team should discuss options with the family for how the family, caregivers and teachers wish to be involved. In particular, these relevant adults should be encouraged to provide information about which activities will allow the child to show typical behaviors and/or challenges. All caregivers (parents/guardians, childcare providers, early childhood teachers) have valuable information to offer in order to capture the most accurate picture of the child and his/her needs and potential.

Conversations about natural learning environments
Team members should utilize the information gathered during initial contacts to engage families in a conversation about the environments and activities where the child spends time, and with whom the child regularly interacts. To this end, the assessments should take place in natural environments and at times when team members can observe and interact with the child, family, and other care providers and assess the child's current level of participation in meaningful activities. If the child spends large amounts of time (i.e., > 4 hrs/day; > 12 hrs/week) in multiple settings (e.g., home and childcare), assessments should occur in each of those settings. When possible, team members should perform assessments together… at the same time and in the same place to reflect the intent of interdisciplinary perspectives and efforts.

Assessment Report
Team members may choose to write an assessment report for the family and care providers. This easy-to-read report documents the observations, information, or strategies used during the assessment-for-program-planning process. Its purpose is to assist in developing the IFSP/IEP, and NOT to provide a narrative of the MDT evaluation results. The summary should contain child-specific examples, be positive and use people-first language. It should NOT contain jargon or focus on listing or describing a child's deficits (Alvarez, 1997). Assessment reports can be written to guide the discussions at IFSP/IEP meetings after an initial assessment, an annual review, or at the time of a child's transition to a new program (e.g., Part C to Part B program; to Kindergarten; to a new community).

Sharing assessment information
Information from the assessment process should be shared with the family/care-providers in a manner that prepares them to participate in a collaborative and interactive IFSP/IEP meeting. This may include an assessment report, but should always include a face-to-face discussion of the major highlights with family members. The purpose of the discussion should be to allow family, care-providers and teachers to validate that the information gathered is representative of their child, and to help develop a list of possible priorities that are meaningful to them at home, or in classroom or community and will promote the child's participation in their natural and least restrictive learning environments. Team members who will be involved in the child's IFSP/IEP program planning should also have access to assessment information as well as any family priorities to be discussed at the IFSP/IEP meeting (Boone & Crais, 2002). This can be done prior to or early in the IFSP/IEP planning meeting.

Cyclical Process
The process of assessment-for-program-planning is ongoing and continuous, and should be used for each and every IFSP/IEP meeting. Preparation for a subsequent IFSP/IEP begins upon first contacts with the child, family and care-providers and teachers following the initial IFSP/IEP meeting, with collection of information that may prove useful for determining future functional participation-based outcomes/goals.