Early Childhood Assessment

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This book is dedicated to the individuals who have played a direct role in providing me with the opportunities to work with preschool children and to gain whatever level of expertise I can now claim that gave me the courage (OK, chutzpah) to write this book.

♦ *Acknowledgments*

After many years of working in school systems with school-age children, my first opportunity to work intensively with preschool children was at Moss Rehabilitation Hospital, when the psychology department was under the direction of Phillip Spergel. Phil assigned me to the pediatric unit, where I had the good fortune to work with the large number of children brought to Moss through a contract with the Get Set day care program of the Philadelphia Board of Education. It was through this work that I discovered I really enjoyed working with this age group and that I also discovered the limited information that was available at the time. Thanks, Phil.

For the following five years, I worked at Hall-Mercer Community Mental Health/Mental Retardation Center of Pennsylvania Hospital, where I was assigned to consult with the therapeutic nursery program. This was under the clinical directorship of Carl Gasta, who, sadly, died a number of years ago.

I was next hired by Bill Dibble, the associate director of United Cerebral Palsy Association of Philadelphia and Vicinity to create and direct the (then) Head Start Clinic Team. For over eight years I was the administrator and senior psychologist for this team, which provided a model for services to children with special needs throughout the Philadelphia area. This was also my first opportunity to carry out research as an applied psychologist. Thanks, Bill.

Following my work with the Clinic Team (though continuing there on a part-time basis—not being able to let the baby go!), I was introduced to academia by Sylvia Rosenfield, who invited me to be the coordinator of her grant for an early childhood specialization with Temple University's School Psychology Program. This was my first opportunity to teach the preschool assessment course, where I consistently overwhelmed students with the large number of handouts because there was no satisfactory text at that time. Thanks, Sylvia (and my apologies to my students; you can buy this book now!).

My final thanks go to H. Carl Haywood, who by inviting me to design and direct the School Psychology Program within the newly created Graduate School of Education and Psychology at Touro College, provided me with continued opportunities to teach and develop the preschool assessment course, as well as to conduct research related to my work with dynamic assessment and parent-child interactions with young children. (The students there also complained about the workload. My apologies also to you. This is one response to the yet unasked question of what the Temple and Touro programs have in common. You, too, may buy this book!) Thanks (again), Carl.

Of course I must express gratitude to the wonderful children and families, as well as the teachers and supervisors, with whom I have had the privilege of working over these many years. My special thanks to the darling children of the Head Start programs throughout Philadelphia. We will never really know how we touched each other's lives.

♦ *Preface*

This is a book for practitioners by a practitioner. This is a book for academics by an academic. No, I am not having an identity crisis. I stand with my feet firmly planted in both worlds. Primarily, this is a book I need for teaching my graduate students in school psychology, and it is the book I wish I had had when I began my work as a school psychologist.

There are other books that tackle the topic of assessment of preschool children, but while I have used them as references and greatly value their content, I never selected any of them as a text for my course in early childhood assessment. The books that are available focus on specific tests, are organized according to disability, or commit to one specific model. To my amazement, some of these omit in-depth discussions of play, parent-child interaction, and dynamic assessment. Because most of them are edited volumes, there is inevitable redundancy across chapters. The greatest limitation is that it is difficult for practitioners to walk away from these books feeling as if they were put on the road to application of the content. Although any book is limited in its ability to prepare practitioners for practice, there remains a gap in the availability of a book that focuses primarily on such applications.

The purpose of this book is to provide general guidelines for designing and conducting assessments of young children between the ages of 3 through 5 years: the preschool years. Although details are provided regarding some informal procedures (e.g., interviews, observations), specific standardized procedures are mentioned only briefly, with more space dedicated to issues regarding their administration and application. Similarly, this book does not cover specific disorders. However, to say that this book offers general guidelines is not to imply that it avoids specifics. Some areas neglected by other books are described in detail, such as parent-child interaction and dynamic assessment, and other areas, such as interviews and observations, are detailed with forms and formats unique to this text. Another important aspect of this book is that it offers an integrated discussion and format for assessment of young children. Each chapter offers discussion of a specialized topic, but always with awareness of content in other chapters, and always with a sense of moving toward an integrated application of procedures to the whole child.

This book is appropriate as a graduate school text in school or clinical psychology and for practitioners who either have never received formal training in the assessment of young children or wish to review and update their thinking and practices in this area. To facilitate the use of this book with graduate students, suggested activities are listed at the end of each chapter under the headings of scholarship and application. Course instructors can use these suggestions as they wish, for example, by asking students to select one or more scholarship and application activity from among the chapters to fulfill course requirements.

This book also expresses an attitude and a commitment to the idea that best assessment practices should reflect what is good for families and for children and not just what is fast and cheap to implement. Of course, there are economic realities that must be faced, but we have an ethical obligation to resist and to protest against practices that threaten to cheat our clients of effective and meaningful services and interventions.

This book walks the reader through a comprehensive assessment, touching each of the major data sources necessary for a full understanding of children and their environments. It is

organized primarily in terms of these data sources, rather than in terms of diagnostic category, functional domain, or specific procedure. Assessment is a complex process, and any procedure generates information that crosses domains. There is no such thing as a purely cognitive or purely social-emotional measure. Although it may be helpful to divide the discussion into functional domains when assembling a final report, during the course of the assessment the psychologist must first parse out the information from each procedure to decide what that procedure is measuring at that time for that child, and ask the question: What did I learn about this child from what I just did? Only in this way can we put Humpty-Dumpty back together again and give meaning to our statements about the whole child.

Assessment is a journey. We begin with an idea of where we want to go and carry a map to guide the way, but we can never predict what we meet along the way or exactly how that will affect the point at which we arrive. This text attempts to provide a map that reflects the richness and complexity of children's development and the lives they live within their communities and families. The journey never fails to be interesting and challenging for those whose eyes and minds are open. Welcome to the world of early childhood assessment.

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Chapter One

In the Beginning . . .

Prior to the 1960s, few psychologists conducted assessments of preschool children. Before this time, early childhood assessment was largely an activity for researchers and, particularly, for those engaged in longitudinal studies. With the 1960s the government established federally funded compensatory education programs such as Head Start and acknowledged the need to determine their effectiveness (Kelly & Surbeck, 2000). Programs for young children with and without special needs now abound, and psychologists are expected to be skilled in their assessment. It is increasingly clear that special skills and a knowledge base are necessary for the proper assessment of young children and that psychologists are not adequately prepared by merely including tests for young children within the general cognitive education course or through continuing education courses. This text provides guidelines for the challenging and interesting journey into early childhood assessment.

A good journey begins with an itinerary, and a good itinerary balances careful preplanning with opportunities for exploration and spontaneous adventure. This is the goal of this introductory chapter and, ultimately, the book. In this chapter I discuss issues and practices related to setting up an assessment. The emphasis is on assessment of individual children of preschool age (between the ages of 3 and 5 years) for diagnostic exploration of referral concerns, usually initiated by parents, teachers or program personnel, or physicians. These concerns most frequently involve language development or other developmental delays, as well as specific conditions or syndromes that may have consequences for development of learning and social competence.

The early stages of the assessment process are arguably the most important; to a significant extent, what is revealed at the beginning influences what follows, and what follows should flow in an integrated way from the purposes of the assessment. Therefore, it is important for assessors to think about and plan for what needs to happen at the beginning so that what follows can develop logically from this foundation and so that a meaningful relationship among assessment, intervention, and follow-up can result.

However, we must first have an idea of what is meant by the term *assessment,* primarily to distinguish it from any specific activity such as testing (Bagnato, Neisworth, & Munson,

1997). Assessment is a broad, comprehensive process, not any specific activity or technique (Batsche & Knoff, 1995; Danielson, Lynch, Moyano, Johnson, & Bettenburg, 1989; Lidz, 1981; McConnell, 2000). Primarily, assessment is a mental activity of the assessor, and the assessment tasks are chosen to facilitate this process; it does not take place on a sheet of paper, but within the brain of the individual who integrates and interprets the information. I define *assessment* as the process of data gathering that informs decision making. If this is the case, then the first step of assessment is to be explicit regarding the nature of the decisions to be made, followed by determining the most likely sources of data that will inform these decisions. Such an approach to assessment requires flexibility, which is now increasingly advocated by lawmakers (Lidz, Eisenstat, Evangelista, Rubinson, Stokes, Thies, & Trachtman, 2000). Flexibility in assessment involves tailoring the procedures to fit the referral questions and issues rather than reflexively administering the same battery of tests to all children. Contrary to some practices, flexible assessment does not mean doing less; it may even mean doing more. It certainly means doing assessment differently—different from the past and from still existing practices, and different for each child. If we expect teachers to individualize their classroom practices to meet the needs of their pupils, then assessors should be capable of this as well.

The three major purposes of assessment are entitlement-classification (also referred to as eligibility for special education services), planning of interventions, and evaluation of outcomes (Rosenfield & Nelson, 1995). Alternatively, the kinds of decisions to be made concern diagnosis, description of current states, and generation of prescriptive interventions (Simeonsson & Bailey, 1988), as well as evaluation.

This book focuses on procedures and methods for conducting an assessment with any preschool-age child, rather than on specific kinds of disorders. Disorders and disabilities are well reviewed in other texts, but other texts generally fail to provide in-depth coverage of the wide array of assessment approaches now available for application to young children, with the intent of facilitating the utilization of these procedures. There was a time when taking a course on preschool assessment meant learning the Bayley, the Wechsler scales, and the Stanford-Binet. In my many years of teaching a course on preschool assessment, such standardized instruments were delegated about 3 to 4 of the total 15 weeks available, with the other weeks providing hardly sufficient time to squeeze in the many other viable and frequently more useful sources of data for this population. Thus, our journey is not limited to a review of tests, and is certainly not restricted to standardized tests; these are discussed when appropriate to the context. Our journey is through the many choices of approaches to data gathering available to the thinking assessor. The assessor who uses these approaches will never be functioning on automatic. This assessor will not become bored or burnt out. This assessor will don the cap of Sherlock Holmes and become a detective, generating hypotheses, searching for the pieces to construct a situation and solve a problem, and, most of all, finding ways to improve the competence of the children referred for services and their families who provide contexts for their development.

The general model of assessment advocated in this text is best conceptualized as ecological or context-based (Bronfenbrenner, 1979; Paget & Nagle, 1986; Tharinger & Lambert, 1989). Our referrals may be child driven, but our assessments must be ecologically valid and look at the child in the contexts of home, community, and program. Using this model, we will never assume that a problem exists solely within the referred child, although the child's predispositions and "hardware" may indeed be a significant issue. We will always consider history, meaning, and opportunity in any approach to problem solving. We will work with families and other re-

ferral sources as collaborative consultants, and we will invite and expect them to become part of the problem-solving process. We will not blame parents or teachers, but we will certainly consider their roles in the referral issues and work with them to ameliorate any problems that become apparent. We will not describe children solely in terms of deficits but will consider their many positive characteristics and current methods of coping. We will write reports that link assessment with intervention and that describe children in a way that is recognizable and helpful to their caregivers. All of these resolutions are complex and challenging and require preparation, supervision, and application. Good practitioners need good models and mentors, not just words in a book. This book offers as much as is possible on the printed page. Recommended activities appear at the end of each chapter, and a myriad of forms and formats for each assessment approach are illustrated throughout the book. Each chapter also features recommendations for additional readings. The rest is in the hands of the reader, who should take advantage of the opportunities for additional study and practice that become available. Some of these are found, and some of these made. Readers must be active learners.

One word that will guide our assessment is *multiple* (Barnett, Bell, Gilkey, et al., 1999; Lidz, 1986, 1990; Meisels & Provence, 1989; Wachs & Sheehan, 1988a). Particularly with young children, but with other clients as well, we will need multiple samples of data from multiple sources in multiple contexts. We need to observe in multiple settings and work with the child on multiple occasions using multiple measures that sample multiple domains (Bagnato et al., 1997). Will this take time? Yes. Good work takes time, and young children cannot be rushed. We can increase our efficiency with the use of interviews and well-selected rating scales and of procedures that address the referral issues, but good, comprehensive assessment will probably require several hours over a number of days (some estimates average about 7 to 10; my team averaged at least that, with a range of 5 to 15). Fischetti (2000) surveyed psychologists in suburban Connecticut school districts and found that their assessments required a mean of 16.81 hrs per pupil for those determined to be eligible for special services, with a mean of 13.95 for those not eligible. In this study students with social-emotional issues required the most time. Fischetti also cited a study of psychologists in San Diego that reported an average of 8.4 hrs per assessment. Without adequate allotment of time, our role becomes reduced to that of screeners, and one of the messages of this chapter is that the activity that should follow screening is comprehensive assessment, not placement or programming. Fund providers who challenge these assertions need to be asked what they would want for their own children—would any less be acceptable? Good diagnostic assessment followed by good programming, guided by good assessment, should in the long run represent good economics and good ethics.

Practitioners who are forced to provide services under considerably less than optimal circumstances have the options of trying to work with their colleagues to pressure the system to become more aware of the existing service delivery problems, to join organizations that advocate for improved practice conditions, and to try to find opportunities to improve practices within existing conditions. Although we need to acknowledge the fact that poor conditions for practice indeed exist, we must be aware of what good practice can be and try to advocate for these more ideal circumstances. Without this, there is no hope for improvement.

Assessment of young children who are found to have special needs should never be a one-time event. Children who are eligible for services based on the assessment need to be monitored and reevaluated to follow their progress and to determine their ongoing needs. Certainly, any child who is found to be at risk, even if not actually eligible, should be reevaluated regularly.

Many children do not show their full array of needs until they become older and exposed to the challenges of school and social expectations in other settings.

INTERVIEWING

There are at least five purposes for interviews with caregivers, some of which occur prior to direct contact with the child and some afterward (Meisels & Provence, 1989). These include developing rapport, which also involves beginning to establish a collaborative relationship, with the assessor primarily in a consultative role while providing expertise as appropriate. There is also the need to exchange information. Caregivers are the primary sources of historical information, and the assessor needs to offer information to prepare them regarding what to expect from the assessment and what the mutual roles will be. Following data collection, the assessor will meet with the caregivers to provide feedback and to begin the planning that will ultimately involve the full team.

Being a good interviewer requires good clinical skill that is part common sense and part professional training and experience. Interviewers need to be sensitive to the underlying messages and concerns of their clients and would do well to function according to the golden rule of trying to walk in the other person's moccasins. Some aspects of interviewing that are the most difficult to master are how to ask questions in an open-ended and nonleading way, how to express empathy and understanding while maintaining professional objectivity, how to keep focused on the purposes of the interaction, and how to avoid getting sucked into providing specific advice when this is not appropriate. The new interviewer needs to make the important transition from interacting as a concerned friend to acting as a trained professional. Often it is necessary to suspend one's value and belief systems in order to be helpful to clients, who need to be helped within their own values and beliefs unless these clearly conflict with reality and the prospects for helping the child. Active listening, with attention paid to clarifying communication and promoting the client's ability to problem solve and cope, is a foundation skill. Clients need to leave the interaction feeling that they have been heard and understood and that they have a clear idea of the events and issues that will follow. They should not feel judged and evaluated or pressured.

Sattler (2002) provided a helpful outline for the parent interview:

- Greet parents.
- Give your name and professional title.
- Make an introductory statement and invite the parents to give their reasons for coming.
- Review background questions (see questionnaire provided in Form 1.1).
- Describe assessment procedure (and expectations regarding parents' roles).
- Arrange for future contacts and feedback.
- Summarize and close the interview.

Form 1.1 provides a format for the initial interview to help assessors gather the necessary background information to allow them to make decisions about how to proceed with the assessment. Despite the structure of the interview, it must be communicated within a clinical style and not administered rigidly as if read directly from the page. Responses from the assessor should open communication, not close it down. However, assessors do need to record the responses while at the same time maintain focus on the speaker. Recording should be carried out

Intake Interview

I need to ask you some questions that will give me information to help plan this assessment.

Date of Interview: _____ Interviewer: _____

What is your child's full name? _____ Your full name? _____

What is your relationship to the child? _____

What is your child's birth date? _____ Age now? _____

What is your address? _____

What program does your child attend? _____

What is the address and phone number of the program? _____

_____

What is the teacher's name? _____

Who are the child's primary caregivers? _____

What are the ages and occupations of primary caregivers? _____

_____

What was the final school grade completed by primary caregivers? _____

Marital status of parents? _____

If divorced or separated, what are the living arrangements regarding the child? _____

_____

Who are the legal guardians? _____

Who lives in the home? _____

Names and ages of siblings? _____

In what country/state/city was child born? _____

In what country/state were caregivers born? _____

What language(s) is spoken in the home? _____

If English is not dominant, who speaks which language to whom?_____

_____

If parents are not U.S. born, what were the circumstances of immigration? _____

_____

What is child's dominant language? _____

Who is primary medical care provider? _____

Please tell me what brings you here._____

_____

Who referred you?_____

Form 1.1

Have there been any previous evaluations? Please give me the approximate dates, and if you have not already provided copies of reports, please sign a release so that these can be obtained. _____

_____

What specific questions do you have for the assessment? What information would you like to find out?_____

_____

I need to ask you for some additional background information to help answer your questions. How would you describe your child? _____

_____

_____

_____

What do you enjoy the most about your child? _____

_____

_____

What do you find the most challenging about raising your child? _____

_____

_____

Tell me about your child's early development. What do you remember about the pregnancy and delivery? _____

_____

[Note: If child was adopted, be careful regarding confidentiality in front of child. Note circumstances of adoption and anything known about early history. Does child know about adoption?]

Complications regarding pregnancy?

Medications while pregnant?

Bleeding?

Any substances (smoking, alcohol, drugs)?

Emotional climate during pregnancy?

Gestation period?

Length/difficulty regarding labor?

Birth weight?

Delivery complications?

Medications?

Condition of baby?

Do you remember the Apgar scores?

Form 1.1 (*continued*)

How was the baby when first brought home? Any concerns? _____

_____

What is child's current health status?

Any illnesses?

Accidents?

Hospitalizations?

Lead ingestion?

Seizures?

Allergies?

Sleeping?

Eating?

High fevers?

Ear infections?

I will ask you some questions about the child's early development.

At what age did the child first:

Sit?

Walk?

Say first words? (What were they?)

Say full sentence? (What was it?)

Toilet train?

What is the child able to do independently now? Bathing?

Dressing? Playing? Out in neighborhood?

Who is involved in taking care of the child when not in a program or when caregivers are away? _____

_____

What are the child's experiences regarding separation other than day care or preschool?

_____

_____

Status of child's hearing and vision? When checked? _____

_____

Is the child taking any medication? What? How much? For how long? With what results?

_____

_____

Form 1.1 (*continued*)