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EARLY HEAD START Developmental Screening

HS Standard 1304.20 (b)(1)
In collaboration with each child’s parent, and within 45 calendar days of the child’s entry into the program, grantee agencies must perform or obtain linguistically and age appropriate developmental, sensory, and behavioral screenings of motor, language, social, cognitive, perceptual, and emotional skills, etc.

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

If an enrolled child has an IFSP, the child **DOES NOT** need to be screened. However, the teacher must have a copy of the IEP/IFSP plan in the child’s file.

EHS - Forward Screening IEP/IFSP - form
If the child is receiving special services and the teacher *has a copy of the child’s IFSP*, or the *child re-enrolled and is not due for another screening within 45 days*, the teacher will complete the top section of the Forward Screening IEP/IFSP form and forward to supervisor. The supervisor completes the bottom section of the form and forwards to central office.

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 dates of the completed screening are tracked on the Education Contact and Screening Record.

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 time-frame 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 and copy the screening forms for their child’s education file. The original is forwarded to the supervisor.

The results of the developmental screening is discussed with parents and documented on the School Readiness Summary Report and CB-Education Contact Report or HB-Home Visit Report.

The supervisor double checks the ASQ Screening Forms for completeness and accuracy. The *Forward Screening* form will be attached to the EHS screening materials and forwarded to Central Office.

**After the scoring**  1304.20 (b)(1)(2)(3)  (updated by Fran 5/13)

After the Supervisor has checked the Ages & Stages for completion and scoring accuracy, the Ages & Stages is forwarded 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.

Child Care - The Macomb child care screening with low or questionable scores are forwarded to the Macomb Site Supervisor. The teacher and supervisor will determine the follow-up and document on the scoring page. The screenings are tracked on the Staff and Children Staffing Pattern spreadsheet. The screenings without concerns are filed in the Macomb child care education file.
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.

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:

<table>
<thead>
<tr>
<th>Year</th>
<th>Month</th>
<th>Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test Date:</td>
<td>2012</td>
<td>07</td>
</tr>
<tr>
<td>Birth Date:</td>
<td>2010</td>
<td>03</td>
</tr>
<tr>
<td>Child’s Age:</td>
<td>2</td>
<td>4</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Year</th>
<th>Month</th>
<th>Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test Date:</td>
<td>2011</td>
<td>18</td>
</tr>
<tr>
<td></td>
<td></td>
<td>06</td>
</tr>
<tr>
<td>Birth Date:</td>
<td>2010</td>
<td>10</td>
</tr>
<tr>
<td>Child’s Age:</td>
<td>1</td>
<td>08</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Year</th>
<th>Month</th>
<th>Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test Date:</td>
<td>2012</td>
<td>08</td>
</tr>
<tr>
<td>Child’s Due Date:</td>
<td>2011</td>
<td>10</td>
</tr>
<tr>
<td>Child’s Adjusted Age:</td>
<td>10</td>
<td>03</td>
</tr>
</tbody>
</table>

Child’s adjusted age is 10 months 3 days.
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 you are 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:**

<table>
<thead>
<tr>
<th>Screening Date:_______________________</th>
<th>Year</th>
<th>Month</th>
<th>Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chase Henderson</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Birth Date</td>
<td>9-21-11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Screening Date</td>
<td>____</td>
<td>____</td>
<td>____</td>
</tr>
<tr>
<td>Birth Date</td>
<td>____</td>
<td>____</td>
<td>____</td>
</tr>
<tr>
<td>Chronological Age</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Months and days</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Which ASQ-3 Questionnaire is used?</td>
<td>____</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Which ASQ-SE Questionnaire is used?</td>
<td>____</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Screening Date:_______________________</th>
<th>Year</th>
<th>Month</th>
<th>Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ava – 5 weeks premature</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Birth Date</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Screening Date</td>
<td>____</td>
<td>____</td>
<td>____</td>
</tr>
<tr>
<td>Birth Date</td>
<td>____</td>
<td>____</td>
<td>____</td>
</tr>
<tr>
<td>Chronological Age</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Months and days</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Which ASQ-3 Questionnaire is used?</td>
<td>____</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Which ASQ-SE Questionnaire is used?</td>
<td>____</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Screening Date:_______________________</th>
<th>Year</th>
<th>Month</th>
<th>Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Riley – full term</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Birth Date</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Screening Date</td>
<td>____</td>
<td>____</td>
<td>____</td>
</tr>
<tr>
<td>Birth Date</td>
<td>____</td>
<td>____</td>
<td>____</td>
</tr>
<tr>
<td>Chronological Age</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Months and days</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Which ASQ-3 Questionnaire is used?</td>
<td>____</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Which ASQ-SE Questionnaire is used?</td>
<td>____</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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 to be completed by PACT EHS Teachers.

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. A tracking worksheet will be used to assist in scheduling completion of questionnaires. 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. For infants born prematurely, the corrected age (due date) should be used when completing the questionnaire until the baby is 24 months old.

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 understanding the items. For the 30 developmental items, parent and teacher check to indicate that the child performs the behavior specified in the
item, **sometimes** 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 who’s 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, using the Forward Screening form.
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 response, 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 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. Praise the child directly.
   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 can ask parents on their next visit, 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 Identification Page. All you need to put on this page is the child’s name and your area number. This sheet must be attached (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 time-frame 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.

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.

Do your math to determine the age of the child. **Show chronological age** on the cover page.
Denver Articulation Screening @ 30 Months

When a child turns 2 ½, the Denver Articulation Screening will be administered by the EHS Teacher. The Picture cards used with this screening is assigned to each HB teacher or CB classroom. The Denver Articulation Screening forms are available in the classroom Assessment Kit or HB Teacher Screening inventory. The Denver Articulation Screening form is designed to be used for three screenings on the same child, **but only the top portion will be used for PACT.**

**NOTE:** If you have a child who is receiving Speech and Language Therapy, complete the top section of Forward Screening–IEP, IFSP, Denver form and forward to supervisor.

At the top of the Denver Articulation Screening form fill in the child’s first and last name, your area number where it says “Hosp. No.”, and the child’s town.

In the blanks provided, fill in the date the screening is given, the child’s chronological age, and your name in the blank which asks for examiner.

Show the child each card one at a time starting with “table”. Say the word on the picture card and have the child repeat it after you. Listen carefully for the underlined sound or sounds on the screening form. If the child is able to produce the sound(s) correctly, circle the sound. Continue until all cards have been shown and verbally demonstrated.

Next, rate the child’s intelligibility by choosing one of the four choices below the words list: 1. Easy to understand, 2. Understandable 1/2 the time, 3. Not understandable, or 4. Can’t evaluate. (Can’t evaluate should be used if the child refuses to cooperate, and the screening should be re-tried in about one week. If the child is completely unintelligible, write that on the form.)

After rating the child’s intelligibility by circling the corresponding number, count the number of circles (sounds produced correctly) and enter that number onto the front of the form where it says “raw score”.

Turn to the back of the form to figure percentile. Go down the first column which is for “raw score” to the number you have recorded on the front of the form, and then go down the “2.5 yr.” column to get the percentile. For example, if the child is 2 1/2, and his raw score is 17, his percentile will be 79. Record the percentile on the front of the form.

To determine the “result” of the screening, look at the bottom of the back of the form where it says “Normal” and “Abnormal”. If the 2 ½ year old is understandable ½ the time, or easy to understand, the screening is considered “Normal”. If the 2 ½ year old is not understandable, the screening is considered “Abnormal”.

The completed Denver Articulation screening is forwarded to your supervisor. Your supervisor will attach a Forwarding Slip form to the Denver Articulation form.
HEAD START SCREENING
HEAD START Developmental Screening

HS Standard 1304.20 (b)(1)
In collaboration with each child’s parent, and within 45 calendar days of the child’s entry into the program, grantee agencies must perform or obtain linguistically and age appropriate developmental, sensory, and behavioral screenings of motor, language, social, cognitive, perceptual, and emotional skills, etc.

The Family Advocate for center-based or Home-Based teacher explains the Developmental Screening process to the family on the Intake Visit. In Macomb, the Assistant Site Supervisor obtains permission from parents for child care children.

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

If an enrolled child has an IEP for special needs, other than speech, the child DOES NOT need to be screened. However, the teacher must have a copy of the IEP in the child’s file. If speech is the only service being provided by the school district, the child will need to be screened using the **DIAL**.

**Forward Screening IEP/IFSP - Form**
If the child is receiving special services and the **teacher has a copy of the child’s IEP** the teacher will complete the top section of the **Forward Screening IEP/IFSP** form and forward to supervisor. The supervisor completes the bottom section of the form and forwards to central office for data entry in Child Plus.

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, keeps a copy for their file and forwards the screening to their supervisor for Child Plus entry. (The Social Service Coordinator will provide the copies of the DIAL screening results to Education Planning Coordinator 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.**
Home-Based Option
The Home-based Teacher explains the DIAL screening on the Intake Visit. On visit #1, the home based teacher administers the DIAL. The Parent Questionnaire is completed with parents on Visit #2. This questionnaire is completed by the teacher interviewing the parent for the information. The Teacher Questionnaire is completed within two weeks of enrollment.

Parents are reminded not to help or encourage their child during the screening. After the screening, the teacher scores the results using the DIAL Manual. The results may be given to the parents on the same home visit or at the following visit. The review of the screening result is documented on the HVR.

Center-Based Option:
The Four Rivers Special Education Co-op for Pike and Cass Counties may assist with the DIAL developmental screening at the Pittsfield and Beardstown centers. The screening will be scheduled in September on the Program Calendar. The Education Planning 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 Record Forms. Copies of the completed screening will be given to the Site Supervisor. Copies will be provided for the teacher’s education file and a copy for the central office permanent records. 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, Carthage, and Macomb screening at the beginning of each program year. The teacher will complete the first page of the DIAL Record Form and forward the forms to the Site Supervisor, prior to the screening date.

The Parent Questionnaire is completed by the teacher and parent during the first education visit. This questionnaire is completed by the teacher interviewing the parent. The Teacher Questionnaire is completed within two weeks of enrollment.

Center-Based and Home-Based Programs
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 tope section of the DIAL 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 and copy the Developmental Screening and Questionnaire Forms for their children’s education file. 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. The supervisor’s Forward Screening form will be attached to the DIAL forms and forwarded to Central Office for data entry.

*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.

**After the scoring**, 1304.20 (b)(1)(2)(3) (updated by Fran 5/13)

After the Supervisor has checked the Dial for completion and scoring accuracy, the Dial is forwarded 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 ineligibility, or if intelligibility is okay and has a low score in Articulation.

The **Dial Parent Questionnaire** and the **Dial 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.

**Child Care** - The Macomb child care screening with “potential delay” in any area with the exception of Social Development and Self-Help Development scores will be tracked by the Macomb Site Supervisor until the completion of the (first) Fall on-going assessment. Approximately 8 weeks, after the developmental screening, the teacher and Site Supervisor will determine if the child needs further evaluation. The screenings without concerns are filed in the Macomb child care education file.

**Child Care screenings are tracked on the Staff and Children Staffing Pattern. This tool is updated monthly.**
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. The DIAL-4 components are intended to help early-education professionals identify children who are at risk of failing in academic settings.

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.

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**
The directions listed in the DIAL-4 Operator’s Handbooks are specific to each task. The teacher should refrain from additions or deletions of directions. 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 specified age range or may be contingent on the child’s success on the previous item. 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 Intelligibility

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 Intelligibility

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 task 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.

Parent and Teacher Questionnaires are scored using transparent overlays that are placed over the completed questionnaires. There are different overlays for the Parent and Teacher Questionnaires. When the overlay and the questionnaire are aligned, the scores are visible in the response boxes for each task. To score each area, sum the scores 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.

**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.
A copy is kept by the Teacher to refer to when discussing the screening results with the parents.

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 her self.
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.
DIAL-4 REVIEW

*The areas can be administered in any order.

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

*The screening is untimed. (except for the Rapid Object Naming in the Concepts area.) Note: screener will need a watch with second hand or a timer.

*The 6-7 items are listed in each performance area (motor, concepts, language) can be administered in 10 to 15 minutes.)

*The DIAL-4 is now called a test. However, it should be referred to as a Screening.

*DIAL-4 is supposed to be game like and fun. Make positive comment for all attempts.

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

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

*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. Under 12% rank is a referral. 12-16 % rank is a watch, per D/MH Coordinator.

*DIAL-4 provides activities that will allow the children to practice specific age-appropriate skills.

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

*Behavioral Observations and Intelligibility at the bottom of each area is completed immediately after the child completes the items in the area.

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

*Copy the Record Forms to share with parents during Parent/Teacher conference.

*Forward the original DIAL-4 Record Form and Questionnaires to your supervisor.
Figuring Chronological Age Worksheet for DIAL-4

In order to obtain accurate DIAL-4 results, the Teacher must determine the child’s age to the nearest month and day. THE AGE IS NOT ROUNDED UP - Simply drop the remaining days.

SAMPLE:

Chase Henderson
Birth date: 9 - 21 -10

Screening Date: _______ _______ ______
Birth Date: _______ _______ ______
Chronological Age: ______ ______

Child A. Ava Lierly
Birth date: 12-20 - 09

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.

**School Readiness Goals**  
PACT’s school readiness goals were developed December 2012. The school readiness team looked at kindergarten expectations from local school districts from our service areas. The school readiness team with parent and staff input established school readiness goals in five areas of the inner wheel of the Head Start Child Development and Early Learning Framework. See Flow Chart.

For each school readiness goal, the team created the steps of progression through a developmental sequence of age and stage appropriate behaviors, skills, and knowledge that children birth to five need to acquire to accomplish each broad goal.

**The school readiness child outcomes data is collected 3-4 times per year. Child Outcomes Data is due to supervisor by Oct. 31, Jan. 31, April 30, and July 31.**

**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. Below each goal, beginning with Kindergarten bound children, then the three’s, toddlers, older infants, and young infants’ outcome indicators are listed for different age groups. The indicators may change at the end of program year, depending on the outcomes.

**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 enthusiastic, engaged, and successful learners.

*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 evidence of children’s knowledge, skills, and behaviors during meaningful everyday experiences in classrooms or 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.

*Teaching Strategies GOLD*® recognizes that young children’s development is uneven, that it changes rapidly, and that development and learning are interrelated and overlapping.

The primary purposes of the *Teaching Strategies GOLD*® assessment system are 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 or on-line communication
- formal assessment of children.
- Other – Pre-K, EHS, SP/L teachers

Materials used to collect, plan and/or to document learning:

- *Child Assessment Portfolio*
- *Assessment Opportunity Cards*™ (optional)
- *On-the-Spot Observation Recording Tool* (optional)
- School Readiness Summary Report - SRSR
- 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
- Assessment Opportunity Cards™ (optional)
- On-the-Spot Observation Recording Tool (optional)

Objectives for Development & Learning: Birth Through Kindergarten is the background or reference, document that teachers use to learn about the related research and typical progression of development and learning for each objective, the expectations for each age-group, and examples of strategies that promote learning.

Child Assessment Portfolio is used to record and document assessment information throughout a year.

Assessment Opportunity Cards™ offer 10 carefully selected, developmentally appropriate activities that can be integrated into everyday classroom experiences to help you focus your observations and collect information related to particular objectives.
**On-the-Spot Observation Recording Tool** 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 GOLD 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 are used 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 are not used 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 colored bands are not used for the English language acquisition 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.

**Child Assessment Portfolio**

Teachers collect and store documentation and evidence (e.g., samples of work, audio and video clips, photographs, and observation notes) that the child has demonstrated particular behaviors related to the objectives. Information for reports is recorded in the *Child Assessment Portfolio* and can be included with a larger portfolio of children’s work. Teachers use one *Child Assessment Portfolio* for each child. This can become part of the child’s record that is passed along to next year’s teacher.

Portfolio collection and observation assessment validate the teacher’s use of developmentally appropriate practice. Teachers collect children’s authentic work samples of children doing original work. **Worksheets, Dittos, and look alike craft projects are not samples of child’s original work.**

*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.

In order to respond to children appropriately, teachers must use the *Objectives for Development & Learning: Birth Through Kindergarten* to focus their observations on particular objectives and to understand the development and learning progressions that children typically follow.

Setting Up a System
Before teachers begin to observe and collect facts about children’s learning, teachers take the time to set up a system for taking notes and organizing documentation on each child. That way teachers can avoid having to organize a large collection of unsorted observation notes and other forms of documentation all at once. Think about what needs to store and how to store it.

Observation notes may be stored in each child’s *Child Assessment Portfolio*, a notebook, or file folders labeled with the children’s names. Samples of children’s work may be stored in larger envelopes, pizza boxes, or cardboard magazine holders. Set up a system to name and organize digital photos of children as well as audio and video clips.

*Observing and Documenting Children’s Learning*
Observation is the basis of all good teaching and the foundation of any assessment system. To learn about a child, teachers look and listen objectively to what he or she does and says (Jablon, Dombro, & Dichtelmiller, 2007). For some objectives, seeing a child perform a skill once is sufficient to make an informed decision. Other objectives such as *school readiness* 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 art, photo, 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.

• Diagrams or sketches—in the child’s portfolio, include sketches of his or her block structures or other constructions.

• 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.

At other times you will step back and reflect on the documentation you have collected. Many teachers find it useful to record the objective numbers directly on their observation notes or samples of work. That way, you can quickly see the related objectives when you are ready to evaluate a child’s progress. A child’s learning and development is very integrated. When you analyze your documentation, keep in mind that one rich observation note can relate to several different objectives.

**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. Then, using the *Objectives for Development & Learning: Birth Through Kindergarten* and the *Child Assessment Portfolio*, you can begin evaluating each child’s progress.

**Progress checkpoints**—teachers pause three (or four) times a year to review what they have learned and to summarize a child’s skills and behaviors at those points in time.
How to Use the *Child Assessment Portfolio*

The *Child Assessment Portfolio* is the place to record and preserve important information about the child’s progress. This is the teachers record-keeping tool for each child. With an ongoing assessment system, teachers are continually watching, observing, and documenting. At certain times, teachers pause, reflect, and take a snapshot of how a child is progressing in relation to the objectives and dimensions.

The points in time for Child Outcomes are called progress checkpoints. Here’s what to do at each progress checkpoint:

1. **Gather and review all of the documentation you have collected.**
2. **Gather your copy of *Objectives for Development & Learning* and the child’s *Child Assessment Portfolio*.**
3. **Read the objective and its dimension(s), if any.**
4. **Think about and review the documentation you collected in relation to each objective.**
5. **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.**

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. A teacher with a pre-K 4 class designed for 4- to 5-year-olds would first focus on the blue indicators.

6. **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.

7. **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.**

**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.
8. 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.

9. 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.

10. Use Level 9 for the child who exceeds expectations for the end of kindergarten and goes beyond the scope of the progression for a given objective.

11. “Not Observed” is used only on rare occasions. Perhaps the child has been in the program for only a few weeks or has had significant absences during the checkpoint period.

12. Place a mark (a check or an X) in the box that most accurately describes this child’s level. The levels are used for the social–emotional, physical, language, cognitive, literacy, and mathematics objectives as well as the English language acquisition objectives. 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 in your state early learning standards, 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?

On the “School Readiness Summary Report Form,” highlight the child’s strengths. Using examples, describe what the child can do in the different areas of development and learning. Consider your audience when writing these summaries. Your language should be clear, concise, and family-friendly. This should be done before meeting with the family members.

1. Record a few learning goals and next steps you have in mind for the child.
2. At the family conference, discuss your observations and invite families to share information and contribute to the assessment data.
3. Talk about their goals for children’s learning and record them in the space provided on the conference form.
4. Together, discuss and record next steps for school and for home.
5. Always end the conference on a positive note. Ask family members to sign the “School Readiness Summary Report Form.” Keep one copy for your records and give the family members a copy. Your supervisor will want a copy as well.

**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 stage 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.

Definitions

Rationale:
Teachers’ knowledge of each child helps them to plan appropriately challenging curricula and to tailor instruction that responds to each child’s strengths and needs. Further, systematic assessment is essential for identifying children who may benefit from more intensive instruction or intervention or who may need additional developmental evaluation. This information ensures that the program meets its goals for children’s learning and developmental progress and also informs program improvement efforts.

Definition of Assessment of Child Progress:
Assessment is the process of observing, recording, and otherwise documenting what children do and how they do it as a basis for a variety of educational decisions that affect the child.

Definition of Screening:
Screening is a quickly administered assessment used to identify children who may benefit from more in-depth assessment. Families should be involved as important sources of information about the child. Screening may be used to identify children who should be observed further for a possible delay or problem. Screening results should never be used to diagnose children as having special needs, to prevent children from entering a program, or to assign children to a specific intervention solely on the basis of the screening results.

Definition of Standardized:
To standardize something is to make sure that it is consistent with a defined standard. Commonly used terms relating to standardization are defined as follows:
Standardized procedure: A uniform procedure (e.g., give the same instructions, allow the same amount of time, them; and the assessments are consistent across classrooms, schools, and centers.

Standardized test: A test that requires a trained examiner to administer it and interpret the scores; often used for program evaluation and in the screening and diagnosis of special needs.

On Going Assessment - method of collecting information about the current status of an individual child, daily.

Anecdotal record - Anecdotes describe incidents factually and objectively, including how, when, and where the event occurred. May be brief.

Dictations - The process of stating information verbally for another to record, used in early childhood settings to enable emerging writer to record their ideas.

Journal - A personal record of one’s experiences and ideas.

Narrative report - a clear written summary of a child’s progress in all developmental domains during a designated period of assessment.
The Assessment & Child Outcomes Time Line

<table>
<thead>
<tr>
<th>Month</th>
<th>Activity Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>August/September</td>
<td><strong>First visit/contact</strong> – explain the Teaching Strategies GOLD to families. Observe and collect facts to document. Store facts in children’s portfolio. Transfer to computer. Complete “Weekly Planning Forms”.</td>
</tr>
<tr>
<td>October/November</td>
<td>Meet with families - <strong>Fall Contact</strong> – Share Portfolio &amp; write SRSR. Child Outcomes due end of October.</td>
</tr>
<tr>
<td>January/February</td>
<td>Meet with families - <strong>Winter Contact</strong> Share Portfolio &amp; write SRSR. Child Outcomes due end of January.</td>
</tr>
<tr>
<td>April/May</td>
<td>Meet with families - Spring Contact – Share Portfolio &amp; write SRSR. Child Outcomes due end of April.</td>
</tr>
<tr>
<td>June/July</td>
<td>Meet with families - Spring Contact – Share Portfolio &amp; write SRSR. Child Outcomes due end of July.</td>
</tr>
</tbody>
</table>