Screening and Assessment Training Guide

Index
6/22

EARLY HEAD START Developmental Screening

HS Standard 1302.33
In collaboration with each child's parent and with parental consent, a program must complete or obtain a current developmental screening to identify concerns regarding a child's developmental, behavioral, motor, language, social, cognitive, and emotional skills within 45 calendar days of when the child first attends the program or, for the home-based program option, receives a home visit.

EHS Developmental Screening
The purpose of the developmental screening is explained during the Intake Visit by the Home-Based Teacher or Family Advocate. The Home-Based Teacher or CB Family Advocate will obtain a written permission from the parents. The developmental screening will not be administered without written parental consent or **DCFS Authorized Agent** for foster children.

The ASQ-3 system is used by PACT to screen children through observation and through parent interview. Completing the questionnaires takes approximately 30-45 minutes.

EHS - Forward Screening   -   form
If the **child re-enrolled and completed a screening just prior to the new school year (May, June, July) and is not due for another screening within 45 days,** the teacher will complete the top section of the *Forward Screening* form and forward to supervisor. The supervisor completes the bottom section of the form and gives back to the teacher for the Education file.

The first **developmental** and **social-emotional** screening will be scheduled within two weeks of entry into the classroom or on the first home visit for home-based.

The teacher is responsible for scheduling the developmental screening appointment with the parents. The teacher explains the developmental screening to the parents before administering the *Ages & Stages* Questionnaire (ASQ-3 & ASQ-SE).

The ASQ-3 manual recommends children to be screened initially at 2 months and 4 months, then at 4-month intervals (for typically developing children) until they are 24 months old.

At 24 months, the typically developing children are screened at 6-month intervals. Rescreening in a shorter timeframe may be recommended by the Disabilities/MH Coordinator for children with scores that are low but not below the cutoff points in several areas of development.

Note: The child's chronological age (months and days) must be determined to match the child's age to the ASQ-3 Questionnaire, before each screening. Children must be screened using the correct age interval questionnaires to obtain accurate outcomes.

After the screening - EHS
The EHS Teacher scores the last page of the *Ages & Stages Questionnaire and Ages & Stages Social-Emotional Questionnaire* Screening Forms. The original screening is forwarded to the

supervisor. The supervisor double checks the ASQ Screening Forms for completeness and accuracy.

After the scoring-

After the Supervisor has checked the Ages & Stages for completion and scoring accuracy, they will scan the Information Summary sheets into the child's Child Plus record and attach it in the Education Tab under Attachments. If there are Comments in the Overall section that would be beneficial to D/MH coordinator, please scan the whole screening into the child's Child Plus record. The original screening is initialed and given back to the teacher to place in the Child's Education File.

The Ages & Stages Information Summary sheet is sent via email to the Disabilities/Mental Health Services Coordinator **if**:

- If there are any areas in the BLACK portion of the scoring sheet, or if there are more than two areas in the GREY portion of the screening.
- **However**, the Ages & Stages will **not** be forwarded if the Supervisor and Teacher agree that the score is **not** an accurate picture of what they see with how the child performs. If the Supervisor and Teacher agree there is no, or little, concern it will be noted on the scoring page of the ASQ under the decision portion.

The **Ages & Stages Social –Emotional Screening** will be forwarded to the Disabilities/Mental Health Services Coordinator if either indicates Mental Health concerns, such a recent fire, parent loss, etc.

Figuring Chronological Age Worksheet for ASQ-3

To obtain accurate outcomes, children must be screened using the correct age interval questionnaires. It is essential to determine a child's exact age in years, months, and days. Calculating a child's exact age is calculated by subtracting the date of birth from the current date.

PACT issued I-pads have a chronological age app which can be used to figure child's age for screening.

Adjusting for Prematurity for children under 24 months
Adjusting age for prematurity is necessary if a child was born more than 3 weeks before his or her due date and is chronologically under 2 years of age. This adjustment is essential to ensure that the correct age interval questionnaires are used with children born prematurely. To adjust the age for prematurity, use the child's original due date, instead of his birthdate.

When calculating, if it is necessary to "borrow" in order to subtract, add 12 months from the year column to the month column, and add 30 days from the month column to the days column. See the following examples:

	Year	Month	Day
Test Date:	2012	07	15
Birth Date:	2010	03	10
Child's Age:	2	4	05

Child is 2 years 4 months & 5 days old, or 28 months 5 days.

	Year	Month	Day
	2011	*18*	*45*
		06	*30*
Test Date:	2012	07	15
Birth Date:	2010	10	28
Child's Age:	1	08	17

Child is 1 year 8 month & 17 days old, or 20 months 17 days.

If the baby is premature by more than three weeks, use the child's original due date instead of the child's birth date. Example:

Child's birth date: 09-06-11
Child's original due date: 10-12-11

	Year	Month	Day
Test Date:	2012	08	15
Child's Due Date:	2011	10	12
Child's Adjusted Age:		10	03

Child's adjusted age is 10 months 3 days.

Chronological Age On-Line - Go To **- Calculator.net**
Click on Age Calculator - This is an age calculator based on the date of birth and the date to be calculated at. PACT I-Pads also have a chronological age app.

Chronological Age is figured by subtracting the child's birth date or (child's due date if 3 weeks premature and the child is under the age of 2 years) from the date of screening.

Note: When calculating, if it is necessary to "borrow" in order to subtract, add 12 months from the year column to the month column, and/or add 30 days from the month column to the day column.

SAMPLE:
Screening Date:_____

Chase Henderson

Birth Date   9-21-12

	Year	Month	Day
Screening Date	____	____	_____
Birth Date	____	____	_____

Chronological Age _____

Months and days _____
Which ASQ-3 Questionnaire is used? _____
Which ASQ- SE Questionnaire is used? ____

 Screening Date:_____

Ava – 5 weeks premature
Birth Date

	Year	Month	Day
Screening Date	____	____	_____
Birth Date	____	____	_____

Chronological Age _____

Months and days _____
Which ASQ-3 Questionnaire is used? _____
Which ASQ- SE Questionnaire is used? ____

Screening Date:_____

Riley – full term
Birth Date

	Year	Month	Day
Screening Date	____	____	_____
Birth Date	____	____	_____

Chronological Age _____

Months and days _____
Which ASQ-3 Questionnaire is used? _____
Which ASQ- SE Questionnaire is used? _

Ages and Stages Questionnaire (ASQ-3) and (ASQ-SE)

ASQ-3 – Ages and Stages Questionnaire
The Ages and Stages Questionnaires (ASQ-3): A Child–Monitoring System, Third Edition is composed of 21 questionnaires is modified <u>to be completed by PACT EHS Teachers</u>.

ASQ-SE - Ages and Stages Questionnaires: Social-Emotional
The Ages and Stages Questionnaires: Social-Emotional takes the ASQ a step further by concentrating on the importance of considering social and emotional competence in young children at eight stages. The ASQ-SE is used in conjunction with the ASQ to identify the need for further social and emotional behavior assessment in children.

The ASQ-3 involvement of parents meets the mandates of the Individuals with Disabilities Education Act (IDEA) of 1990 (PL 101-476) and its 1997 amendments (PL105-17), including with the use of the ASQ-SE, the mandate for early detection of social or emotional problems in young children.

The ASQ-3 revolves around the use and scoring of its associated questionnaires. There are 21 questionnaires, which are designed to be administered at 2, 4, 6, 8, 9, 10, 12, 14, 16, 18, 20, 22, 24, 27, 30, 33, 36, 42, and up to 60 months of age. In most cases, these questionnaires can identify accurately infants or toddlers who are in need of further evaluation to determine whether they are eligible for early intervention services.

The ASQ-SE is a series of 8 questionnaires designed to address the emotional and social competence of young children. The ASQ-SE has separate questionnaires for 6, 12, 18, 24, 30, 36 to 60 month intervals of the chronological age targeted by the questionnaire.   Each ASQ-SE questionnaire is completed once, unless the Disabilities /Mental Health Coordinator is requesting a repeat questionnaire.

ASQ-3 Management System
Timely questionnaire completion can be accomplished by developing a tracking system. The ASQ system is dependent on reasonable adherence to a preset schedule. The schedule ensures the ASQ questionnaire to be completed on the indicated age. <u>For infants born prematurely, the corrected age (due date) should be used when completing the questionnaire until the baby is 24 months old</u>.

ASQ-3 questionnaire contains 30 developmental questions, which are divided into the following five areas of development:
- Communication – babbling, vocalizing, listening and understanding
- Gross motor – arm, body, and leg movements
- Fine motor – hand and finger movements
- Problem solving – learning and playing with toys
- Personal-social – solitary social play, play with toys and other children

Illustrations are provided to assist in **_yes_** understanding the items. For the 30 developmental items, parent and teacher check to indicate that the child performs the behavior specified in the item, **_sometime_** to indicate an occasional or emerging response, from the child, or **_not yet_** to indicate that child does not yet perform the behavior. The EHS Teacher converts each response to a point value, total these values, and compare the total scores to established screening cutoff points.

ASQ Materials
The ASQ-3 materials are designed to be photocopied at each center. The ASQ-3 consists of 21 master questionnaires and scoring sheets. Spanish translation master sets of questionnaires are also available.

The ASQ-SE questionnaires are also designed to be photocopied as needed by program staff. A Spanish translation of the questionnaire is available to be purchased.

ASQ-3 and ASQ-SE Information Summary Sheets
The Information Summary Sheet (the last page) is completed by the EHS Teacher. The Information Summary is designed to be used by program staff to summarize assessment information and to help with the decision-making process.

How to Score ASQ
To score a questionnaire, the parents' responses – **_yes, sometimes, and not yet_** – are converted to points. **10, 5, and 0** are totaled for each area. The total scores for each developmental area are recorded on the line located below the last item in each area.

The scores are transferred to the Information Summary Sheet. The teacher completes #1, #2, #3, #4, and compare to the established cutoffs indicated to determine whether the child's performance meets the criteria for referral.

ASQ-3 - Children whose scores fall in the dark or light shaded portion of the bar graph in any development areas may need follow-up. This is determined by the teacher and supervisor and the decision will be recorded in the "follow up box." The ASQ-3 Questionnaires are forwarded to supervisor.

How to Score ASQ-SE
On the ASQ-SE questionnaire, each question has three possible answer responses:
- Most of the time, indicating the child is doing the behavior most of the time, too much, or too often
- Sometimes, indicating the child is doing the behavior occasionally but not consistently
- Rarely or never, indicating the child rarely performs the behavior or has never performed the behavior.

When a score is above the cutoff, indicating the child has a problem or a score is near the cutoff, indicating the child may have a problem, or a substantial parental concern, the ASQ-SE information Summary is discussed with supervisor before forwarding to Disabilities /Mental Health Coordinator.

Home Visit
The ASQ-3 system is used by PACT to screen children through observation and through parent interview. Completing the questionnaires takes approximately 30-45 minutes in the home.

Explaining the ASQ-3 Screening Process to Parents
The following points should be included when discussing the questionnaires with parents:

1. Explain that the questionnaires are designed to determine what their child can and cannot do. Be sure they understand that their child may not be able to do all of the activities targeted in the questionnaire items.

2. Emphasize the importance of trying each activity. In the home or at the center.

3. Explain that each question in the first five sections has three possible responses, which should be checked as appropriate;
   a. Yes, meaning the child is doing the activity now
   b. Sometimes, meaning the child is just beginning to do the activity
   c. Not yet, meaning the child has not started to do the activity
   The Overall section contains questions to be answered by checking yes or no, and if indicated, by explaining the response.

4. Clarify how to answer questions about activities the child did earlier but no longer does or does infrequently. For example, the item may ask about crawling, but the baby now walks. In situation like this, the answer should be yes.

5. Stress the importance of completing the questionnaires at the ASQ age timeline, when scheduling visits.

6. Explain CDOB, if the child was born more than 3 weeks prematurely, the child's age will be adjusted to the correct age until the age of 2 years. The child's correct age of birth (CDOB) is calculated by adding the weeks of prematurely to the child's date of birth.

Step by Step on the first Home Visit
The EHS Teacher should begin by introducing the ASQ system. It is important to explain, in non-technical language, the purpose of the questionnaires and instruction for their completion.

Explain and describe the questionnaire to the parents. The EHS Teacher's role is to read and demonstrate how to elicit desired behavior and helping to make the time enjoyable for the family.

The Information Summary Sheet (last page) may be completed on the home visit. Scoring the questionnaire with the parents allows immediate feedback and follow-up, if necessary.

Begin the ASQ-3 questionnaire by completing "Who is completing this questionnaire?" the EHS Teacher's name should be entered.

Explain the ASQ-3 scoring system

       Yes, indicates the child is performing the behavior

       Sometimes indicates the skill is emerging

       Not yet indicates the child is not yet performing the behavior

Explain the ASQ-SE scoring system

       Most of the time, child is doing the behavior most of the time,

       Sometimes, child is doing the behavior occasionally but not consistently

       Rarely or never, indicating the child rarely performs the behavior

Introduce each area of development on the ASQ questionnaire:

- Communication – focus on language skills, what he can say and understand
- Gross motor – focus on large muscle movement and coordination
- Fine motor – focus on small muscle movement and coordination
- Problem solving – focus on child's play with toys
- Personal-social – focus on the child's interactions with toys and other children

Administer the questionnaire

       Read and paraphrase as needed for parents.

       When appropriate, rephrase questions in terms of the family's values or cultural orientation.

       Comment on the child's accomplishments whenever possible. <u>Praise the child directly.</u>

       Highlight the parents' strengths and reinforce positive parent-child interactions.

       Adapt materials used for questionnaire items to the family's culture and values (e.g., some cultures do not use mirrors).

       If the child is uncooperative and the parents are unsure whether the child can perform a behavior, the HB EHS Teacher <u>can ask parents on their next visit</u>, thereby giving the parents more time to try the item(s). The CB EHS Teacher can assess in the classroom.

The Overall section, pay close attention to parent's concerns.

       Offer suggestions and resources when appropriate.

       Encourage dialogue about the child's development and parenting issues.

Score the questionnaire

       EHS Teacher completes the scoring

       Compare the child's area scores with the cutoff scores indicated on the Information Summary Sheet

Discuss the results with the parents

       Explain the area scores.

       Using the Information Summary Sheet, show the parents where the child's scores fall in relation to the cutoff scores.

       Encourage dialogue with the parents about the child's development

       The questionnaire is reviewed by the Disabilities /Mental Health Coordinator before mention of a referral is made to parent.

Child Identification Page- The ASQ questionnaires are designed for parents to complete on their own, however, in our program, EHS Teachers will be completing the questionnaires. Therefore, most of the questions are worded as if the parent is filling out the blanks.

Teachers complete the following questions –
· Today's Date
· Child's full name.
· Date of Birth. Actual age will account for pre-maturity-months premature from actual age, until child is a full two years old.
· Name of person filling out questionnaire - (teacher)
· Child's Gender
· Relationship to child - (teacher)
· Next blanks says to list people assisting in completing the questionnaire. If anyone has input into the questionnaire besides you, put their names here. Other people could include other parent or someone who is around the baby a large percent to of the time such as a babysitter or grandparent. However, the screening should not be done only with a caretaker.
· Administering program or provider - PACT

Scoring Page: Information Summary Page
.   The top of the Information Summary Sheet has blanks asking the same information as the (Page 1) Identification Page. All you need to put on this page is the <u>child's name</u> and   <u>your area number</u>. This sheet <u>must be attached</u> (stapled) to the first four sheets.

·   ASQ scores   Yes = 10 points.   Sometimes = 5 points   Not yet = 0 points

·   ASQ-SE scores Z = 0 points   V = 5 points   x = 10 points

   1. Add item scores on each page and transfer in the chart under the column "Total Score"
   2. Fill in the circles corresponding with the total scores.
   3. Transfer the "Overall Responses"

   Read the ASQ Score Interpretation and Recommendation for Follow-up. Teacher will complete the Follow-up Action to be taken.

   Teacher will recommend:
   1. Provide activities and re-screen
   2. Referral to early intervention/early childhood special education
   3. No further action needed, at this time.
   4. Other: Area to make a comment.

.   The questionnaire should be reviewed by the Disabilities/Mental Health Coordinator before mention of a referral is made to parent.
.   A copy of the questionnaire can be made for the parent to keep, if requested, minus the score sheet, which should stay attached to the original questionnaire.

ASQ-3 and ASQ-SE Review

ASQ-3 - Ages & Stages-3 is designed to be administered at the age of two months, four months, then every four months for a typically developing child. At 24 months, a typically developing child is screened every 6 months.

ASQ-SE - Social/Emotional Questionnaires are completed once during the ages range from 6 months, 12 months, 18 months, 24 months, 30 months and 36 months.

A re-screening in a shorter timeframe may be recommended by the Disabilities /Mental Health Coordinator for children with scores below the cutoff points in several areas of development. Children's development changes rapidly in the early years.

The age range for administration of each questionnaire is listed on the top of each questionnaire.

*Before every screening, the chronological age (months and days) must be determined to match the child's age to the ASQ-3. Children must be screened using the correct age interval questionnaires to obtain accurate outcomes.

 Show the child's chronological age on the cover page.
To check your math, go to **- Calculator.net** Click on Age Calculator - This is an age calculator based on the date of birth and the date to be calculated at. Or you can use the chronological age app on PACT I-Pad.

For PACT, the ASQ questionnaires are used as an interview format by the teacher. Each activity will be demonstrated by the infant/toddler in the home or center each time the questionnaire is administered.

Each questionnaire consists of questions/activities (30 developmental items), and a scoring page.

Each set of questions on ASQ pages are divided into five areas: communication, gross motor, fine motor, problem solving, and personal-social. There is also a set of questions on each questionnaire where parents and providers (you) can further assess the infant/toddler.

Explain to the parent that the screening/questionnaires are to see what their child can & cannot do. Be sure they know that their infant/toddler may not be able to do all of the items on the questionnaire.

If a child is advanced of the question, such as the child is walking, and the question asks if he crawls. The answer to the question will be "yes", because the child has already accomplished that item, or surpassed it.

The questionnaires may take up to 30-45 minutes to complete. This will depend on the child's cooperation.

HEAD START SCREENING

HEAD START Developmental Screening

HS Standard 1302.33
In collaboration with each child's parent and with parental consent, a program must complete or obtain a current developmental screening to identify concerns regarding a child's developmental, behavioral, motor, language, social, cognitive, and emotional skills within 45 calendar days of when the child first attends the program or, for the home-based program option, receives a home visit.

The Family Advocate for center-based explains the Developmental Screening process to the family on the Intake Visit.

The developmental screening will not be administered without written parental consent or **DCFS Authorized Agent** for foster children.

All enrolled children, even those with an IEP will be screened with the Dial- 4

Forward Screening Form
Children enrolled into Head Start during June or July will not have to repeat their developmental screening for the new program year. **The developmental screening completed in June or July will transfer into the new program year, by completing the Forwarding Form**. However, a new Education Visit will be completed with new forms after the child's entry into classroom of the new program year.

Selected children from Camp Point and Pikeland school district, who have been jointly screened prior to the program start date, by the school district and PACT, will not be re-screened. **However, the Parent Questionnaire will be completed with the family, and the Teacher Questionnaire will be completed by the teacher.** The teacher reviews the screening and forwards the screening to their supervisor for Child Plus entry. (The Social Service Coordinator will provide the copies of the DIAL4 screening of children jointly screened by the school district and PACT. The screenings will be distributed during CB first education or HB intake visit training.)

Bilingual children will be screened with an interpreter, whenever possible. **The teacher asks the question, and the question is translated to the child by the interpreter**. The child's response is shared with the teacher. **The teacher scores the screening record form**. The interpreter's name is noted on top of the screening booklet.

Center-Based Option:
 The Four Rivers Special Education Co-op for Pike and Cass Counties may assist with the DIAL-4 developmental screening at the Pittsfield and Beardstown centers. The screening will be scheduled in September on the Program Calendar. The Education Coordinator or Disabilities Mental Health Coordinator will contact Four Rivers to obtain their permission to screen forms. The Family Advocate will obtain the screening permission on their Intake Visits.

The Site Supervisor is responsible to provide space for three screening areas.   The classroom list of children will be provided to Special Education Co-Op, by the Social Service Coordinator. The Special Education Co-Op will provide the DIAL-4 Record Forms. Copies of the completed screening will be given to the Site Supervisor. Copies will be provided for the teacher's education file. The Site Supervisor will assist the Special Education Co-Op with the developmental screening. If additional assistance is needed, the Site Supervisor will contact the education coordinator.

The Site Supervisor, with education coordinators assisting, will complete Camp Point and Macomb screenings at the beginning of each program year. The teacher will complete the first page of the DIAL-4 Record Form and forward the forms to the Site Supervisor, prior to the screening date.

The *Parent Questionnaire* is completed by the teacher during the first education visit. The *Teacher Questionnaire* is completed within two weeks of enrollment. Both Questionnaires will be forwarded to supervisor.

Center-Based Program
The developmental screening is scheduled within two weeks of enrollment into the classroom or Home-based home visit.

The teacher is responsible to make sure children are screened within 45 days of entry date.

The teacher completes the top section of the DIAL-4 Record Form, which asks for the child's name, sex, child's primary language, teacher's name, etc. In place of address/phone number, add parent's name. The child's birth date is placed in the small white box to determine the child's chronological age on the test date. The chronological age is determined on the day the child is screened. The Score Summary (large box) is completed after the screening by the teacher.

The teacher will score *the Developmental Screening and Questionnaire* Forms. The original screening record forms and the questionnaires are forwarded to the supervisor.

The supervisor will double check the *DIAL Record & Questionnaire* Forms for completeness and accuracy.

Uncooperative behavior - If the developmental screening is not successful on the first try due to uncooperative behavior, the teacher will write untestable on top of the record form. The teacher will attach the questionnaires to the screening form and forward to supervisor.

If the child refuses a second try on any three areas of the developmental screening, the teacher or supervisor will contact the Disabilities/MH Coord about when to re-screen or whether or not to proceed with a referral.

<u>After the scoring-</u>
After the Supervisor has checked the Dial for completion and scoring accuracy, they will scan the DIAL Record Form into the child's Child Plus record and attach it in the Education Tab under Attachments. The original screening is initialed and given back to the teacher to place in the Child's Education File.

The DIAL Record Form is sent via email to the Disabilities/Mental Health Services Coordinator **if**:

> ◆if there are one or more areas which indicate a potential delay. **However**, the Dial will **not** be forwarded if the Supervisor and Teacher agree that the Dial score is **not** an accurate picture of what they see with how the child performs. If the Supervisor and Teacher agree there is no concern it will be noted in the "Comments" section on the front page of the Dial.
> ◆if the child needs re-screened, temporarily monitored, or referred for evaluation.
> ◆if the Dial child indicates Poor Intelligibility and/or has a low score in Articulation.

The **Dial-4 Parent Questionnaire** and the **Dial-4 Teacher Questionnaire** will be forwarded to the Disabilities/Mental Health Services Coordinator if either indicates Mental Health concerns, such a recent fire, parent loss, etc.

DIAL-4 Introduction and Overview

The Developmental Indicator for the Assessment of Learning-Fourth Edition DIAL-4 is an individually administered developmental screening tool designed to identify young children in need of intervention or diagnostic assessment.

DIAL-4 components include updates that reflect changes in early childhood research, legislative mandates, and user expectations.

DIAL-4 test is a screening instrument, not a diagnostic test. It is not an intelligence test that is used to identify or diagnose learning disabilities or giftedness. Its sole purpose is to distinguish between children who may be at risk for academic failure and those who are not at risk.

DIAL-4 test is also not a readiness test. It is a developmental screening test that can flag potential delays or antecedents to learning disabilities.

DIAL-4 Training
Prior to screening children, teachers are responsible for becoming familiar with the operator's handbooks. The compact, spiral-bound booklet located in each bag is formatted to enhance usability, administration, and scoring.

For additional training, the DIAL-4 training DVD/CD presentation provides a step-by-step visual and auditory explanation of how to administer and score each task and item.

Standardized Instructions
During the administration of items, only those words printed in large **bold red** should be used for directions.

However, the teacher may make social comments for rapport purposes, such as "You seem to be ready to have fun with me today" or "I can tell you are really paying attention." These comments must not interfere with the standardized instructions.

PRAISE
DIAL-4 is supposed to be game-like and fun. No matter what the child does or does not do, all attempts or performances should be praised with smiles, nods, and positive comments such as "good", "thank you". Prompting is encouraged to obtain the best response from the child.

Structure and Organization
Each DIAL-4 performance area includes item that assess key skills in that area. Some items consist of a single task, while others consist of two or more tasks. Within a performance area, tasks gradually increase in difficulty and complexity.

Some items may be administered on to children in a <u>specified age range</u> or <u>may be contingent on the child's success on the previous item.</u>

After each performance area is completed by the child, the operator completes a corresponding Behavioral Observation section.

Performance Areas
Motor Area (seven items)
1. Throwing
2. Stand, Hop and Skip (Standing on One Leg, Hopping, Skipping)
3. Building (Tall Tower, Bridge, and Pyramid)
4. Thumbs and Fingers (Wiggling Thumbs, Twiddling Thumbs, Touching Fingers to Thumb)
5. Cutting (Straight Line, Curved Line, Dinosaur)
6. Copying
7. Writing Name
Behavioral Observations and <u>Intelligibility</u>

Concepts Area (seven items)
1. Body Parts
2. Colors
3. Rapid Object Naming (Object Identification, Rapid Naming)
4. Rote Counting (Counting Forward, Counting Backward, Number Identification)
5. Meaningful Counting (Counting Blocks, Number Relationships)
6. Concepts
7. Shapes (Identifying Shapes, Sorting by Shape, Sorting by Color and Size)
Behavioral Observations and <u>Intelligibility</u>

Language Area (six items)
1. Personal Information
2. Articulation

3. Objects and Actions (Expressive Objects and Actions, Receptive Objects and Actions)
4. Letters and Sounds (Alphabet Song, Letter Naming, Letter-Sound Correspondence)
5. Rhyming (English only) and I Spy
6. Problem Solving
Behavioral Observations and Intelligibility

Parent Questionnaire (Self-Help and Social-Emotional Development Areas)
Teacher Questionnaire (Self-Help and Social-Emotional Development Areas)

Scoring
The response a child provides is scored **by circling** the score value that corresponds to the response. Depending on the task, these values can range from 0-4 points.

Some tasks require the operator to record the child's actual response. (e.g., Highest letter in ABC song)

All tasks also have "NA" (no attempt) listed next to each 0 on the Record Form. NA should be circled for tasks the child does not attempt, and a score of 0 should be assigned to that task.

Scores for an item's tasks (e.g., scores from Item 1 Throwing) are summed to create a total item raw score for that item. This summed score is recorded in the blue box.

The total item raw score is converted to an item weighted score using the item scoring summary table that appears under each item. To convert the total item raw score, find the item weighted score that corresponds to the total item raw score and record it in the green Weighted Score box.

Transfer Item Weighted Scores to the seven spaces in the performance area Total Score summary box. These scores are then summed to create the total score for each performance area. **To score each area,** sum the scores for the child's responses and record the total in the Raw Score box on each page.

After scores for each DIAL-4 component are calculated, they should be transferred to the Score Summary section on the first page of the DIAL-4 Record Form. The Behavioral Observations scores for the three performance areas should also be summed and recorded.

7 percent (1.5 SD)
PACT has chosen to use the same Standard Deviation Cutoff used by Four Rivers Special Education Co-Op and the percentile ranks to obtain the children's scores. The teacher will circle the 7% level in the Score Summary Section.

The 7% cutoff level will be used to determine if a child's performance indicates a potential developmental delay. This level classifies approximately 7% of the DIAL-4 normative sample into the Potential Delay category. This level is associated with a score that is more than 1.5 standard deviation (SD) below the mean by using Tables G.1, G2, G.3, and G.7.

Recording the Percentile Rank
The percentile rank that corresponds to the total score for each performance area can be determined by using Tables G.4, G.5, and G.6. The percentile ranks can be useful for describing

how a child's performance compares to that of other children of a similar age. It represents the number of children who scored at or below a particular raw score.

Making an Overall Screening Decision
The overall decision is recorded in the designated area on the front of the DIAL-4 Record Form. The decision is based on the DIAL-4 Total score or on a combination of other DIAL-4 scores.

Parent & Teacher Questionnaires
The Parent Questionnaire is administered (in an interview format) by the teacher during the first home visit. The Teacher Questionnaire is completed by the teacher within two weeks of child's enrollment. The child's chronological age is determined on the day the Parent or Teacher Questionnaire is completed.

Parent and Teacher Questionnaires are scored using transparent overlays that are placed over the completed questionnaires. Questionnaires that are missing tasks in any one area may be invalid (see page 24 of DIAL-4 Manual).

Upon completing parent and teacher questionnaires, it is checked for completion and attached to the DIAL-4 Record Form.

The Parent and Teacher Questionnaire consist of four parts:
Part 1. **Self-Help Development,** which asks about the child's ability to care for him or herself.
Part 2. **Social-Emotional Development,** which asks about how the child behaves with other people.
Part 3. **Overall Development**, identifies concerns of parents or teachers.

Teacher begins by filling in the blanks on the front of the questionnaire, which asks for the child's name, gender. In place of address/phone number, add parent's name. The child's birth date is placed in the small white box to determine the child's chronological age. Next it is asked who is filling out the form, which will be "Teacher," and then the name and class/area of the teacher.

Part 1. Self-Help Development
This part assesses what a child can do on his or her own, such as dressing and self-care. The teacher is to go through each blank one at a time with the parent, reminding them that these questions address an **average** day, for what is **most** typical for the child. Fifteen tasks are addressed and rated. The ratings are: Most of the time, with no help
    Sometimes
    Rarely or Never
    Not allowed to or not asked
The teacher will indicate with an X in each box what the parent reports. The answers are later scored by the teacher to add to the overall screening picture.

Part 2. Social-Emotional Development
This part records how frequently a child shows certain feelings or behaviors. Again, the teacher will go through the blanks with parent, reminding them to think of the child on his/her most

typical day, to decide what is **most usual** for the child at home and with friends. This section questions 28 tendencies, like level of frustration, accepting limits etc., and is rated in the following way:

>   Always or almost always
>   Sometimes
>   Rarely or Never

The teachers will score this part and the score will be considered as part of the entire assessment.

Part 4. Overall Development
This part is on the back of the questionnaire and gives the parent(s) an opportunity to discuss any special concerns they might have in regard to general development, vision and hearing, motor skills, etc. eight areas are covered and rated with:

>   I'm not worried
>   I'm a little worried
>   I'm worried
>   I'm very worried.

There is also space to write in any other specific worries the parent(s) may have.

<div align="center">

DIAL-4 REVIEW

</div>

*DIAL-4 content areas are aligned with Head Start Child Development and Early Learning Framework.

*The age range for each item is printed in the <u>top right-hand corner of the page</u> in the operator's <u>handbook</u> and on the <u>Record Form</u>.

<u>*chronological age</u> To check your math, go to **- Calculator.net** Click on Age Calculator - This is an age calculator based on the date of birth and the date to be calculated at. PACT I-pads also have an app to figure chronological age for screening.
*The screening is untimed. (Except for the Rapid Object Naming in the Concepts area and standing on one leg in the Motor Area) Note: screener will need <u>a watch with second hand or a timer</u>.

*New <u>Red</u> Text. Instructions spoken by the operator are printed in **red** in the handbook to facilitate administration.

*There are two scores - The Raw Score and the Weighted Score.

*Weighted scores are transferred to the seven spaces in the Total Score summary box. These scores are then added to create the total score for each performance area. The performance area score is listed on the Scored Summary section on the front cover of the record form.

*The percentile rank is recorded on the front of the Record Form.

*NA is circled for tasks the child does not attempt, and a score of "0"

*__Behavioral Observations__ is __completed immediately__ after the child completes the items in each area.

*__Intelligibility__ is __completed immediately__ after the child completes the items in each area.

*Teacher Questionnaire has fewer self-help development skills and more social-emotional skills than the Parent Questionnaire.

*Developmental screening is shared with parents. Keep a copy in Education File.

*Forward the original DIAL-4 Record Form and Questionnaires to your supervisor.

__PRAISE -__ DIAL-4 is supposed to be game-like and fun. No matter what the child does or does not do, all attempts or performances should be praised with smiles, nods, and positive comments such as "good", "thank you". Prompting is encouraged to obtain the best response from the child.

Figuring Chronological Age Worksheet for DIAL-4

__chronological age__   To check your math, go to __- Calculator.net__   Click on Age Calculator - This is an age calculator based on the date of birth and the date to be calculated at.
.
In order to obtain accurate DIAL-4 results, the teacher must determine the child's age to the nearest year and month. THE AGE IS NOT ROUNDED UP - Simply drop the remaining days.

__SAMPLE:__

__Chase Henderson__

	Year	Month	Day
Screening Date:	_____	_____	_____
Birth Date:	_____	_____	_____
Chronological Age:	_____	_____	

Year Month   Day
Birth date: 9 - 21 -10

Child A__.__ __Ava Lierly__
Birth date: 12 - 20 - 11

Screening Date:	_____	_____	_____
Birth Date:	_____	_____	_____
Chronological Age:	_____	_____	

Child B. **Riley Henderson**
Birth date: 8-4-10

Screening Date: _____ _____ _____

Birth Date: _____ _____ _____

Chronological Age: _____   _____

Child C. **Samuel Lierly**
Birth date: 9 -6 -10

Screening Date: _____ _____ _____

Birth Date: _____ _____ _____

Chronological Age: _____   _____

Child D. **Conley Henderson**
Birth date: 12 – 27 - 09

Screening Date: _____ _____ _____
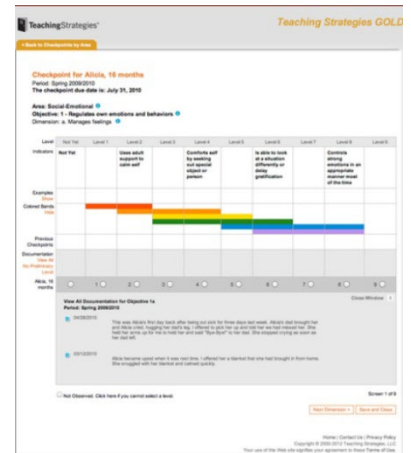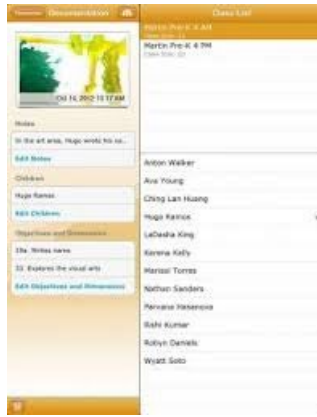
Birth Date: _____ _____ _____

Chronological Age: _____   _____

Assessment System for HS and EHS

Teaching Strategies GOLD

Observe and collect facts. Identify children who are advanced, on target, or needs help.

Summarize, plan for, and communicate children's progress to families.

Systematic Approach

Analyze the documentation and then respond by scaffolding children's learning and planning instruction.

Evaluate each child's progress.

Head Start and Early Head Start – CB and HB
School Readiness, Outcomes and On-going Assessment

HS Standard 1037.2 School readiness goals articulate the program's expectations of children's status and progress across the five essential domains of child development and early learning that will improve children's readiness for kindergarten.

Description of the School Readiness Flow Chart
The top row of the school readiness flow chart describes the School Readiness statement. In the second row, the PACT's five School Readiness Goals are listed. For each school readiness goal, the school readiness team selected objectives and dimensions from *Teaching Strategies GOLD*. The objectives and dimensions may change at the end of each program year, depending on the outcomes.

School Readiness Goals
PACT's school readiness goals were developed December 2012 and reformed May 2021. The school readiness team looked at kindergarten expectations from 25 school districts in our service areas. The school readiness team with parents and staff input established school readiness goals in five areas of the inner wheel of the Head Start Child Development and Early Learning Framework. In May 2021, Education Coordinators, along with the School Readiness Team, looked at the state of Illinois's Kindergarten Individual Developmental Survey (KIDS) and aligned PACT's School Readiness Goals with the Illinois State Readiness Measures.

The school readiness child outcomes data is collected 3-4 times per year. TSGOLD Checkpoints are finalized, and reports are created following the School Readiness Plan, in Tab 1. Teachers analyze and evaluate their Classroom Data using the Child Outcomes Worksheet. Teachers complete their *Child Outcomes Worksheet* at the end of each collection period and reflect on current classroom practice, intentional teaching, and the needs of individual children.

1302.33 (a)(b)(c)(d)

On-Going Assessment Tool
Teaching Strategies GOLD™ is an authentic, observational assessment system for children from birth through kindergarten. It is designed to help teachers to know children well—what they know and can do, and their strengths, needs, and interests. With this information, teachers can guide children's learning by planning engaging experiences that are responsive to individual and group needs.

In the classroom/socialization or on home visits, teachers have opportunities to address the 38 objectives in the *Teaching Strategies GOLD*™ assessment system and to help children become successful learners.

CB Teachers document a minimum of one learning experience to support TSGOLD objectives and dimensions, except for *literacy and math*. For literacy and math, teachers will support their rating level with (3) three documentations.

HB Teachers document a minimum of two learning experiences per collection period, for each child, for each of the eleven school readiness goals chosen by PACT. (If age appropriate).

Teaching Strategies GOLD® blends ongoing, authentic, observational assessment across all areas of development and learning with intentional, focused, performance-assessment tasks for selected predictors of school success in the areas of literacy and numeracy.

Teachers collect and document evidence of children's knowledge, skills, and behaviors during meaningful everyday experiences in classrooms or on home visits. The system is inclusive of children with disabilities, children who are developing typically, and children who demonstrate competencies beyond typical developmental expectations. It also supports the assessment of children who are English- and dual-language learners.

The primary purposes of the *Teaching Strategies GOLD*® assessment system is to help teachers

- To observe and document children's development and learning over time
- To plan instruction and scaffold children's learning
- To identify children who might benefit from special help, screening, or further evaluation
- To report and communicate with family members and others

The secondary purposes are to help management

- To collect and gather child outcome information as one part of a larger accountability system
- To provide reports to administrators to guide program planning and professional development opportunities

The evidence of learning is obtained from multiple sources:
- teacher notes, photos, videos, etc. during class or home visit
- analysis of children's work samples and performance
- parent observation notes on Weekly Goal Charts
- Other – Pre-K, EHS, SP/L teachers

Materials used to collect, plan and/or to document learning:
- *TSGOLD APP*
- *Assessment Opportunity Cards*™ (Preschool - optional)
- *On-the-Spot Observation Recording Tool* (Preschool - optional)
- **Family Conference Report**
- Child/Family Cultural Survey
- Education Survey for School Readiness
- Weekly Goal Charts & Classroom Lesson Plans
- Home Visit Reports – home-based
- Socialization Plans – home-based

An Overview of *Teaching Strategies GOLD™* assessment system

When teachers implement an assessment system, teachers follow a systematic process, or cycle. Think of the steps of the *Teaching Strategies GOLD™* assessment cycle as a way to find answers to these questions:

• What does this child know, and what is he or she able to do?
• How does this relate to important objectives for development and learning? How do I scaffold this child's learning?
• Is this child making progress? How do this child's skills and behaviors compare to those of most children in his or her age- group?
• How can I summarize what I know about this child and use it to plan and communicate with others?

These questions are the focus of each part of the *Teaching Strategies GOLD™* assessment cycle. Each part of the cycle requires teachers to undertake a different task:

1. Observe and collect facts through observation and documentation.
2. Analyze and respond to children by considering their skills in relation to specific objectives and then scaffolding their learning.
3. Evaluate by comparing a child's skills and behaviors to research-based indicators of learning and development.
4. Summarize, plan, and communicate, making use of the collected information to plan experiences and share with others.

Teaching Strategies GOLD™ includes four components, to use during the assessment cycle:
• *Objectives for Development & Learning: Birth Through Kindergarten*
• *Child Assessment Portfolio- on-line*
• *Assessment Opportunity Cards™* (optional)
• *On-the-Spot Observation Recording Tool* (optional)

<u>*Child's Electronic Portfolio (on-line)*</u> is used to record and document assessment information throughout a year. Documentation is used to support Checkpoints and Reports.

<u>*Assessment Opportunity Cards*</u>™ offer 10 carefully selected, developmentally appropriate activities that can be integrated into everyday classroom experiences to help teachers focus on observations and collect information related to particular objectives.

<u>*On-the-Spot Observation Recording Tool*</u> is a practical checklist that captures information about children quickly, thereby streamlining the documentation process
The *Teaching Strategies GOLD™* assessment system measures the knowledge, skills, and behaviors that are most predictive of school success. In addition, *Teaching Strategies GOLD™* helps teachers focus on competencies valued in Illinois Early Learning Standards and Head Start Child Development and Early Learning Framework.

The TSGOLD has 38 objectives, including 2 objectives related to English language acquisition. Thirty-six objectives are organized into nine areas of development and learning.

Colored bands <u>are used</u> for **social-emotional, physical, language, cognitive, literacy, and mathematics** to show reasonable expectations for development and learning and show where most children of a particular age-group or class/grade are likely to be at the beginning and end of a program year.

• Social–Emotional
• Physical
• Language
• Cognitive
• Literacy
• Mathematics

The colored bands <u>are not used</u> for **science and technology, social studies, and the arts**.
Select: Not Yet, Emerging, or Meets Expectations. Teachers may choose to use narrative notes to document what children know and can do in these areas.

• Science and Technology
• Social Studies
• The Arts

The <u>colored bands are not used for the English language acquisition</u> objectives.

• English Language Acquisition

Colors are used to indicate the age or class/grade ranges.
Birth to 1 year - Red
1 to 2 years - Orange
2 to 3 years - Yellow
Preschool 3 class - Green
Pre-K 4 class - Blue
Kindergarten - Purple

Notice that some colored bands of a progression are longer or shorter than others. Some bands begin in the "Not Yet" category. While there is a typical progression for each objective, it is not rigid; development and learning are uneven, overlapping, and interrelated.

Sometimes a skill does not begin to develop until a child is 2 years old, and another skill may not emerge until age 3 or 4. For example, the colored bands show you at a glance that it is typical for children to enter the pre-K year with a particular skill emerging at level 5 and then for the children to progress to level 8 by the end of the year if they are given appropriate support and experiences.

Teaching Strategies GOLD™ helps teachers identify children who may be struggling in some areas of development and learning. In general, the developmental rates of children with disabilities tend to be more unpredictable than the rates of children without disabilities. Children demonstrate their abilities in various ways as well. Teachers can identify supportive strategies, such as offering small-group work or other materials, to make it easier for children to participate and make progress through daily experiences.

Using *Teaching Strategies GOLD™* to assess children with disabilities provides significant benefits for a number of reasons:
> • It includes the important indicators for appropriate assessment as recommended by the Division for Early Childhood (DEC) of the Council for Exceptional Children and the National Association for the Education of Young Children (NAEYC). It has all of the attributes of high-quality assessment described by DEC, i.e., it is used for specified purposes, is authentic; and has good psychometric qualities.
> • It is comprehensive. For the purpose of planning instruction, information is gathered across all areas of development and learning.
> • It involves families in the assessment process.
> • It identifies a child's skills and abilities and minimizes the impact of the disability on the results.
> • It emphasizes what a child can do. Because incremental rates of progress are documented within a broad range of development and learning tasks, it guides teachers to understand next steps in development.
> • It is a strengths-based tool. A child can demonstrate skills and behaviors within the various levels of each objective and its dimensions. It provides an ongoing record of what a child can do at every checkpoint.
> • It uses universal language that reflects an understanding that children show what they know in various ways. Discrete skills are replaced by functional objectives.

On-Going Assessment is a continuous cycle of observing and collecting facts; analyzing and responding; evaluating; and summarizing, planning, and communicating to others. This section helps you understand how to take each step of the cycle and to link curriculum and assessment seamlessly to support children's development and learning.

Step 1: Observe and Collect Facts
The first step in the assessment process is to learn about the children: what they know and can do in relation to each of the objectives. Ongoing observation is an essential part of connecting assessment and curriculum.

For some objectives, seeing a child perform a skill once is sufficient to make an informed decision. Other objectives such as school readiness (math and literacy) need more evidence and documentation.

Focused assessment does not imply the need for testing. The focused school readiness objectives takes place as part of classroom or home activities. Over several days, children may demonstrate their abilities to solve measurement problems in mathematics or represent ideas through construction.

Teachers can observe in 3 different ways.
1.   *Participating in the action* - Teacher is actively involved with one child.
2.   *Input from parents* – parents assess weekly activities planned by teacher, etc.
3.   *Stepping out of the action* - watching & focusing on how one child's approach a learning
        task.
4   *Reflecting* - Reviewing children's work sample or taking a moment after an event
        occurred.

Documentation can take many forms:
• Observation notes—these are short, objective, factual notes about what you hear and see.
Include direct quotations of language and descriptions of actions, gestures, facial expressions,
and creations.
• Photographs—take pictures of children's constructions, artwork, or examples of how they
are demonstrating knowledge and skills related to an objective. Label each photo with the date
and a brief note that explains the context in which it was taken.
• Video and audio clips—keep clips short. Capture just enough information to show an
example of what the child knows and can do. Lengthy clips are difficult to store and locate.
• Samples of children's work—**don't save everything**! Select the writing and art samples
that relate best to particular objectives.
• Checklists, participation lists, and frequency counts—Use procedures to count behaviors and
skills in order to capture information quickly. For example, keep records of which interest
areas a child visited and the letters a child recognized. A simple checklist to mark skills can
also be included as part of the documentation of children's learning. The *On-the-Spot
Observation Recording Tool* is such a checklist.

Step 2: Analyze and Respond
The next stage in the assessment cycle involves organizing your documentation and making
informed judgments about what the information tells you about a child's progress toward each of
the objectives. As you observe children, ask yourself, "What does their behavior mean?" Often
you will respond appropriately in the moment. You will use your knowledge and understanding
of the progressions in *Observing Development & Learning: Birth Through Kindergarten* to
provide just the right strategy, material, or support to scaffold the child's learning.

Step 3: Evaluate
Evaluating children's progress means deciding what level each child has reached in terms of the
objectives. To evaluate, you first need to gather and think about all of the documentation you
have collected. The documentation is stored on-line in the child's portfolio in TSGOLD.

Checkpoints/Child Outcomes, here's what to do at each progress checkpoint:
1. Think about and review the documentation you collected in relation to each objective.
2. Colored bands on the form show reasonable expectations for development and learning
and show where most children of a particular age-group or class/grade are likely to be at the
beginning and end of a program year.

3. In the first 3 years, you will want to carefully adjust your expectations according to the child's age. In the next 3 years, there are more standard expectations for each year in group programs. A teacher with a preschool class designed for 3-year-olds would first focus on the green indicators and consider children's skills, knowledge, and behaviors in comparison to those expectations. This would be so even if a few of the children in the group are a few months shy of age 3 in September or turning 4 during the program year. Then, if those indicators do not describe a particular child's skills, knowledge, and behaviors, the teacher would look to the indicators of other colored bands for guidance.

4. For each objective and dimension, begin by focusing on the indicator(s) (at levels 2, 4, 6, or 8) above the colored band that matches the child's age or class/grade. For example, for a pre-K 4 child whether 3, 4, or 5 years old, begin with the indicator(s) above the blue band. Sometimes the colored band will span one indicator and an "in-between" level. Sometimes the band will span two or three indicators. Those indicators are your starting point for deciding which one best describes the child's knowledge, skill, or behavior.

5. To make sure you are selecting the correct level, read the indicators to the right and left of your starting point. Choose the indicator that most closely matches the child's skills and behaviors.

***Bold Indicators often include multiple expectations (separated by semicolons). In order to rate a child's skills as being at a particular level, the child must demonstrate skills related to all elements of the indicator. Also consider whether the child can best be described as being at an "in-between" level.

6. A colored band in the "Not Yet" column shows that a child of that age is not yet expected to demonstrate a particular skill or behavior. Marking a child at the "Not Yet" level may apply to a child with a disability or developmental delay who is not yet demonstrating a particular skill or behavior.

7. In Between Levels 1, 3, 5, and 7 should be used to indicate that a skill or behavior is just beginning, or emerging. The child may not be demonstrating the indicator consistently or regularly, or the child may need a certain amount of adult support. This support may be verbal, physical,
or visual.

9. **"Not Observed" is used only on rare occasions.**

10. Any teacher that has a child enroll with less than 4 weeks left in a checkpoint period will wait to complete the checkpoints until the next full checkpoint period. **Do not** mark this child "not observed"-you will not do anything with the checkpoints at all. This will allow the reports to be run by finalized children only and this child will not be included in any reports.

Colored bands on the form illustrate reasonable expectations for development and learning and show where most children of a particular age group or class/grade are likely to be at the beginning and end of a program year.

Step 4: Summarize, Plan, and Communicate
The final step of the assessment cycle involves summarizing what you know, basing plans for individual children and the group as whole on that knowledge and communicating with those outside your classroom to explain what children are learning. It is at this point that you make a clear link between curriculum and assessment.

Plan or Individualizing
Planning for children on the basis of assessment information is an art. There are no formulas or quick solutions. It would be wonderful to be able to say that a child will progress to the next level if you do a particular activity. However, it takes time, practice, and reflection to determine what support a child or group of children needs.

As you make your daily, weekly, and long-range plans, refer to your assessment information. Your documentation will inform the types of experiences you offer to children. Plan for the particular needs of individual children. Think about what you know about children, the expected outcomes included in *Teaching Strategies GOLD™* and use this information to shape what you do each day. Your assessment information and the progressions of development and learning should guide how and when you adapt an activity to make it simpler or more complex.

Review assessment information with your co-teacher, with families, and with your colleagues to consider how best to guide children's learning. Think about the assessment information as you plan changes to your physical environment. Are the materials you include challenging yet manageable for the children in your group? Has your assessment information revealed that a child has a particular interest you want to nurture? Do you need to adapt some materials so that children can use them more easily?

Might a child who is an English-language learner demonstrate competencies if the materials were more linguistically appropriate?

Reports to plan activities in the classroom:
Class Profile: Teachers run the *Classroom Profile* after each checkpoint and give a copy to the Site Supervisor to file in the Curriculum Notebook. The *Classroom Profile* is used to identify where each child's development is on the continuum as well as to construct small groups (identifies groups of children in similar levels of development).
Reports to communicate with Families or other professionals:
Family Conference Form: Teachers run the *Family Conference Form* before each education contact (except for the first home visit) to share the child's development with the child's family. The *Family Conference Form* creates an individual plan to promote school readiness for each child. Using this system, the teacher describes the child's strengths in the social-emotional, physical, language and cognitive development including strengths in literacy, math, science & technology, social studies and the arts. The teacher then plans for the child's development with input from the parent by selecting goals based upon the child's current developmental levels. This is indicated by the parent initializing the goals chosen. A copy of the *Family Conference*

Form is given to the parent and the original with initials and parent signatures is kept in the child's Education File. This report is completed for children who have been enrolled in the program for at least 8 weeks with no less than 6 weeks remaining in the program.

Individual Child Report*:* Teachers run the Individual Child Report when they need to share the child's levels of development in an IEP, IFSP, PBS or other meeting related to evaluating the development of the child. This report shows the areas that the child is meeting expectations, exceeding expectations or not meeting expectations. While it is normal for a child to not meet expectations in one or two dimensions throughout the year, it is a concern if a child is not meeting expectations in several dimensions throughout the year. The teacher may choose to use this report to share with the family if they are suggesting a referral based upon this data.

This report will be printed (color printer) when a child drops or at the end of program year for our assessment record by the Education Coordinators and/or teachers.

Notes about Child Plus Roster:
1. Children do not show until they are enrolled.
2. Children will remain on class roster for two weeks after the day their termination date was entered into ChildPlus. If you have children still showing up, you may need to log out of your IPad application and then log back in to the IPad application.
3. Updates on TS Gold will not show up on IPad applications unless you log out and back in.

English Language Learners - Assessment of a child who is Linguistically Diverse.

To understand bilingual assessment, teachers will begin with the *Language Acquisition Survey*. Example, if the family size is 5, how many family members only speak the home language, or both English and home language, or mostly English, or only English.

English Language Learners are assessed by the teacher and a person who speaks the child's home language and dialect, and who is also familiar with the child's cultural beliefs and practices, whenever possible. Family members will be encouraged to become involved with the assessment collection at home and in class. Community people may be involved with volunteer training. Teachers assess DLL for both English and Home Language, to gain child's knowledge and ability. Teachers assess and observe the patterns of a DLL, to be in tune with the child's ability. DLL communication is assessed in many ways, not just vocabulary.   Use pictures, gestures, etc. DLL are asked to clap out syllables in both their home language and in English.

Stages of Sequential Acquisition of a Second Language
(Tabos and Snow (1994) have identified four stages of sequential acquisition of a new language. The stages represent a general pattern of second language leaning for children, after the age of 3, in English-speaking settings. Excerpt from Phillip C. Gonzales, Becoming Bilingual: First and Second Language Acquisition).

Stage 1:   Home Language Use. Monolingual children in a new language environment

continue to speak their home language.

Stage 2:   Nonverbal Period. This stage begins when children start to realize that their primary language is not being understood. They will become quiet, watching and listening intently, and often use nonverbal means to communicate.

Stage 3:   Telegraphic and Formulaic Speech. During this time, children intentionally use individual vocabulary words in the new language or put them together in a short sequence or short sentence. Some mixing of the English and the home language may occur.

Stage 4:   Productive Language. The child begins to speak English relatively well. Sentences may be rather awkward and words over- or under-generalized at times.

***Teachers can help Spanish/English speaking children become phonemically aware by following the guidelines listed below:

- Assess children's phonemic awareness in Spanish, not English.
- Allow children to do many language activities in Spanish.
- Continue to develop proficiency in Spanish.
- Help children see similarities in the two language systems.
- Use pictures that have the same sounds in both languages. (e.g., gato, cat)

*For Non-Alphabetic Language Speakers (e.g., Arabic, Mandarin)

- Treat children as English speakers who are struggling to "hear" the sounds in English.
- Speak slowly and use lip, mouth, and tongue training in an active, fun approach.
- Intensify instruction three to four times a week, building on children's progress in oral English.

Resource: Teaching Young Children in Multicultural Classrooms, Issues, Concepts, and Strategies, 2nd Ed., by De Melendez

The Assessment & Child Outcomes Timeline

August/September	**First Home Visit** – explain the *Teaching Strategies GOLD* to families. Observe and collect facts to document on IPAD or TSGOLD. Note: For some objectives, seeing a child perform a skill once is sufficient to make an informed decision. Other objectives such as school readiness (math and literacy) need more evidence and documentation.
October/November	**Home Visit**– Share Family Conference Form and Portfolio. Child Outcomes due (Finalize Checkpoints) end of October. Note: For some objectives, seeing a child perform a skill once is sufficient to make an informed decision. Other objectives such as school readiness (math and literacy) need more evidence and documentation
December/January	Observe and collect facts to document on IPAD or TSGOLD. Note: For some objectives, seeing a child perform a skill once is sufficient to make an informed decision. Other objectives such as school readiness (math and literacy) need more evidence and documentation
January/February	Share Family Conference Form and Portfolio. Child Outcomes due (Finalize Checkpoints) end of January. Note: For some objectives, seeing a child perform a skill once is sufficient to make an informed decision. Other objectives such as school readiness (math and literacy) need more evidence and documentation
March/April	Observe and collect facts to document on IPAD or TSGOLD. Note: For some objectives, seeing a child perform a skill once is sufficient to make an informed decision. Other objectives such as school readiness (math and literacy) need more evidence and documentation
April/May	Share Family Conference Form and Portfolio. Child Outcomes due (Finalize Checkpoints) end of April. Note: For some objectives, seeing a child perform a skill once is sufficient to make an informed decision. Other objectives such as school readiness (math and literacy) need more evidence and documentation
May/June	Observe and collect facts to document on IPAD or TSGOLD.
June/July	Share Family Conference Form and Portfolio. Child Outcomes due (Finalize Checkpoints) end of July.