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Preface
PREFACE

The Birth to Three Screening and Assessment Resource Guide is designed as a companion to the Florida Birth to Three Learning and Developmental Standards to inform and support the work of school readiness programs serving infants and toddlers in Florida. The Florida Partnership for School Readiness utilized state and national early childhood experts who understood infant and toddler development and best practices to develop the standards and this resource guide. It is intended for use by a broad array of early childhood professionals across the state.

The Birth to Three Learning and Developmental Standards represent an exhaustive analysis of research, a synthesis of best practices, and a review of standards from other states and organizations. The infant and toddler standards are conceptually linked to the Florida School Readiness Performance Standards for Three-, Four-, and Five-year-old Children, and together they create a common framework and language for parents, caregivers, and teachers to understand how children birth to age five learn and grow. They give early childhood professionals a common ground for understanding children’s developmental capabilities and assurance that children are reaching their full potential for learning and development.

In order to meet the needs of the field regarding the purpose and use of screening and assessment, the Florida Partnership for School Readiness developed this Birth to Three Screening and Assessment Resource Guide (Resource Guide). The Resource Guide builds upon the standards by providing an overview of the importance, purposes, and processes of infant and toddler screening and assessment. It contains information for professionals on the purpose and significance of screening and assessment; the methods by which we screen and assess infants’ and toddlers’ development; and descriptions of selected, widely used instruments.
for infant and toddler developmental screening and assessment. This information will be useful as professionals make choices regarding developmental screening and child assessment for their programs with the ultimate goal of enhancing programming, individualizing planning, and demonstrating best practices for the care and education of young children.

This guide was developed in fulfillment of the Legislative intent found in section 411.01(2)(h), F.S., which provides:

It is the intent of the Legislature that school readiness services shall be an integrated and seamless system of services with a developmentally appropriate education component for the state’s eligible birth-to-kindergarten population described in subsection (6) and shall not be construed as part of the seamless K-20 education system.

It is not intended to be a recommendation of a specific instrument or method.
In the early years of a child’s life, development occurs at a rapid pace and profound changes take place in cognitive development, language, and social skills. Rich learning environments and positive, prosocial relationships contribute to a child’s developmental progress and are the foundation for future learning and development (Kroll & Rivest, 2000). With the increased expectations of accountability and research-based practice from local, state, and federal governments, experience and knowledge of best practices are not enough. Fortunately, researchers have long worked to document the link between early care and education and child outcomes that support and enhance our knowledge of developmentally appropriate practices, professionalism, and other essential skills necessary to support young children’s development.

In an effort to more effectively communicate the components of quality care and education, to emphasize the significant impact of quality on children’s outcomes, and to identify children who may have special needs, materials have been developed for use by local school readiness coalitions and their constituents. The Florida Birth to Three Learning and Developmental Standards and the companion Resource Guide were developed as resources for professionals making decisions related to best practices in early care and education for young children and their families in Florida. These documents are important tools for ensuring quality programming for infants and toddlers.

There is general consensus on the part of early childhood experts and public policymakers that child outcome standards provide important information about typical developmental progression that can guide early care and education practitioners (NIEER, 2004). The Florida Birth to Three Learning and Developmental Standards describes what infants and toddlers should know and be able to do. An integral part of using standards for monitoring and planning is to document children’s developmental progress through systematic assessment. Information gained from assessments helps in gauging infants’ and toddlers’ progress and feeds into the continuing process of planning for individual children.
In order to correctly utilize child screening and assessment, it is imperative that practitioners understand the differences between the two terms and processes. Developmental screening and child assessment have very different meanings and purposes:

**Developmental Screening:** A brief, standardized procedure designed to quickly survey a large number of children to determine which ones should be referred for more in-depth assessment.

**Child Assessment:** The basic process of finding out what children, both individually and as groups, know and can do in relation to typical developmental expectations and the goals of the program.

It is important to note that there are other forms of screening in addition to developmental screening. For example, physical health, mental health, vision, auditory, and dental screenings are all important components of comprehensive services for infants, toddlers, and their families. This resource, however, focuses on developmental screenings. Likewise, there are many forms of assessment (e.g., classroom, program, and system). This Resource Guide concentrates on child assessment. The information on each of the included instruments is limited in that each is either a developmental screening instrument or a child assessment instrument. The multi-function instruments are those that include both a screener and assessment component as part of the instrument package for purchase.

Please note that formal evaluations, or the processes that are set into motion and take place after a child has been identified as having potential developmental difficulties, are not presented in any format in this resource. Rather, this companion resource focuses simply on the processes of developmental screening instruments and child assessment tools which can be used to support program improvement and positive outcomes for children.
Developmental Screening

Infants and toddlers are individuals from birth and are varied in their physical, social-emotional, language and communication, and cognitive skills, as well as in motor development, and in their approaches to learning. Some do not clearly fit within the range of typical developmental patterns. Instead, they develop more slowly or develop differently from their peers in both obvious and subtle ways. The screening process is used to determine if sensory, behavioral, and/or developmental skills are progressing as expected, or if there are causes for concern or a perceived need for further evaluation. Early childhood teachers interact frequently with young children in their care, and understanding how to use screening instruments strengthens their ability to identify children who should receive comprehensive evaluations.

Developmental screening instruments are designed to survey children's abilities in areas of development identified in the Birth to Three Learning and Developmental Standards:

- physical health
- approaches to learning
- social and emotional development
- language and communication
- cognitive development and general knowledge
- motor development

The intent of early childhood screening is to quickly and efficiently determine whether a child should receive a more thorough evaluation to identify potential difficulties that might necessitate early intervention services.

Typically, screening is the process of assessing a large number of children in order to determine which children should participate in a more comprehensive and formal evaluation. Screening entails examining a child’s skills with a broad look at overall
functioning looking for developmental strengths and concerns in patterns of peaks and lows, and identifying areas of development that require closer examination. These procedures typically are brief and relatively inexpensive to administer and are designed to be completed in a short amount of time—30 minutes or less. A note of caution is warranted, given that screening is limited and only indicates the possible presence of developmental delay or difference and cannot definitively identify or describe the nature or extent of a disability. Screening must be followed by a more comprehensive and formal evaluation process in order to confirm or disconfirm the red flags raised by the screening procedure.

Comprehensive screening of infants and toddlers includes several components: parent observations, medical history (often given through parental report or completed by parents using a checklist), vision and hearing tests, and the use of commercial screening instruments and observation reports in the areas of general development, abilities, and skills. Simply put, screening:

- Includes brief, efficient, and prompt detection;
- Raises a red flag to be watchful;
- Provides information in areas that warrant further observation; and
- Allows for early identification of potential special learning needs.

Again, please note that the type of screening described in this Resource Guide refers to instruments used to determine children's developmental capabilities and not the more in-depth child assessment for the purpose of identifying specific disabilities or special health care needs.

**Developmental Assessment**

Beyond the initial information early childhood teachers gather through the use of screening instruments, a more comprehensive picture of child development can be drawn with the use of child assessment instruments. Assessment is a global term for observing, gathering, recording, and interpreting information to answer questions and make developmental and instructional
decisions about children. In short, assessment enables early care and education professionals to gather and interpret information about young children and to make decisions regarding their education and care. Child assessment is frequently used for purposes such as:

- documenting infants' and toddlers' developmental progress,
- informing classroom practices and curricula,
- planning to meet individual needs of children, and
- improving programs based on child outcome data.

Specifically, assessment is an ongoing, collaborative process of systematic observation and analysis that involves formulating questions, gathering information, sharing observations, and making interpretations in order to form new questions (Greenspan & Meisels, 1996). Assessment is the basic process of determining what children, both individually and as groups, know and can do in relation to typical developmental expectations and to the goals of the program (McAfee, Leong, & Bodrova, 2004). Information from the assessment is used to determine strategies to support the development of the child within the context of the early childhood environment, as well as the child’s family, culture, and environment, while monitoring progress along the way.

In addition, early childhood professionals must make choices related to curriculum selection and implementation. It can be useful when teachers forge a strong and meaningful connection between program curricula and the assessment of child skills and knowledge (Horton & Bowman, 2002). Given that assessment results can help point out what children can do and need to learn to do, recognizing the link between developmental screening, child assessment, and curriculum equips teachers with additional knowledge that can be used on a daily basis to facilitate children's learning.

Early care and education professionals also use assessment techniques to answer questions regarding child achievement, abilities,
behavior, development, and skills. Assessment experts recommend viewing and using assessment as a process of measuring young children’s performance over time rather than attempting to measure their competence at one point in time. A strengths-based approach to assessment ensures that children have many opportunities to demonstrate their abilities in various ways (e.g., through vocalizations, listening, acting, moving, and being creative). By observing, collecting, and recording information from multiple sources and over time, early care and education professionals are more likely to have a realistic picture of the child and be able to work with others to interpret the information, answer questions, and make decisions about individual children. Early childhood teachers can gain important information for adapting their learning environments and activities to meet the specific needs of the children in their programs. When this information is used by the teacher to design the child’s learning environment, the child’s development is enhanced and a more stimulating learning environment is facilitated.

Child assessment data may also be used by early childhood programs to make program improvements based on how the children in their care are progressing as a group. In addition, aggregated child assessment data may be used to inform the public and policymakers about the cumulative investments being made on behalf of young children. Utilizing data for the purpose of program improvement requires recognition of several inherent difficulties associated with assessment of young children. First, different assessment instruments are required for different purposes. It is not appropriate to use one instrument for several purposes, and careful attention must be paid to selecting instruments for the intended purpose. Second, appropriate and effective assessments of infants and toddlers are not easy to conduct. Reliable and valid assessments require carefully trained and experienced examiners, appropriate use of assessment procedures, and an appreciation of how the young child’s behavior influences assessment performance and outcome. In addition to typical variations in development of young children, performance on assessments may be affected by the temperament of the child, physical discomfort, familiarity with the environment and examiner, attachment issues, activity preferences, and dependence of many assessments on motor skill performance.
The Resource Guide will enable early childhood professionals to make educated selections on developmental screening and child assessment instrumentation. As with the Birth to Three Learning and Developmental Standards, direction was provided in the development of the Resource Guide by a set of guiding principles regarding developmental expectations for infants and toddlers, as well as considerations for assessment and accountability. The guiding principles regarding assessment were developed to be consistent with the intent of the standards and to assist early childhood professionals with the appropriate purposes and processes of child assessment. The guiding principles regarding program accountability reflect important considerations that must be taken into account in order to develop meaningful and appropriate accountability systems and to avoid misuse of child assessments.
Birth to Three Guiding Principles

Related to Assessment and Accountability

*Principles Regarding Assessment*

1. Assessment should be a strength-based process, focusing on the development of the individual child, and assessment data should bring about benefits for the child from whom the data were collected.

2. Young children's development is dynamic, and current assessment methodologies may not adequately capture or predict future development or learning. Safeguards for assessment are needed to address concerns regarding use of data from testing of young children.

3. Assessments must take into account the developmental stage of young children and not subject children to assessment processes that are too lengthy, administered in unfamiliar settings or by unfamiliar adults, and use methods that are inappropriate to children's developmental or language abilities. This is especially true when assessing children with special needs.

4. Assessments should incorporate data from different sources taken over time. Parent reports, samples of children's work, and direct observations of children's behaviors are appropriate data sources.

5. Families are key partners in the assessment process and must play an important role as a source of information about their child's abilities in other settings. They are the primary interpreters of the meaning of a child’s behavior, facilitator for their child’s growth and development, and participants in discussions of assessment findings and future planning.

6. Assessments must be administered by staff with appropriate qualifications, training, and supervision.
7. Assessment instruments must be culturally appropriate and able to accommodate the needs of children who are speakers of other languages.

8. Assessment instruments should be reliable and normed and validated for the populations of children to be assessed. Special consideration is required when selecting assessment tools for use with children with special needs.

9. Families and early childhood teachers should be informed about the appropriate uses and purposes of any assessment, including how assessment is related to standards and any accountability system.

**Principles Regarding Accountability**

1. Comprehensive accountability systems include measures designed to assess program design, implementation, and effectiveness. They also measure children's growth and development in all domains and provide utilization and cost-benefit analysis. No single instrument can be used to meet all these purposes.

2. Administrators of assessment instruments should ensure that tools and the resulting data are used appropriate to their purpose, and great caution must be exercised not to use data in inappropriate ways.

3. Comprehensive accountability systems have multiple stakeholders that include families, early childhood teachers, administrators, policymakers, and planners. Effective accountability systems producing the most useful data are developed with input from key stakeholders and content and evaluation experts.
4. Accountability terminology and findings should promote understanding of lessons learned and challenges, and result in improvements in efficiency and/or effectiveness of program services that benefit children and families.

5. Data from individual children should not be used for accountability purposes or program-related decisions. However, aggregate or group data may be used for these purposes.
HOW TO USE
The Birth to Three Screening and Assessment Resource Guide

In the world of assessment, there are hundreds of instruments to choose from. Knowing how to choose the instrument(s) that will best fit the needs of program staff, families, and children is critically important. For the purposes of this Resource Guide, only those instruments that have been specifically designed for use with infants and toddlers were identified. In addition, the most common and widely used developmental screening and child assessment instruments were included. Seventeen instruments comprise the examples, including two screeners, nine child assessment instruments, and six multiple-function instruments.

The inclusion of specific instruments in this Resource Guide should not be construed as a recommendation for use. In addition, it is important to note that the included instruments do not represent an exhaustive collection of available instruments for the purposes of screening children for potential developmental difficulties, nor does the list include all the available child assessment instruments. Instead, the list of instruments in this resource represents those that are most commonly utilized in the field for use with infants and toddlers. It is also important to note that although the focus of this resource is on screening and assessment of infants and toddlers, in some cases instruments are designed for older children as well. Furthermore, users of the Resource Guide should not make screening and assessment selection decisions based solely on this document. Review of instrument technical manuals and careful consideration of the training and education of potential instrument administrators is encouraged. Use of the Resource Guide is intended as one step in the decision-making process.

To better assist someone utilizing this resource, team members first asked themselves, “If we were program staff trying to find an appropriate instrument for use in our classrooms, what would we need to know?” To answer this question, thirteen core categories were identified for use in describing and detailing each of the seventeen instruments in the Resource Guide:

1. Authors
2. Publication Date
3. Age Range
4. Type
5. Purpose
6. History
7. Statistical Information
8. Domains
9. Administration
10. Cost
11. Data Collection Process
12. Language Versions
13. Family as a Data Source
As each early care and education setting is different, with varying strengths and challenges, so too are the instruments designed to provide information to assess child development and ultimately improve programming. By utilizing thirteen core categories to organize the information for each instrument, the Resource Guide provides a structure for anyone searching for more information about instruments — whether they are included in the resource or not. Collecting and organizing information into these core categories helps to answer basic but important questions about each instrument. Further, if a developmental screening or child assessment instrument does not appear as an example in this resource, the core categories become helpful in sorting through information from various sources.

The sources analyzed for the Resource Guide included the technical manuals for each of the seventeen instruments. Technical manuals are books that accompany the purchase of a developmental screener or child assessment instrument for the purposes of instruction and direction. The manuals were examined for relevant information based on the core categories listed above. In some cases, manuals did not include information for each core category. As a second source of information, broad and specific searches on the Internet were conducted to gain access to information on publishers’ or developers’ Web pages. Since many instruments are available for purchase online, a large amount of information is available for review. As a final source of information, publishers and/or developers of the instruments were contacted for input. Publishers and/or developers were sent a document with the collected information for review, and the team incorporated offered input into the Resource Guide. As a result, the information provided for each of the seventeen example instruments in this resource has been synthesized, condensed, and collected from various sources through cross-referencing and direct contact with publishers and/or developers.

Just as the list of example instruments is not exhaustive, neither is the list of core categories. However, the areas included in the categories, when placed together, create a comprehensive overview of each instrument for general information-gathering or decision-making. Following are brief descriptions of the information that can be found in each of the core categories:
**How to Use the Birth to Three Screening and Assessment Resource Guide**

**Authors:** This information is important for ease of location (i.e., shopping on the Internet or searching for more materials at the library on a specific instrument).

**Publication Date:** Knowing the publication date of an instrument can clue a consumer in on how long the instrument has been available, and how many versions of the same instrument have been developed. When added to author information, the publication date can also help to ensure another level of accuracy – confirming that you are locating the version you are interested in.

**Age Range:** Being informed on the age range that the specific instrument was designed to screen or assess is critical. Using instruments designed specifically for infants and toddlers age 12 months to 3 years on a group of 4-year-olds is not only inappropriate, but the results provide inaccurate information given that the instrument was not utilized in the way it was intended. Knowing the age range is one of the most important pieces of information about assessment instruments.

**Type:** There are many types of instruments available for use with infants and toddlers, including screeners, child assessments, and multiple-function instruments that can include a screener and an assessment, child evaluation instruments, and program evaluation instruments. This piece of information is critical when choosing an instrument, given that different instruments may be designed for entirely different purposes and provide different components of information (i.e., for individual child development and/or for program planning). The type of instrument needed will depend heavily on the intended purpose.

**Purpose:** Knowing the specific purpose is the next critical piece of information needed in order to appropriately use an instrument. A description of the intended function of the instrument can help consumers determine the suitability of an instrument for their use. Information in this category is further sub-divided into:
a. Target Group
b. Purpose
c. Alignment with Curriculum

History: Understanding the history behind an instrument’s development can help a consumer consider its use from a broader perspective. Included in the historical descriptions of instruments are the background on development, information on the developers, and with what main purpose the developers began their processes. The history can help consumers be better informed and assist in asking better questions.

Statistical Information: The ability to locate the statistical information on any instrument is critical for use. Statistics are needed when developing a measure to ensure that the researchers are designing an instrument that measures what it is supposed to measure (validity) and that it measures it consistently over time in different situations (reliability). In general, validity and reliability information is reported in the form of a quotient (e.g., .80, .84, .91), and the higher the quotient, the more confidence the user can have in the results. There are different methods for determining validity and reliability. For example, there is face, criterion, construct validity, and test-retest and inter-rater reliability. Definitions are provided in the glossary at the end of the Resource Guide. Statistics also include information about the norming sample. When ages or age ranges are provided for specific milestones or for the attainment of specific skills, the assessment is norm-referenced. This information is important for other reasons as well. For example, if you have children with disabilities in your program, it is important to use an instrument that includes children with disabilities in the norming sample. The same is true for infants and toddlers for whom English is not their primary language.
How to Use
The Birth to Three Screening and Assessment Resource Guide

Domains: This is a term used by professionals to describe areas of a child’s development which the Birth to Three Learning and Developmental Standards divide into six main domains: physical health, approaches to learning, social and emotional development, language and communication, cognitive development and general knowledge, and motor development. Depending on the instrument, terminology may differ. For example, some developers refer to the cognitive domain as “problem solving,” although both are targeting the same area of a child’s development. Regardless of the terminology, it is critical to know what areas the instrument was designed to screen or assess. Some instruments are designed specifically for one domain while others can offer a more comprehensive picture of a child’s development by measuring multiple domains.

Administration: This piece of information is important for those who will be administering the instrument. Some instruments require very little training before a teacher or parent can use them; others, however, require extensive training by professionals. Administration of an instrument that requires expertise by someone without proper training can lead to inaccurate information. Sub-categories for this domain include:
   a. Who administers
   b. How long to administer
   c. How much training is required
   d. What kinds of support materials are available

Cost: Depending on the needs of a program, knowing the costs associated with a specific instrument is important. Some instruments are a one-time investment, while others require the purchase of updated materials, new computer technology, or new versions for different purposes. It is important to understand associated costs of a screening or child assessment system before decisions are made. Please note that the costs contained in this resource are those advertised at the time the Resource Guide was complied.
**Data Collection Process:** An instrument is only as accurate as the person administering the instrument and the collected data. Depending on the instrument, data collection can include parent checklists, observation sheets, and/or 5- to 100-item question lists as types of data. Varying levels of expertise may be needed before a parent, teacher, or outside professional begins to collect data on an individual child or many children. The data collection process also includes information about adaptations for children with disabilities and for children who do not speak English as a primary language.

**Language Versions:** Given that early childhood settings in Florida reflect the diversity found in our communities, being informed as to what languages an instrument is available in can be important. Many companies that develop and sell assessment instruments are progressively moving forward with translation and offer versions in two or more languages.

**Family as a Data Source:** This piece of information can be critical to a program and the families it serves. Understanding whether the instrument was designed to include information provided by parents can affect its use in the program. Parents can be asked to provide data in the form of a take-home checklist, one-on-one interview, or long-term meetings to discuss the decisions teacher and administrators have made in the child’s schedule. Some instruments rely heavily on family input, while others do not require collected data from families.

Utilizing these thirteen core categories allows for a comparison of instruments to help determine which best fits the needs of the children and families, those who will administer the instrument(s), and those who will be responsible for making programming decisions based on results. For ease of use, the information collected in this resource is presented in two ways: 1) a brief and condensed version, and 2) a long, detailed version.
The short version, or view, of the instruments is intended to provide quick information about each instrument, including name, authors, age range, type and purpose. If a reader decides that he or she needs more information on a specific instrument, a page number has been provided in order to locate more detailed information as found in the long view section of the Resource Guide.

The use of the matrix was chosen to ensure that the technical information was user-friendly and organized in a logical way. A matrix is simply a chart of rows and columns that presents basic information in a clear format. For the purposes of the Resource Guide, the matrices were utilized for two main reasons. First, the matrices were developed to highlight the similarities and differences among the range of instruments commonly utilized in the field of early care and education. Second, the matrices were developed to draw out and organize the most important information about each instrument to allow for quick location of facts and comparisons.

Because those who work in the field of early care and education are increasingly being held to higher expectations and standards, it is now more critical than ever that professionals are equipped with current and accurate information regarding developmental screening and child assessment. Resources such as this Resource Guide can be useful to professionals as they begin the processes of adopting new assessment systems for their programs or for others who are seeking to update their existing systems. As a result, children become better equipped with the life skills they will need to lead successful and healthy lives. The focus on child outcomes and program improvement becomes one strategy for professionals to ensure that children are not only receiving high-quality care but are also achieving their fullest potential.
Child Screening and Assessment Matrix
## Child Screening and Assessment Matrix

<table>
<thead>
<tr>
<th>Instrument Name &amp; Author(s)</th>
<th>Age</th>
<th>Type</th>
<th>Purpose</th>
<th>Long View Page Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ages &amp; Stages Questionnaires (ASQ)™: A Parent-Completed, Child-Monitoring System, Second Edition. Diane Bricker, Ph.D., and Jane Squires, Ph.D., with assistance from Linda Mounts, M.A., LaWanda Potter, M.S., Robert Nickel, M.D., Elizabeth Twombly, M.S., and Jane Farrell, M.S.</td>
<td>4 months to 5 years in the following monthly intervals 4, 6, 8, 10, 12, 14, 16, 18, 20, 22, 24, 27, 30, 33, 36, 42, 48, 54, &amp; 60</td>
<td>Developmental screening instrument</td>
<td>29-31</td>
<td></td>
</tr>
<tr>
<td>Developmental Activities Screening Inventory (DASI-II), Second Edition. Rebecca Fewell and Mary Beth Langley</td>
<td>Birth to 5 years</td>
<td>Developmental screening instrument</td>
<td>ASQ is a first-level comprehensive screening program used to identify children who may need additional evaluations.</td>
<td>32-33</td>
</tr>
</tbody>
</table>

Additional developmental screening instruments are included in this Resource Guide and are listed under “Multi-function Child Assessment Instruments” (see pages 26-27 and 74 – 95). They include Battelle Developmental Inventory, Devereux Early Childhood Assessment – Infant/Toddler, Galileo® Preschool, Infant Mullen Scales of Early Learning, Receptive-Expressive Emergent Language Scale, and Temperament and Atypical Behavior Scale.
## Child Screening and Assessment Matrix

<table>
<thead>
<tr>
<th>Instrument Name &amp; Author(s)</th>
<th>Age</th>
<th>Type</th>
<th>Purpose</th>
<th>Long View Page Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment, Evaluation, and Programming System for Infants and Children (AEPS®), Second Edition Volumes 1-4 Series edited by Diane Bricker, Ph.D.</td>
<td>Birth to 6 years</td>
<td>Child assessment instrument</td>
<td>The primary purpose of the AEPS® is to assist professionals and parents/early childhood teachers in identifying and monitoring children’s developmentally appropriate educational targets and planning individualized intervention. Use of this instrument can provide assistance in assessing children’s functional repertoires, developing quality goals, formulating intervention content, and monitoring child progress over time. This instrument has been identified for use in Part C intervention planning.</td>
<td>35-41</td>
</tr>
<tr>
<td>Bayley Scales of Infant Development®, Second Edition (BSID-II) Nancy Bayley</td>
<td>1 to 42 months</td>
<td>Child assessment instrument</td>
<td>The Bayley Scales may be used to describe the current developmental functioning of infants and to assist in diagnosis and treatment planning for infants with developmental delays or disabilities. It measures the mental and motor development and behavior of infants.</td>
<td>42-46</td>
</tr>
<tr>
<td>Brigance Inventory of Early Development® (IED-II), 2nd Edition Albert Brigance</td>
<td>Birth to 84 months (7 years, 11 months)</td>
<td>Child assessment instrument</td>
<td>The primary purpose of the IED-II is to identify at-risk children while evaluating developmental and performance levels. The instrument can also assess most children to provide ongoing consistent and holistic assessment, identify developmental age, pinpoint learning problems, monitor and document progress, and create instructional objectives.</td>
<td>47-51</td>
</tr>
<tr>
<td>The Creative Curriculum Developmental Continuum for Infants and Toddlers L.J. Colker and A. Dombro</td>
<td>Birth to 3 years</td>
<td>Child assessment instrument</td>
<td>The Continuum helps teachers observe each child and organize their observations to determine the child’s level on a continuum of development. It can assist teachers in meeting individual and group needs.</td>
<td>52-55</td>
</tr>
</tbody>
</table>
## Child Screening and Assessment Matrix

<table>
<thead>
<tr>
<th>Instrument Name &amp; Author(s)</th>
<th>Age</th>
<th>Type</th>
<th>Purpose</th>
<th>Long View Page Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Learning Accomplishment Profile (Early-LAP/ELAP)</td>
<td>Birth to 36 months</td>
<td>Child assessment</td>
<td>The main purpose of the ELAP is to assist teachers, clinicians, and</td>
<td>56-59</td>
</tr>
<tr>
<td>M. Haynes-Gupper, M. Ed., Jeff L. Freesanger, M.A., and Anne C.</td>
<td></td>
<td>instrument</td>
<td>parents in assessing individual skill development. The instrument</td>
<td></td>
</tr>
<tr>
<td>Cottom, M. Ed.</td>
<td></td>
<td>Purpose</td>
<td>assesses overall development by measuring various domains.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>This instrument has been identified for use in Part 4 intervention</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>planning.</td>
<td></td>
</tr>
<tr>
<td>Infant Toddler Development Assessment (IDA)</td>
<td>Birth to 36 months</td>
<td>Child assessment</td>
<td>The IDA provides early identification of children who are</td>
<td>60-63</td>
</tr>
<tr>
<td>Sally Parvezan, M.D., Joanna Erikson, M.P.H., Barnett Varo,</td>
<td></td>
<td>instrument</td>
<td>developmentally at risk. It can help determine the need for</td>
<td></td>
</tr>
<tr>
<td>EdM., and Sary Palen, M.D.</td>
<td></td>
<td>Purpose</td>
<td>monitoring, consultation, intervention, or other services for the</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>child and family.</td>
<td></td>
</tr>
<tr>
<td>Kaufman Survey of Early Academic and Language Skills (K SEALS)</td>
<td>Birth to 18 months</td>
<td>Child assessment</td>
<td>K SEALS can be valuable in a variety of situations—testing</td>
<td>64-66</td>
</tr>
<tr>
<td>Alan S. Kaufman and Nadeen L. Kaufman</td>
<td>(7 years, 10 months)</td>
<td>instrument</td>
<td>school readiness, identifying gifted children, evaluating program</td>
<td></td>
</tr>
<tr>
<td>The Otis Scale</td>
<td></td>
<td>Purpose</td>
<td>effectiveness, and researching children’s early development.</td>
<td></td>
</tr>
<tr>
<td>Hrs. Samuel J. McDade, Amy Doudunou, Dot Manale, Donna</td>
<td>Eight intervals from</td>
<td>Child assessment</td>
<td>The Otis Scale enables early childhood teachers and other</td>
<td>67-70</td>
</tr>
<tr>
<td>Weston, and Abby Jaworski</td>
<td>birth to 47 months</td>
<td>instrument</td>
<td>staff to evaluate each child’s development and progress over time,</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Purpose</td>
<td>and comparing their observation data to specific performance</td>
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</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>standards. The test also enables documentation of children’s</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>everyday behaviors and provides data for making evaluations about</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>development.</td>
<td></td>
</tr>
</tbody>
</table>
# Child Screening and Assessment Matrix

<table>
<thead>
<tr>
<th>Instrument Name &amp; Author(s)</th>
<th>Age</th>
<th>Type</th>
<th>Purpose</th>
<th>Long View</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transdisciplinary Play-Based Assessment (TPBA), Revised Edition, &amp; Transdisciplinary</td>
<td>Infancy to 6</td>
<td>Child assessment instrument</td>
<td>TPHA and TPBI are an integrated approach to assessment and intervention based on research showing that play encourages children’s thinking skills, communication and language abilities, movement proficiency, and social-emotional development.</td>
<td>71-73</td>
</tr>
<tr>
<td>Play-Based Intervention (TPBI)</td>
<td>years</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Toni W. Linder, Ed.D., with invited contributors</td>
<td>6 years</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Battelle Developmental Inventory (BDI-2), Second Edition</td>
<td>Birth to 7 years</td>
<td>Developmental screening and child</td>
<td><strong>BDI-2 helps to depict child progress in intervention programs, to identify children with special needs, and can provide comprehensive analysis of functional capabilities.</strong></td>
<td>75-79</td>
</tr>
<tr>
<td>J. Newborg, J.R. Stock, J. Wnek, J. Guidubaldi, and J.S. Svinicki</td>
<td>and 11 months</td>
<td>assessment instrument</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>This instrument has been identified for use in eligibility evaluation for Part C Services and to provide information for Part C intervention planning.</strong></td>
<td></td>
</tr>
<tr>
<td>Devereux Early Childhood Assessment – Infant/Toddler Version (DECA)</td>
<td>6 weeks to 36</td>
<td>Developmental screening and child</td>
<td>DECA is designed to assess individual protective factors in order to promote resilience in infants and toddlers.</td>
<td>80-82</td>
</tr>
<tr>
<td>C. Powell, N. Martin, and M. Mackrain</td>
<td>months</td>
<td>assessment instrument</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gallileo® Preschool</td>
<td>Birth to 5 years</td>
<td>Developmental screening and child</td>
<td>Gallileo® is a complete electronic assessment and curriculum system that links planning, individualization, outcome documentation, and program enhancement for preschool educators and other stakeholders.</td>
<td>83-85</td>
</tr>
<tr>
<td>J. Bergan and J. Feld</td>
<td></td>
<td>assessment instrument</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*If evaluators are not able to derive a standardized score by using this instrument, the Birth to Three Assessment and Intervention System (BTAIS; not included in this Resource Guide) may be used.*
# Child Screening and Assessment Matrix

<table>
<thead>
<tr>
<th>Instrument Name &amp; Author(s)</th>
<th>Age</th>
<th>Type</th>
<th>Purpose</th>
<th>Long View Page Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant Mullen Scales of Early Learning (MSEL), AGS Edition</td>
<td>Birth to 68 months</td>
<td>Developmental screening and child assessment instrument</td>
<td>The Mullen Scales: AGS Edition is a comprehensive measure of a child’s motor, perceptual, and language abilities. It can be used to help determine need for special services and to assess learning styles, strengths, and weaknesses.</td>
<td>86-89</td>
</tr>
<tr>
<td>Eileen M. Mullen</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Receptive-Expressive Emergent Language Scale (REEEL-3), Third Edition</td>
<td>Birth to 3 years</td>
<td>Developmental screening and child assessment instrument</td>
<td>The purpose of the REEL-3 instrument is to provide descriptions of the developmental status of young children in the language area, to assist with setting intervention goals, and to serve as a screening instrument for medically and environmentally at-risk populations. The REEL-3 can also be used to determine the extent to which interventions have changed the language status of individual children.</td>
<td>90-92</td>
</tr>
<tr>
<td>Kenneth R. Brown, Richard league, and Virginia L. Brown</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Temperament and Atypical Behavior Scale (TABS)</td>
<td>11 to 72 months</td>
<td>Developmental screening and child assessment instrument</td>
<td>The purpose of TABS is to screen and assess emerging problems in temperament and self-regulatory behavior in infants, toddlers, and preschoolers.</td>
<td>93-95</td>
</tr>
</tbody>
</table>
Developmental Screening Instruments
### Developmental Screening Instruments


| Author(s): | Diane Bricker and Jane Squires with assistance from Linda Mounts, LaWanda Potter, Robert Nickel, Elizabeth Twombly, and Jane Farrell. |
| Publication Date: | 1999 |
| Age Range: | 4 months to 5 years |
| Type: | Developmental screening instrument |
| Purpose: |  
  a. **Target Group**: Children between the ages of 4 months and 5 years, including those who are developing typically and those at-risk.  
  b. **Purpose**: The primary purpose is to help screen infants and young children for developmental delays during their first 5 years. The ASQ provides comprehensive initial screening, monitoring and identification of areas needing further assessment, and parent education and involvement. It can also be used to monitor at-risk children. The use of the ASQ screening program should result in the efficient and accurate identification of infants and young children who will benefit from further evaluation and, if needed, timely intervention. The ASQ instrument is a comprehensive, first-level screening program that can be used to assess large numbers of children. It was specifically developed to be easy to administer, inexpensive low-cost, and appropriate for diverse populations.  
  c. **Alignment with Curriculum**: There is no alignment with a specific curriculum. |
## Developmental Screening Instruments

### History:
Study of the ASQ began in 1980 when it was called the Infant/Child Monitoring Questionnaires. The ASQ was developed with the recognition that there was a great need for parents and family members to become genuinely involved in the assessment, intervention, and evaluation activities surrounding their infants and young children who were at risk or had disabilities. The lack of low-cost strategies for screening was another impetus for the development of ASQ.

### Statistical Information:
- **Reliability:** Inter-observer Agreement is .92; Test-retest is .95; concurrent validity is .84; predictive is .40; sensitivity is .72; and specificity is .86.

### Domains:
- Fine Motor, Gross Motor, Personal-social, Communication, Problem Solving, and General Parental Concerns

### Administration:
1. **Who administers:** Parents and early childhood teachers can complete the ASQ, as can others such as medical or mental health providers and social workers.
2. **How long to administer:** Approximately 10 to 20 minutes is needed, to administer the screening instrument with 2 to 3 minutes for scoring.
3. **How much training is required:** The ASQ is written in a question format that is considered easy to administer. The reading level of each questionnaire ranges from fourth to the sixth grade, and illustrations are provided when possible to assist parents and early childhood teachers in understanding the items. Familiarity with the child being screened is highly recommended for use of the ASQ. Interpretation of the results requires professionals or trained paraprofessionals.
4. **What kinds of support materials are available:** User’s Guide
## Developmental Screening Instruments

### Cost:
The ASQ materials consist of 19 reproducible master questionnaires, 19 reproducible, age-appropriate scoring and data summary sheets, and the User’s Guide. The complete kit costs $190.00.

### Data Collection Process:
Each questionnaire contains 30 developmental items that are written in simple, straightforward language. For each item, the person using the instrument checks “yes” to indicate that his/her 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 his/her child does not yet perform the item. Program staff converts each response to a point value, totals these values, and compares the total score of the child to established screening cutoff points. The screening program relies heavily on parents to observe their child and to complete the simple questionnaires about their child’s abilities. Frequently used options include mailing the questionnaires to the home, completing them on a home visit, and asking parents or service providers to complete them on-site at a clinic or child care center. A combination of these options can also be used to fit the needs of the program.

### Language Versions:
English, Spanish, French and Korean versions of the questionnaires are available. The User’s Guide is only available in English.

### Family as a Data Source:
A parent report component is included, as well as a section where parents can record general concerns/issues that are not captured in the questionnaire.
## Developmental Activities Screening Inventory (DASI-II), Second Edition

<table>
<thead>
<tr>
<th><strong>Author(s):</strong></th>
<th>Rebecca Fewell and Mary Beth Langley</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Publication Date:</strong></td>
<td>1984</td>
</tr>
<tr>
<td><strong>Age Range:</strong></td>
<td>Birth to 60 months</td>
</tr>
<tr>
<td><strong>Type:</strong></td>
<td>Developmental screening instrument</td>
</tr>
</tbody>
</table>
| **Purpose:** | a. **Target Group:** Children birth to 60 months of age.  
     b. **Purpose:** The DASI-II is an informal measure to screen for developmental delays. This assessment was created with visual and auditory impairments in mind.  
     c. **Alignment with Curriculum:** There is no alignment with a specified curriculum. |
| **History:** | The Developmental Activities Screening Inventory-II (DASI-II) is a revised edition of the Developmental Activities Screening Inventory (DASI) and is designed to provide early detection of developmental delays. |
| **Statistical Information:** | Reliability has been found to be .91, and the concurrent validity with the Denver Develop Screening Test (DDST) is .95. |
| **Domains:** | Fine Motor, Association, Number Concepts, Size Discrimination, Memory, Spatial Relationships, Object Functions, Seriation and Cause and Effect, and Means-end Relationships. |
| **Administration:** | a. **Who administers:** Early childhood teachers |
### Developmental Screening Instruments

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>b. How long to administer:</strong> Teachers (with a basic knowledge of child development) with minimum screening experience can administer this instrument in approximately 25-30 minutes. With experience, less time is required.</td>
<td></td>
</tr>
<tr>
<td><strong>c. How much training is required:</strong> The format of the instrument is designed for ease of use. This instrument requires self-training by reading the manual and having practice.</td>
<td></td>
</tr>
<tr>
<td><strong>d. What kinds of support materials are available:</strong> Manual</td>
<td></td>
</tr>
</tbody>
</table>

#### Cost:
Kit includes: manual, 50 record forms, 37 picture cards, 5 set-configuration cards, 2 pairs of numeral cards, 3 pairs of word cards, and 4 shape cards. The complete kit costs $92.00.

#### Data Collection Process:
The instrument comes with a wide variety of materials that may appeal to children. The instrument is made up of 67 test items in 11 developmental levels, with scoring ranges from a functional age of one month to 60 months. The instrument can be completed out of sequence so those administering the screen do not have to follow the items in order and can fit the needs of their situation and child. Each test item also includes adaptations for use with visually impaired children.

#### Language Versions:
English

#### Family as a Data Source:
Families are not specifically included in the assessment process. Administration is carried out by the administrator for accurate scoring, and a child's family is not involved in the administration or scoring of the test.

Additional developmental screening instruments are included in this Resource Guide and are listed under “Multi-function Child Assessment Instruments” (see pages 26-27 and 74 – 95). They include Battelle Developmental Inventory, Devereux Early Childhood Assessment – Infant/Toddler, Galileo® Preschool, Infant Mullen Scales of Early Learning, Receptive-Expressive Emergent Language Scale, and Temperament and Atypical Behavior Scale.
Child Assessment Instruments

<table>
<thead>
<tr>
<th><strong>Author(s):</strong></th>
<th>Series edited by Diane Bricker, Ph.D. Volume authors: D. Bricker, Ph.D., B. Capt, Ph.D., OTR, J. Johnson, Ph.D., K. Pretti-Frontczak, Ph.D., K. Slentz, Ph.D., E. Straka, Ph.D., CCC-SLP, M. Waddell, M.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Publication Date:</strong></td>
<td>2002</td>
</tr>
<tr>
<td><strong>Age Range:</strong></td>
<td>Birth to 6 years; may also be used for children whose chronological age is 6 years or more. It is designed to be re-administered at 3- or 4-month intervals.</td>
</tr>
<tr>
<td><strong>Type:</strong></td>
<td>Child assessment instrument: observation, direct assessment (to elicit a behavior), and a parent, early childhood teacher, or therapist report are all components of the assessment instrument.</td>
</tr>
<tr>
<td><strong>Purpose:</strong></td>
<td>a. <strong>Target Group:</strong> The AEPS was designed for use with populations of children who are at risk and who have disabilities. For children who have severe impairments, general modifications are required. For children with severe disabilities, the AEPS objectives should be used more as goals, and the</td>
</tr>
</tbody>
</table>
associated curricular programming steps as objectives. General adaptation guidelines are provided for children with visual, hearing, and motor impairments.

b. **Purpose:** The AEPS Test (Vol. 2) is an instrument developed to be used by direct service personnel and specialists to assess and evaluate the skills and abilities of infants and young children who are at risk and who have disabilities. The primary purpose is to assist professionals early childhood teachers and parents in identifying and monitoring children's developmentally appropriate educational targets and planning individualized intervention. Use of this instrument can provide assistance in assessing children's functional repertoires, developing quality goals, formulating intervention content, and monitoring child progress over time.

c. **Alignment with Curriculum:** The AEPS was designed to be used in conjunction with the AEPS Curriculum for Birth to Three Years (Vol. 3), the AEPS Curriculum for Three to Six Years (Vol. 4), or other similar curricula. This comprehensive and linked system includes assessment/evaluation, curricular, and family participation components for the developmental range from birth to six years. The instrument permits a direct link between the selection of goals and curricular content. AEPS can help to identify educational targets tailored for each child's needs, formulate developmentally appropriate goals, conduct before and after evaluations to ensure interventions are working, and involve families in the whole process. It also helps professionals develop quality Individualized Educational Program/Individualized Family Service Plans (IEP/IFSP). The instrument is used to provide a baseline
Child Assessment Instruments

on the child's functioning to help develop the intervention curriculum and to measure the child's developmental progress over time.

**History:**

Preliminary work for the development of the AEPS instrument began in 1974. In the spring of 1976, professionals from six universities met to discuss the possibility of developing an instrument that was specifically designed for children who ranged developmentally from birth to 2 years of age and that would yield educationally relevant outcomes. Another meeting was held in 1976, when the group was funded by a grant which permitted formal continuation of the work already begun. During the 3-year period of the grant, conceptual as well as empirical work was undertaken. The principles underlying the instrument were refined and the first data collection on the preliminary instrument conducted. In 1980, a supplemental award provided support for the project and the first complete and usable assessment/evaluation instrument became available for comprehensive field testing. The instrument was called the Adaptive Performance Instrument or the API. The API had more than 600 items for the range of birth to 2 years and took 8-10 hours to administer. During 1983-84, the API was modified considerably by reducing the number of items from more than 600 to less than 300, and extending the developmental range to 36 months. The modifications were so extensive that the measure was renamed the Comprehensive Early Evaluation and Programming System. In 1984, another extensive revision was conducted on the instrument and the name was changed to the Evaluation and Programming System:
Child Assessment Instruments

For Infants and Young Children (EPS). An associated curriculum was also developed and field tested. In 1993, the EPS Test for Birth to Three Years and its associated curriculum were published by Paul H. Brookes Publishing Company. At that time, the name was changed to the Assessment, Evaluation, and Programming System (AEPS) for Infants and Children to accurately reflect its purpose and use. Findings suggested only minor modifications in items were needed in the third revision, entitled the Assessment, Evaluation and Programming System Test for Three to Six Years (1992). Between 1992 and 1995 a curriculum linked to the 3- to 6-years’ instrument was developed. In 1996, the companion volumes 3 and 4 of the AEPS series were published by Paul H. Brookes. In 2002, Paul H. Brookes published a reorganized, extensively updated second edition of the entire series.

### Statistical Information:

The AEPS is a criterion-referenced instrument. Ongoing research has been conducted dating back to 1984 and indicates that AEPS is both reliable and valid. In studies, AEPS helped professionals improve the quality of their written IFSP/IEP goals and objectives. Reliability has been found to be .65 or higher. For individual domains: Social .71 and Gross Motor .96. The average correlation for all domains was .88, and the total score was .97. The test-retest reliability for all domains was .88, and the total score was .95. The content validity was .5 or higher and the congruent validity with the Bayley Scales of Infant Development Mental Age and Motor Age were .93 and .88.
Child Assessment Instruments

**Domains:**
Fine Motor, Gross Motor, Cognitive, Adaptive, Social-communication, and Social

**Administration:**

a. **Who administers:** The AEPS can be used by both direct service personnel (teachers, classroom interventionists or home visitors) and specialists (communication specialists, occupational therapists, or psychologists).

b. **How long to administer:** Administration time may range from 1 to 2 hours for the initial assessment and 15 to 30 minutes for subsequent assessments, depending on the child’s level of functioning and the user’s familiarity with the AEPS and the child. Quarterly or yearly follow-ups generally take half the time of the initial assessment.

c. **How much training is required:** Use of the AEPS does require that some members of each professional team have adequate training in child development and child learning to correctly interpret child performance in critical areas. Each of the six domains has a specific recording form. Items are marked as “pass consistently” (2), “inconsistent performance” (1), and “does not pass” (0). Specific criteria are provided for each goal and objective. In addition to scoring each of the items, a qualifying note is attached to each item goal and objective. Items are marked as “assistance provided” (A), “behavior interfered” (B), “reported assessment” (R), “modification/adaptation” (M), and “direct test” (D).

d. **What kinds of support materials are available:** Administration Guide, report forms, and curriculum...
# Child Assessment Instruments

## Cost:
The system includes an Administration Guide (Vol. 1), Test for Birth to Three Years and Three to Six Years (Vol. 2), Curriculum for Birth to Three Years (Vol. 3), and Curriculum for Three to Six Years (Vol. 4). In addition, Child Observation Data Recording Forms, Child Progress Records, Family Reports, and the AEPS Forms CD-ROM (available in English or Spanish) are provided for scoring, graphing results, and tracking scores. The total cost for the entire system is $150.00-$205.00.

## Data Collection Process:
The system relies heavily on collecting observation data from daily routines. Teachers are asked to observe children as they engage in daily activities and then indicate the children's ability to perform important behaviors. The layout provides basic information about developmental milestones and the general sequence in which they appear. The system involves observation, direct assessment (to elicit a behavior), and parent, caregiver, or therapist report.

## Language Versions:
English; Chinese (first edition); Finnish (first edition); French (second edition to publish); Korean (second edition to publish); and English and Spanish forms available on CD-ROM.

## Family as a Data Source:
The AEPS encourages family participation in the assessment through the use of family-focused materials, such as the Family Report and the Child Progress Record. The Family Report is completed by parents while observing their child in the home and results lead to an opportunity to contribute to the
Child Assessment Instruments

| selection of goals/objectives for their child. The form is designed to be used 4 times per year to permit monitoring changes in a child and changes in family priorities. This 64-item questionnaire asks parents to rank their child's abilities on specific skills that correspond with the curricular areas. |
Bayley Scales of Infant Development®, Second Edition (BSID-II)

<table>
<thead>
<tr>
<th>Author(s):</th>
<th>Nancy Bayley</th>
</tr>
</thead>
<tbody>
<tr>
<td>Publication Date:</td>
<td>1993</td>
</tr>
<tr>
<td>Currently, BSID-III (third edition) is undergoing testing. This revision will be expanded from 2 domains to 5 domains with more content coverage and updated stimulus materials as well as expanded clinical studies. There will also be streamlining of the manipulatives that are currently part of the instrument. The new version will be for use with 15 day-old infants to 42 month-old infants and will take approximately 60 minutes to administer.</td>
<td></td>
</tr>
<tr>
<td>Age Range:</td>
<td>1 to 42 months</td>
</tr>
<tr>
<td>Type:</td>
<td>Child assessment instrument</td>
</tr>
</tbody>
</table>
| Purpose: | a. **Target Group:** Children 1 to 42 months of age, developing typically and at-risk  
 b. **Purpose:** The BSID-II was designed for use in identifying areas of relative impairment or delay, developing curricula for interventions, and assessing the outcome of such interventions. The BSID-II consists of 3 scales used to diagnose developmental delay and plan intervention strategies: Mental |
Child Assessment Instruments

Scale for assessment of the current level of cognitive, language, and personal-social development; Motor Scale for measurement of fine and gross motor development; and the Behavior Rating Scale (formerly called the Infant Behavior Record) to assess behavior during testing. Often, the Bayley Scales are used to determine whether a child is developing typically and provide for early diagnosis and intervention in cases of developmental delay, where there is significant tardiness in acquiring certain skills or performing key activities. Additionally, the Scales can be used to qualify a child for special services and/or demonstrate the effectiveness of those services. Most recently, the Bayley Scales have been used to ensure compliance with legislation that requires identification. The Scales should not be used to measure a child’s deficit in a specific skill area or to obtain a norm-referenced score for a child with severe sensory or physical impairments. Also, although items on the Mental and Motor Scales for older children are similar to items found on instruments of school-age abilities, the BSID-II is not intended to serve as an intelligence test.

c. **Alignment with Curriculum:** There is no alignment with a specific curriculum.

**History:**

The Bayley Scales of Infant Development were first published in 1969. Since then it has been used extensively worldwide to measure the mental and motor development and examine the behavior of infants. The Scales may be used to describe the current developmental functioning of infants and to assist in diagnosis and treatment planning for infants with developmental delays or disabilities. In the Netherlands, the “Bayleys” were translated and adjusted to the Dutch situation and standardized by
Van der Meulen & Smrkovsky in 1980 (BOS 2-30). The BOS 2-30 is the only standardized test for such young children in the Netherlands. In order to re-standardize and meet the demands of today's situation, the current project aims to adjust and standardize the revised version of the BSID II (1993), called the BOS II. This version is extended down to 1 month of age and up to 42 months.

<table>
<thead>
<tr>
<th>Statistical Information:</th>
</tr>
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<tbody>
<tr>
<td>The norming sample was a national, stratified random sample of 1,700 children ages 1 to 42 months. The stratifying variables were age, sex, region, race/ethnicity, and parent education. The sample consisted of 17 age groups, each with 100 children. Reliability: The internal consistency averages across all agegroups were .88 for the mental scale, .84 for the motor scale, and .88 for the total score. Test-retest reliability, with a median 4-day interval between sessions for children ages 1 and 12 months: .83 for the mental scale, .77 for the motor scale, and .55 for the total score at 1 month and .90 at 12 months of age. For children ages 24 and 42 months: .91 for the mental scale, .79 for the motor scale, and .60 for the total score. Overall, the test-retest reliability coefficients were .87 on the mental scale and .78 on the motor scale. The inter-rater reliability for the mental scale was .96 and for the motor scale, .75. Inter-rater reliability coefficients for the IBR (now the BRIS) ranged from .47 to 1.00. Validity: The concurrent validity between the BSID-II and BSID was .62 on the mental scale and .63 on motor scale.</td>
</tr>
</tbody>
</table>
Child Assessment Instruments

**Domains:**

The mental scale assesses the child’s level of cognitive, language, and personal-social development. The motor scale assesses the child’s level of fine and gross motor development. The BRS assesses the child’s behavior during the testing situation, which facilitates interpretation of the mental and motor scales. The Bayley Infant Neurodevelopmental Screener, which contains 11 to 13 items selected from BSID-II, allows programs with high caseloads to screen infants 3 to 24 months for neurological impairment or developmental delay in 10 to 20 minutes.

**Administration:**

a. **Who administers:** Trained examiners
b. **How long to administer:** BSID-II takes 15 to 35 minutes to administer to children under 15 months and up to 60 minutes to children older than 15 months.

c. **How much training is required:** Highly trained professionals are required in order to use the instrument properly. Professionals need an authoritative source of advice and guidance on how to administer, score, and interpret the Bayley Scales. The examiner should be trained and experienced in administering and interpreting comprehensive developmental assessments.

d. **What kinds of support materials are available:** The manual contains a chapter that provides instructions on administering and scoring the BSID-II assessments. In addition, each item in the Scales has directions for administering and scoring the item. A kit, complete with manipulatives, is also available.
## Child Assessment Instruments

**Cost:**

The complete kit costs $950.00. The kit includes a manual, stimulus booklet, 25 mental scale record forms, 25 motor scale record forms, and 25 behavior rating scale record forms, visual stimulus cards, map, and all necessary manipulatives, in a soft-side carrying cases).

**Data Collection Process:**

The manual provides scoring instructions for each of them. The examiner scores an item by entering one of a number of scoring options. By converting mental and motor raw scores into MDI and PDI scores, the examiner can compare a child’s performance to the performance of children of similar ages. Another table provides the age-appropriate percentile ranking for the child’s BRS score. BSID-II provides instruction on how to interpret the assessment results and provides 3 case studies as examples. Additional information on interpreting BSID-II scores is provided in the book, *Essentials of Bayley Scales of Infant Development II Assessment.*

**Language Versions:**

English

**Family as a Data Source:**

A child’s family is not consulted for information during an assessment using the BSID-II. The trained professional administering the BSID-II presents infants with situations and tasks designed to produce an observable set of behavioral responses; therefore, family input is not necessary to complete the assessment.
**Child Assessment Instruments**

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**Brigance Inventory of Early Development® (IED-II), Second Edition**

<table>
<thead>
<tr>
<th><strong>Author(s):</strong></th>
<th>Alfred H. Brigance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Publication Date:</strong></td>
<td>2004</td>
</tr>
<tr>
<td><strong>Age Range:</strong></td>
<td>Birth to 84 months (7 years)</td>
</tr>
<tr>
<td><strong>Type:</strong></td>
<td>Child assessment instrument; screening, diagnostic, and instructional assessment instrument</td>
</tr>
</tbody>
</table>

**Purpose:**

a. **Target group:** Children birth to 7 years  

b. **Purpose:** The primary purposes of the IED-II are to assess children to provide ongoing consistent and holistic assessment, to identify developmental age, to pinpoint learning problems, to monitor and document progress, and to create instructional objectives. The IED-II can serve as both a diagnostic instrument and criterion-referenced classroom assessment, with updated features like: normed/standardized option for key skill areas, updated developmental age references, additional social-emotional assessments, and expanded functional skills sequences for assessing incremental gains. The instrument features a comprehensive skills section at the end of most sections which can be
Child Assessment Instruments

helpful when measuring smaller growth increments and can be particularly useful when assessing children with special needs. A list of developmental milestones is also included as an appendix that can be helpful when trying to determine which assessment will be most useful.

c. **Alignment with specific curriculum:** The IED-II is correlated with the Head Start Outcomes Framework which can be useful if an ongoing assessment is needed.

**History:**

The IED-II is one instrument in a series of Brigance Diagnostic Inventories. The Inventories were designed to assess children’s strengths and weaknesses and to determine present-level performance. The Inventories were designed to provide a way of identifying instructional objectives and can be used as instructional planning aids. The Inventories can serve as a way to gain information for the purpose of writing accurate and effective individual education plans and meeting IDEA requirements. The series of Inventories span the age ranges of early childhood to adulthood. The creator of the Inventories, which includes the IED-II, is Albert Brigance. Formerly a school psychologist and a classroom teacher in both regular and cognitive-challenged classrooms, Brigance brings more than 20 years of experience in education to the creation of the Inventories series. Before its most recent revision, the Inventory of Early Development (IED) was exclusively a criterion-referenced instrument used for curricular planning, readiness skills assessment, and development of IEPs. With the publication of the IED-II, the instrument is also normed on children birth to age seven.
## Child Assessment Instruments

<table>
<thead>
<tr>
<th>Statistical Information:</th>
</tr>
</thead>
<tbody>
<tr>
<td>The IED-II was standardized on a large population of children from across the country and in a variety of settings, reflecting the wide range of applications for the instrument and creating a representative sample of the U.S. The IED-II has been found to have internal consistency of .85-.99, test-retest reliability of .89-.95, and inter-rater reliability of .82-.96. The instrument also has high discriminant validity when given to children with and without disabilities and risk factors for developmental delays. These groups of children score significantly different on the instrument.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Domains:</th>
</tr>
</thead>
<tbody>
<tr>
<td>The developmental sections with comprehensive skills sequences include: Pre-ambulatory Motor Skills and Behaviors, Gross Motor Skills and Behaviors, Fine Motor Skills and Behaviors, Self-help Skills, Speech and Language Skills, and Social-emotional Development. The early academic skills sections include: General Knowledge and Comprehension, Readiness, Basic Reading Skills, Manuscript Writing, and Basic Math.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Administration:</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. <strong>Who administers:</strong> Teachers</td>
</tr>
<tr>
<td>b. <strong>How long to administer:</strong> Time to administer depends on which assessments are used.</td>
</tr>
<tr>
<td>c. <strong>How much training is required:</strong> The IED-II was designed specifically for teachers and no special training is required. It does not require complex statistical procedures for calculating and interpreting results. Many of the procedures can be administered by paraprofessionals with professional supervision. The instrument is considered easy to administer with an easy-to-follow format. When using the instrument for informal assessment, the procedures are considered simple,</td>
</tr>
</tbody>
</table>

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**Brigance Inventory of Early Development** • **Brigance Inventory of Early Development** • **Brigance Inventory of Early Development**
and the materials used are commonly found in classrooms or at home.

d. **What kinds of support materials are available:** An optional Testing Accessories Kit including blocks, scissors, and manipulatives is available for purchase.

Cost:
The complete kit costs $700, although most materials can be purchased separately. The developers suggest that the IED-II is too expensive to administer in its entirety. Therefore, staff using the 46 assessments will need to use their judgment as to which assessments should be used.

**Data Collection Process:** Different data collection methods can be used to accommodate different situations and will vary depending on what assessment piece is being used. For example, the IED-II offers a variety of possibilities such as parent/teacher interviews, teacher observation, and group or individual administration. The IED-II provides the choice of two recordkeeping systems for the developmental skills found in certain sections: the Developmental Record Book which includes the basic skills and the Comprehensive Skill Sequences found at the end of each section. Both can be color-coded to serve as a means to track the progress of an individual child or communicate information to a parent or other teachers. The time needed to administer the IED-II will vary with experience and depending on what assessment piece is being used. The new IED–II Standardization and Validation Manual provides the data necessary to: accurately compute chronological age; convert raw scores to quotients; convert quotients to percentiles; determine age-equivalent scores; derive instructional ranges; and determine combined adaptive behavior scores.
## Child Assessment Instruments

<table>
<thead>
<tr>
<th>Language Versions:</th>
<th>English</th>
</tr>
</thead>
</table>

| Family as a Data Source: | A parent interview is included in some sections. For example, in the section assessing readiness for books and reading, a parent may be interviewed by a teacher to learn about the child's reaction to books. Parents are also included in the reporting process. |
Child Assessment Instruments

The Creative Curriculum Developmental Continuum for Infants and Toddlers

**Author(s):** L. J. Colker and A. Dombro

**Publication Date:** Expected Summer 2005

**Age Range:** Birth to age 3

**Type:** Child assessment instrument; child assessment based on ongoing teacher observations conducted during the everyday program

**Purpose:**

a. **Target Group:** Children birth to age 3 in group-care settings

b. **Purpose:** This is an instrument to assess infant and toddler development. The tool helps teachers observe each child and organize their observations to determine the child’s level on a continuum of development.

c. **Alignment with Specific Curriculum:** This instrument is based on the goals and objectives of *The Creative Curriculum for Infants & Toddlers* and is designed for use with the Creative Curriculum as teachers plan for individual and group needs. On the basis of their observations and the child’s personal style and pace of development, teachers choose strategies from the Creative Curriculum.
### Child Assessment Instruments

To build responsive relationships and plan opportunities to support and promote each child's development. The Continuum helps teachers focus on the sequence of each child's development in meeting the goals and objectives of the Curriculum.

#### History:
This instrument is research-based, psychometrically sound, validated by experts, and is an integral part of *The Creative Curriculum for Infants & Toddlers*. It is a revised and improved version of the original Individualizing instrument and reflects Teaching Strategies’ 16-year tradition of making information about child development and quality programs engaging and easily accessible to teachers.

#### Statistical Information:
Not yet available.

#### Domains:
Teachers observe a child's ongoing Social, Emotional, Physical, Cognitive, and Language Behavior during the program day. As they observe, they focus on the five goals of *The Creative Curriculum for Infants & Toddlers*: to learn about self; to learn about others; to learn about communicating; to learn about the world; and to learn about moving and doing.

#### Administration:

a. **Who administers**: Teachers utilize the Creative Curriculum in group care settings.
b. **How long to administer**: Developed as an ongoing process.
c. **How much training is required**: Training from the developer is highly recommended to help
Child Assessment Instruments

teachers use the instrument effectively. An online system will also be available. Users of the Continuum are taught to focus on engaging with children and to use the information from the Continuum to enrich the time they spend with them.

d. **What kinds of support materials are available:** A toolkit for teachers to use the Continuum will be available. It will include: 1) *The Creative Curriculum Developmental Continuum for Infants & Toddlers*; 2) *A Teacher’s Guide to Using The Creative Curriculum for Infants & Toddlers*; 3) A Goals and Objectives Poster; 4) A Class Summary Worksheet; 5) Individual Child Profiles; and 6) Child Progress and Planning Reports.

<table>
<thead>
<tr>
<th>Cost:</th>
<th>Price to be determined.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data Collection Process:</td>
<td>Teachers rely on the ongoing observations they conduct as they interact with children. In addition, they gather samples of children’s work and photos of children involved with others and with materials. There are 3 data checkpoints per year (fall, winter, and spring). Teachers review their observations and analyze and evaluate the information to determine the child’s developmental step for each objective on the Continuum.</td>
</tr>
<tr>
<td>Language Versions:</td>
<td>English and Spanish</td>
</tr>
</tbody>
</table>
Child Assessment Instruments

| Family as a Data Source: | Families are asked to share information with teachers about their child’s learning style, experiences, and general development. Teachers use this information to better understand each child as they use the Continuum. Information about each child’s development is shared with families using the Child Progress and Planning Report. Then, family members and teachers plan next steps together. |

The Creative Curriculum Developmental Continuum for Infants and Toddlers • The Creative Curriculum Development...
Early Learning Accomplishment Profile (Early-LAP/ELAP)

**Author(s):** M. Elayne Glover, M.Ed., Jodi L. Preminger, M.A., and Anne R. Sanford, M.Ed.

**Publication Date:** 2002

**Age Range:** Birth to 3 years

**Type:** Child assessment instrument

**Purpose:**

a. **Target Group:** The instrument can be used with any infant or toddler from the ages of birth to 36 months, including those with disabilities.

b. **Purpose:** The Early-LAP provides a systematic method for observing child functioning. The main purpose is to assist teachers, clinicians, and parents in assessing individual skill development in 6 domains. Major features of the Early-LAP are that it can enable teachers to plan activities for individuals or groups, monitor developmental progress, and can help to facilitate the identification of potential delays. The Early-LAP facilitates the planning of intervention strategies, supports a child’s development at home, and fulfills Early Head Start requirements.

c. **Alignment with Specific Curriculum:** There is no alignment with a specific curriculum.

**History:**

The Chapel Hill Training Outreach Project was established in 1969; and the Learning Accomplishment Profile (LAP) was also developed during this time. As early childhood programs expanded their services...
to younger children, including children with more severe disabilities, the need for such an instrument was clear. As a result, the Infant LAP was designed to facilitate programming for children with more involved disabilities by parceling the developmental sequence into smaller steps. In 1978, staff began to design a new version of the instrument. The result of this work was the current Early-LAP. Additional revisions of the Early-LAP were made in 1988 and 1995 to clarify administration procedures, material requirements for each item, and scoring criteria.

The Early-LAP is a criterion-referenced assessment. In 1999-2000, a national study was conducted to examine the reliability and validity of the Early-LAP, which included testing a method to calculate an approximate developmental age score. The study included children with typical and atypical development from the northeastern, southern, north central, and western United States. Criterion validity was determined by examining the correlations using Pearson’s r (a correlational statistic) between the Early-LAP developmental age domain scores and the BSID-II Mental and Motor Scale developmental age scores for conceptually related items. Correlations between the Early-LAP and the BSID-II Mental Scale for the core sample (n = 242) ranged from .90 to .97, while correlations between the Early-LAP and the BSID-II Motor Scale ranged from .92 to .94. To assess test-retest reliability, a subset of children from the project sample (n = 92) were administered the Early-LAP by the same examiner on two separate occasions, one to three weeks apart. Test-retest reliability ranged from .96 to .99. To assess inter-rater reliability, a subset of children from the project sample (n = 49) were administered the Early-LAP by two different examiners on two separate occasions, one to three weeks apart. Inter-rater reliability ranged from .96 to .99.
## Child Assessment Instruments

<table>
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<tr>
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</thead>
<tbody>
<tr>
<td>Administration:</td>
<td></td>
</tr>
<tr>
<td>a. Who administers: Administration of the instrument must be by trained professionals or paraprofessionals.</td>
<td></td>
</tr>
<tr>
<td>b. How long to administer: Administration time takes approximately 1 to 1 1/2 hours, and domains may be administered in more than one session. Administration can also take place at specific intervals or as ongoing to monitor progress.</td>
<td></td>
</tr>
<tr>
<td>c. How much training is required: Specific training for the instrument administration must be completed.</td>
<td></td>
</tr>
<tr>
<td>d. What kinds of support materials are available: Kit comes complete with tools required for administration.</td>
<td></td>
</tr>
<tr>
<td>Cost:</td>
<td>Complete kit = $450.00 to $710.00</td>
</tr>
</tbody>
</table>

### Data Collection Process:

In the scoring process, the administrator uses a plus (+) on each item for which a child meets the criteria; a minus (-) is marked by the item if the skill is not demonstrated by the child. The developers note that if the Early-LAP is being used for ongoing assessment, the date should be marked by each plus (+) recorded. Scoring sheets appropriate for tracking a child's progress 3 times a year are included. Computer and Web-based assistance are also available with this instrument. The results can be used to generate a complete picture of a child's developmental progress in the six domains so that individualized, developmentally appropriate activities can be planned and carried through. Forms to summarize the progress of individual children at the beginning, middle, and end of the program year are
Child Assessment Instruments

<table>
<thead>
<tr>
<th>Language Versions:</th>
<th>English and Spanish</th>
</tr>
</thead>
</table>

| Family as a Data Source: | An Individualized Family Service Plan (IFSP) form is included in the manual for use with a child’s family. Teachers should share this information with parents during face-to-face home visits or parent conferences. |
Infant Toddler Development Assessment (IDA)

**Author(s):** Sally Provence, Joanna Erikson, Susan Vater, and Saro Palmeri

**Publication Date:** 1995

**Age Range:** Birth to 36 months

**Type:** Child assessment instrument; assessment instrument including 6 phases that are designed to be conducted by a team of two or more professionals: (1) Referral and Pre-interview Data Gathering Session; (2) Initial Parent Interview; (3) Child Health Review; (4) Developmental Observation and Assessment; (5) Integration of Data, and: (6) Conference with Parents. The IDA also includes the use of the Provence Birth-to-Three Developmental Profile in phase 4, which provides a descriptive summary of a child’s developmental competencies. Each phase develops from the one before and is completed only after team discussion.

**Purpose:**

a. **Target Group:** The IDA is designed in six phases to improve early identification of children birth to age 3 who are developmentally at risk.

b. **Purpose:** The IDA is designed to identify children who are developmentally at risk. The Provence Protocols behavioral items are marked present and observed, not present or observed, reported present and not observed, reported not present, emerging, or refused. The number of correct responses is used to determine the child’s performance age, which is compared to the child’s chronological age.
to determine whether to rate the child’s development in the domain as *competent* or *of concern* and, if the latter, the degree of the delay. Using tables in the manual, the “Percentage Delay” can also be computed from the child’s observed performance age and the child’s chronological age, adjusted for prematurity. The IDA can help to determine the need for monitoring, consultation, intervention, or other services for the child and family and may be used to develop an Individualized Family Service Plan (IFSP).

**c. Alignment with Specific Curriculum:** There is no alignment with a specific curriculum.

<table>
<thead>
<tr>
<th>History:</th>
<th>Evaluation studies have demonstrated that IDA is an effective, cost-efficient, valid, and reliable assessment process that leads to recommendations similar to those of more in-depth evaluations.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Statistical Information:</td>
<td>Reliability coefficients for the Provence domain scores are generally quite high, ranging from .90 to .96 for ages 1-18 months and .78 to .96 for ages 19-36 months. Inter-rater reliabilities range from .91 to .95 for 7 of the 8 domains and .81 for the remaining domain. The validity of the IDA and the Provence Profile have been demonstrated through several studies that have examined the content, construct, criterion-related, and predictive evidence of these assessments. The results of comparisons with multiple-domain assessments indicate very high agreement between IDA and other assessments.</td>
</tr>
<tr>
<td>Domains:</td>
<td>Gross Motor, Fine Motor, Relationship to Inanimate Objects (Cognitive), Language/Communication, Self-help, Relationship to Persons, Emotions and Feeling States (Affects), and Coping.</td>
</tr>
</tbody>
</table>
## Child Assessment Instruments

| Administration: | a. **Who administers:** Trained professionals  
b. **How long to administer:** IDA includes multiple assessments with parent and team input and cannot be completed in one session.  
c. **How much training is required:** Only highly trained personnel can administer the IDA. The Erikson Institute provides training.  
d. **What kinds of support materials are available:** Training materials consist of a Leader’s Guide and 3 videos. The actual IDA materials are required also. These materials are not meant to be a self-study course for individuals trying to learn IDA. |
|---|---|
| Cost: | IDA Complete Kit $548.50  
IDA Manipulatives Kit in carrying case $321.00  
IDA Training Complete Kit $304.00 |
| Data Collection Process: | There are 6 IDA phases that are designed to be conducted by a team of two or more professionals: (1) Referral & Pre-interview Data Gathering; (2) Initial Parent Interview; (3) Health Review; (4) Developmental Observation and Assessment; (5) Integration and Synthesis, and; (6) Share Findings, Completion, and Report. Each phase develops from the preceding one and is completed only after team discussion and review. The Developmental Observation and Assessment Phase (phase 4) uses the Provence Birth-to-Three Developmental Profile, which provides a descriptive summary of a child’s developmental competencies. The entire assessment uses observation and parent reports of the child’s development along the 8 developmental domains. The Provence Profile is to be used within the context of the full IDA rather than as an isolated session. Five forms are used to gather and record information: Parent Report; Request for Health Information; Family Recording Guide; Health Recording Guide; and IDA Record. After |
obtaining the Provence Protocol score, the assessment team needs to take into account qualitative aspects of the child's performance and performance on certain "marker" skills for the child's age group to decide again whether the child's development is "competent" or "of concern" and, if the latter, the level of concern.

**Language Versions:**
English. The parent report is available in Spanish.

**Family as a Data Source:**
IDA includes an interview with parents regarding their concerns and the child's health and development history; a child assessment with parent participation based on observation, interaction, and response to tasks; and a conference with parents to discuss findings and develop a plan.
# Child Assessment Instruments

## Kaufman Survey of Early Academic and Language Skills (K-SEALS)

<table>
<thead>
<tr>
<th><strong>Author(s):</strong></th>
<th>Alan S. Kaufman and Nadeen L. Kaufman</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Publication Date:</strong></td>
<td>1993</td>
</tr>
<tr>
<td><strong>Age Range:</strong></td>
<td>Birth to 83 months</td>
</tr>
</tbody>
</table>

### Purpose:

- **Target Group:** Children birth to 83 months of age
- **Purpose:** The purpose of the K-SEALS is the assessment of children's language skills, pre-academic skills, and articulation. The 3 K-SEALS subtests: Vocabulary; Numbers, Letters and Words and; Articulation Survey, were designed to measure children's expressive and receptive language skills, pre-academic skills, and articulation. The K-SEALS can be used to assess for school readiness, identify gifted children, evaluate program effectiveness, and research a child's early development.
- **Alignment with Specific Curriculum:** There is no alignment with a specific curriculum.

### Type:

Child assessment instrument

### History:

Item tryouts were conducted in 1986 and 1987 and the current version is an expanded and enhanced version of the Cognitive/Language Profile in the AGS Early Screening Profiles.

### Statistical Information:

K-SEALS was standardized on a national sample of 1,000. The sample was controlled for age, gender, race, geographic region, community size, and SES/parent education. A total of 1,190 subjects were administered the K-SEALS items in the standardization program. From these subjects, 1,000
Child Assessment Instruments

<table>
<thead>
<tr>
<th>Domains:</th>
<th>Early Academic and Language Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administration:</td>
<td></td>
</tr>
<tr>
<td>a. <strong>Who administers:</strong> Preschool, kindergarten, and elementary teachers can all use this instrument. It is often used in speech and language clinics and medical agencies.</td>
<td></td>
</tr>
<tr>
<td>b. <strong>How long to administer:</strong> The administration time for the K-SEALS is approximately 15 to 25 minutes per child.</td>
<td></td>
</tr>
<tr>
<td>c. <strong>How much training is required:</strong> The instrument is considered easy to administer and produces a measure of children's language skills, pre-academic skills, and articulation. This instrument should only be administered with one child at a time.</td>
<td></td>
</tr>
<tr>
<td>d. <strong>What kinds of support materials are available:</strong> Complete kit contains manual, easel, and individual test records.</td>
<td></td>
</tr>
<tr>
<td>Cost:</td>
<td>$260.99</td>
</tr>
<tr>
<td><strong>Data Collection Process:</strong></td>
<td>As part of the data collection process, children must identify objects, actions, numbers, letters, and words through expressive and receptive formats. They also must demonstrate verbal reasoning and understanding of quantitative concepts.</td>
</tr>
</tbody>
</table>
## Child Assessment Instruments

<table>
<thead>
<tr>
<th>Language Versions:</th>
<th>English</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Family as a Data Source:</strong></td>
<td>This instrument does not gather information from parents as part of the assessment process.</td>
</tr>
</tbody>
</table>

Source: Kaufman Survey of Early Academic and Language Skills · Kaufman Survey of Early Academic and Language Skills ·
The Ounce Scale

Author(s): Samuel J. Meisels, Amy Dombro, Dot Marsden, Donna Weston, and Abby Jewkes

Publication Date: 2002

Age Range: Eight intervals from birth to 42 months: birth to 4 months; 4 to 8 months; 8 to 12 months; 12 to 16 months; 18 to 24 months; 24 to 30 months; 30 to 36 months; and 36 to 42 months.

Type: Child assessment instrument; observational and functional child assessment instrument

Purpose:

a. **Target Group:** Early childhood staff and families of children birth to 42 months of age.

b. **Purpose:** The Ounce Scale has three elements and purposes: (1) the Observation Record, for early childhood program staff, provides a focus for observing and documenting children's everyday behaviors and provides data for making evaluations about development; (2) the Family Album, provides a structure for parents to learn about and record their child's development as they write down what they see, using photos, telling stories, and responding to observation questions that are the same as the ones in the early childhood teacher's Observation Record, and; (3) the Developmental Profile enables early childhood staff to evaluate each child's development and progress over time, comparing their observation data to specific performance standards provided in the age level Standards guidebook.

c. **Alignment with Specific Curriculum:** There is no alignment with a specific curriculum.
**Child Assessment Instruments**

**History:** The Ounce Scale is a new instrument that was developed over a period of 8 years starting with a 3-year literature review of more than 100 books and articles, 15 infant/toddler assessments, and other documents to develop a set of standards for the first three years of life. The prototype was reviewed twice by a recognized panel of experts in the field of early childhood development. A one-year pilot was conducted in 8 different types of programs and a one-year field trial in 14 various types of programs. The Ounce Scale was designed to be used in Early Head Start programs, child care centers, Even Start programs, home visiting programs, and family child care homes. It can be used effectively with children living in poverty, children at risk or with disabilities, children from differing cultures, and children growing and developing typically.

**Statistical Information:** While the Ounce Scale is a well-researched assessment instrument, it cannot be validated until it is in use in a variety of programs. Funding has been procured and a staff assembled to start the 3-year validation and reliability studies in Fall 2004. The beginning phases of study on the Ounce Scale are currently in progress in Florida.

**Domains:** Social and Emotional (building trust, sense of self, relationships with others); Language (receptive and expressive); Cognitive (memory and problem solving); and Physical Development (gross and fine motor as well as self-help).

**Administration:**

a. **Who administers:** The instrument can be used by center or home-based child care program staff, by early interventionists, in aboriginal Head Start programs or home visiting programs, in family resource centers and in parent education programs.

b. **How long to administer:** The Ounce is designed as an ongoing assessment process.

c. **How much training is required:** The instrument should only be administered by someone with the appropriate training. Training generally includes a 2-day workshop that participants are required to
## Child Assessment Instruments

attend, at which they will receive materials to assist them in their classrooms.

d. **What kinds of support materials are available:** Kit includes resources for families, standards, user's guide, and developmental profiles.

### Cost:

Administrator’s Kit – a complete set of Ounce Scale materials $120
(contains one copy of each of the 8 age-level Observation Records, 8 age-level Family Albums, User’s Guide, Standards, and the Developmental Profiles in reproducible form)
Observation Records – 10 in each package $24
Family Albums – 5 in each package $24.75
User’s Guide $22
Standards $37
Reference Set (Standards and User’s Guide) $49
Reproducible Masters $16

*A program using The Ounce Scale would order a Reference Set for each teacher or other program provider and packets of appropriate age-level Observation Records and Family Albums as needed. A program would only need one set of Developmental Profile Reproducible Masters.*

### Data Collection Process:

The Ounce Scale depends on the knowledgeable observations made by early childhood teachers in their everyday activities with children. The areas of development represented on the profile are designed so that all aspects of a child's growth can be reviewed. By using the standards as a guide for assessing development, early childhood teachers can then match the behaviors they see to the established standards in the instrument and then make determinations about whether a child’s growth is developing as expected.
## Child Assessment Instruments

**Language Versions:** English and Spanish

| Family as a Data Source | At the core of the instrument is the observation of a child's functional accomplishments by both parents and early childhood program staff. The collected data can then provide a framework from which to design program planning, relationship-building experiences, and/or specific interventions. The use of the scale can help to enhance both parent and early childhood program staff knowledge by focusing their attention on what a child is doing, what they might do differently, and what might happen next. |
### Transdisciplinary Play-Based Assessment (TPBA), Revised Edition, & Transdisciplinary Play-Based Intervention (TPBI)

<table>
<thead>
<tr>
<th><strong>Author(s):</strong></th>
<th>Toni W. Linder, Ed.D.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Publication Date:</strong></td>
<td>1993</td>
</tr>
<tr>
<td><strong>Age Range:</strong></td>
<td>Infancy to 6 years</td>
</tr>
<tr>
<td><strong>Type:</strong></td>
<td>Child assessment instrument; curriculum-based and criterion-referenced assessment and intervention; an integrated approach to assessment and intervention based on research showing that play encourages children's thinking skills, communication and language abilities, movement proficiency, and social-emotional development</td>
</tr>
</tbody>
</table>
| **Purpose:** | a. **Target Group:** Children birth to 6 years  
b. **Purpose:** During a transdisciplinary play-based assessment, children’s developmental level, learning styles, interaction patterns, and other behaviors are assessed in each of the four domains: cognitive; social-emotional; communication and language and; sensorimotor. The result of the TPBA process is a wealth of data that professionals and parents can use to identify appropriate services for a child, develop intervention plans, and evaluate a child’s ongoing progress. Further, the Transdisciplinary Play-Based Intervention (TPBI) can be used to translate the results of TPBA into effective interventions, including individual education plans and individual family service plan targets, for young children from infancy through age six. TPBI provides a good foundation for program planning. The assessment-intervention process is highly individualized, natural, and functional. Group assessment allows for discussion of observations and real transdisciplinary assessment. |
# Child Assessment Instruments

<table>
<thead>
<tr>
<th>c. <strong>Alignment with Specific Curriculum:</strong></th>
<th>There is no alignment with a specific curriculum, although guidelines for developing curricula are available.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>History:</strong></td>
<td>This instrument is widely used and is endorsed in a number of states.</td>
</tr>
<tr>
<td><strong>Statistical Information:</strong></td>
<td>The reliability and validity of TPBA has been shown in initial studies to meet the criteria needed for use of the instrument and to make service eligibility decisions. Preliminary data reveal that TPBA can be as accurate as traditional instrument procedures identifying children with developmental delays and in specifying significant areas for intervention.</td>
</tr>
<tr>
<td><strong>Domains:</strong></td>
<td>Cognitive, Social-Emotional, Communication and Language, and Sensorimotor Development</td>
</tr>
</tbody>
</table>
| **Administration:** | a. **Who administers:** The TPBA and the TPBI should be used by a professional with expertise in the content areas. This instrument can also be used by professionals with expertise in the content areas in conjunction with parents.  
b. **How long to administer:** Several play sessions over several days.  
c. **How much training is required:** Early childhood professionals with expertise in the content areas may administer.  
d. **What kinds of support materials are available:** Assessment Guide, Curriculum Guide, and videos |
| **Cost:** | $110.95  
Transdisciplinary Play-Based Assessment: A Functional Approach to Working with Young Children, Revised Edition (TPBA), $44.00; Transdisciplinary Play-Based Intervention: Guidelines for Developing a Meaningful Curriculum for Young Children (TPBI), $49.95; Transdisciplinary Play-Based Assessment and Transdisciplinary Play-Based Intervention Child and Program Summary Forms (package of 5 tablets |
## Child Assessment Instruments

containing all key forms from both manuals), $27.00; TPBA and TPBI purchased together, $83.95; TPBA, TPBI, and summary forms purchased together, $110.95

<table>
<thead>
<tr>
<th>Data Collection Process:</th>
<th>The following measures are used in the data collection process: worksheets, summary sheets, cumulative summary sheets, and a final written report.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Language Versions:</td>
<td>English</td>
</tr>
<tr>
<td>Family as a Data Source:</td>
<td>Parents are integral members of the assessment team, and a special chapter of TPBA is devoted to keeping parents involved throughout the entire assessment/intervention process.</td>
</tr>
</tbody>
</table>
Multi-function Child Assessment Instruments
### Multi-function Child Assessment Instruments

**Battelle Developmental Inventory (BDI-2), Second Edition**

<table>
<thead>
<tr>
<th>Author(s):</th>
<th>J. Newborg, J. R. Stock, J. Wnek, J. Guidubaldi, and J. S. Svinicki</th>
</tr>
</thead>
<tbody>
<tr>
<td>Publication Date:</td>
<td>2002</td>
</tr>
<tr>
<td>Age Range:</td>
<td>Birth to 7 years and 11 months</td>
</tr>
<tr>
<td>Type:</td>
<td>Multi-function child assessment instrument; screening, diagnostic and assessment instrument</td>
</tr>
</tbody>
</table>
| Purpose:            | a. **Target Group:** Children birth to 95 months of age, with and without special needs  
                        b. **Purpose:** Use of the instrument can help to depict child progress in intervention programs, identify children with special needs, and provide a comprehensive analysis of functional capabilities. There are also adaptations for children with disabilities. This instrument is based on the concept of milestones. That is, a child typically develops by attaining critical skills or behaviors in a certain sequence, and the acquisition of each skill generally depends upon the acquisition of the preceding skills. The instrument was designed to use for screening, child assessment, and group assessment for the purposes of program evaluation and program accountability. The instrument merges norm-based, curriculum-based, and adaptive features into one instrument. It incorporates curriculum referencing and linking assessment, intervention, and evaluation. It is helpful in identifying a child's... |
patterns of strengths and weaknesses. Some caution is needed in interpreting scores because of the small number of items in most subdomains. The Personal-Social Domain consists of items that measure those abilities and characteristics that allow the child to engage in meaningful social interactions. The Adaptive Domain consists of items that measure the child’s ability to make use of the information and skills assessed in the other domains and measures both self-help skills and task-related skills. The Motor Domain consists of items that assess the child’s ability to use and control the large and small muscles of the body (gross and fine motor development). The Communication Domain consists of items that measure the child’s reception and expression of information, thoughts, and ideas through verbal and nonverbal means. The Cognitive Domain consists of items that measure those skills and abilities that are conceptual in nature.

c. **Alignment with Specific Curriculum:** There is no alignment with a specific curriculum.

**History:**

The BDI-2 was developed in 1984 and is both norm-referenced and criterion-referenced. It is a comprehensive test of development that evaluates the 5 domains of development listed in Part C of IDEA: cognitive, adaptive (self-help), motor, communication, and personal-social development. Each of the domains is further divided into subdomains, which can be scored separately.

**Statistical Information:**

This instrument is standardized/norm-referenced, and normative data for the BDI-2 were gathered from over 2,500 children between the ages of birth to 7 years 11 months. The normative sample closely matches the 2000 U.S. Census (education level based on 2001 data). Bias reviews were conducted on all items for gender and ethnicity concerns. Item desirability information from examiners was also
considered in the selection of the final items. Test-retest reliability was .71 to 1.0, and concurrent validity was .566 with the PPVT-R and .66 with the Preschool Language Scale.

### Domains:
Motor (fine, gross, and perceptual); Personal-Social (adult interaction, self-concept and social growth, and peer interaction); Language (expressive and receptive); Cognition (conceptual development, reasoning, academic skills, attention, and memory) and; Adaptive (personal responsibility and self-care)

### Administration:

<p>| | |</p>
<table>
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<tr>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a. <strong>Who administers:</strong></td>
<td>It is primarily designed for use by infant, preschool, and primary teachers as well as by special educators. Speech pathologists, psychologists, adaptive physical education specialists, and clinical diagnosticians also utilize the BDI-2 due to its effectiveness in measuring the functional abilities in young children with disabilities and children who do not have disabilities.</td>
</tr>
<tr>
<td>b. <strong>How long to administer:</strong></td>
<td>Three administration formats (structured tasks, observations, and interviews) are utilized to compile a standardized score. Approximately 45 to 90 minutes is needed for the complete process and about 10 to 30 minutes for the screening element of the instrument.</td>
</tr>
<tr>
<td>c. <strong>How much training is required:</strong></td>
<td>Familiarity is needed with the instrument before use. It can be used by a team of professionals or by individual early childhood teachers. The instrument is considered easy to administer after familiarity is gained and the developers recommend supervised practice before actual use with children.</td>
</tr>
<tr>
<td>d. <strong>What kinds of support materials are available:</strong></td>
<td>Kit includes manual and manipulatives needed for administration.</td>
</tr>
</tbody>
</table>
## Multi-function Child Assessment Instruments

**Cost:**

- Complete kit without manipulatives = $643.00
- Complete kit with ScoringPro software = $958.00
- Complete kit with manipulatives = $1,305.00
- Complete kit with manipulatives and software = $1,678.00
- Screening Kit = $410.00

**Data Collection Process:**

The instrument consists of 341 items from 3 sources: structured examination, direct observation, and interviews with parents and early childhood teachers. The screening element contains 96 items and can be used initially to identify those children who may need further assessment. There is a choice for either computer or hand-scored processing, with an option of Web-based scoring for all reports. Administration of the BDI-2 can begin in any of the domains, and the start points for each subdomain are clearly marked and are determined by the age or the estimated ability level of the child. Examiners proceed through each of the subdomains to determine the child's level of development. This is a standardized/norm-referenced test with 341 items that assess personal-social, adaptive, motor, communication, and cognitive domains. There are 22 subdomains (e.g., coping, peer interaction, attention, memory, expression of feelings).

**Language Versions:**

- English
## Multi-function Child Assessment Instruments

| Family as a Data Source: | Parental input is gathered for use in scoring the social areas of the instrument. Since parents or early childhood teachers are considered team members, their role in the assessment may include sitting on the floor with the child and facilitator, presenting some tasks, or providing encouragement within the structured guidelines. This approach eliminates repetitious tasks and questions and allows team members to observe the child simultaneously, so the child and family need only one evaluation session. |
Multi-function Child Assessment Instruments

Devereux Early Childhood Assessment (Infant Toddler Version)

**Author(s):** C. Powell, N. Martin, and M. Mackrain

**Publication Date:** Still in Beta Version (pilot testing); to be published in 2005

**Age Range:** 6 weeks to 36 months

**Type:** Multi-function child assessment instrument; an observational screening and assessment instrument

**Purpose:**
- **Target Group:** Children 6 weeks to 36 months of age
- **Purpose:** To assess protective factors for development of child resilience.
- **Alignment with Specific Curriculum:** There is no alignment with a specific curriculum.

**History:**
The Devereux Early Childhood Initiative (DECI) of the Devereux Foundation has responded to the many requests to produce an assessment for infants and toddlers that measures resilience. In 1999, the DECI first introduced the Devereux Early Childhood Assessment (DECA) and its supporting program in an effort to promote resilience in children from 2 to 5 years old. Since that introduction, the DECA has become a widely used method of assessing and addressing the social-emotional development of young children both nationally and internationally. As the DECA has become more widely used, it has become increasingly apparent that there is a need to identify and promote protective factors in children at all ages. The resilience research has long focused on the identification of those protective factors at all ages,
and DECI is busy working on a number of projects to that end. Work is well underway on the development of an infant/toddler version of the DECA, which will be for children birth to three years. The nationally normed and standardized assessment will be available in Spring, 2005. While the research leading to the current DECA identified the areas of attachment, initiative, and self-control as the primary protective factors, it is clear from the preliminary work that the infant/toddler version will focus on some different identified areas. Attachment will remain as a primary area of protective factors, with attentiveness and self-regulation making up the remainder of the assessed areas.

<table>
<thead>
<tr>
<th>Statistical Information</th>
<th>To be established</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domains:</td>
<td>Social Emotional (attachment, attentiveness, self-regulation)</td>
</tr>
<tr>
<td></td>
<td>b. How long to administer: To administer the DECA-I/T, 20 minutes will be needed based on observations over a 4-week period. One day is recommended for scoring and interpretation.</td>
</tr>
<tr>
<td></td>
<td>b. How much training is required: No training required.</td>
</tr>
<tr>
<td></td>
<td>c. What kinds of support materials are available: Under development.</td>
</tr>
<tr>
<td>Cost:</td>
<td>To be established</td>
</tr>
</tbody>
</table>
### Multi-function Child Assessment Instruments

| **Data Collection Process:** | Both parents and early childhood teachers rate the child. Having parents and teachers each provide a rating allows for comparison of the information to determine the similarities and differences between the home and early childhood environment. This information is then used to develop plans that families and teachers can implement to optimize resilience. |
| **Language Versions:** | English and Spanish |
| **Family as a Data Source:** | Both parents and early childhood teachers rate the child. |
### Multi-function Child Assessment Instruments

**Galileo® Preschool**

| Author(s): | Assessment Technology, Inc.  
|           | Jack Bergan, Ph.D. and Jason Feld, Ph.D. |
| Publication Date: | Established 1986 and updated continuously; last publishing date 2004 |
| Age Range: | Birth to 5 years |
| Type: | Multi-function child assessment instrument; an assessment-path referenced and norm-referenced instrument with screening, diagnostic, instructional, curriculum, and case management elements |

### Purpose:

1. **Target Group:** Children birth to 5 years of age
2. **Purpose:** The Galileo System is research-based software designed to support a set of management processes aimed at promoting learning. These component processes include: goal setting, assessment, planning, implementation, monitoring, evaluation, quality control, communication, and training. With Galileo, educators have a complete electronic assessment and curriculum system that links planning, individualization, outcome documentation, and program enhancement. The benefits of this include greater access to reliable information quickly and more flexibility to easily adapt to changing government requirements and local program needs.
3. **Alignment with Specific Curriculum:** There is no requirement for use with a specific curriculum, although there are curriculum materials available.
Multi-function Child Assessment Instruments

History:
Galileo technology spans a 25-year period and has been used with hundreds of thousands of children in public and private schools. The Galileo system is an online assessment system designed to electronically connect teachers, parents, children, policymakers, and researchers participating in the continuing effort to promote learning and development. Preschool and K-12 systems are available.

Statistical Information:
Galileo contains comprehensive and adaptable developmental assessments with highly reliable scales. Measures of internal scale consistency range from .92 to .97. Psychometrics on Galileo scales were validated on thousands of preschool children.

Domains:

Administration:
a. **Who administers:** Early childhood teachers and education coordinators
b. **How long to administer:** This instrument is an ongoing assessment system.
c. **How much training is required:** Training is recommended, and scales are considered easy to use after training. Training is available on-site and online, with ongoing service and technical support throughout the year. Customized training is available to address local programs. All materials are produced at a high school reading level.
d. **What kinds of support materials are available:** Online support and curriculum are available.
## Multi-function Child Assessment Instruments

<table>
<thead>
<tr>
<th><strong>Cost:</strong></th>
<th>Annual user fee for Galileo Online is $260 per class. Includes free technical support and updates to the system. (New user Welcome price of $200 per class; current clients adding more classes get the Welcome price.) Galileo Plus, including Galileo Online, Merlin and evidence-based e-Curriculum (Storyteller) $300 (Welcome price $260).</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Data Collection Process:</strong></td>
<td>Ongoing assessment provides many opportunities to record children’s progress throughout the year. Galileo organizes assessment data from multiple sources, such as teacher observations, parent input, and classroom projects, into one integrated system for use in educational decision-making. Development Profiles help teachers know what children are ready to learn next. Extensive reporting features include reports on change in children’s development, progress towards Head Start and local goals, and data quality. Galileo generates real-time data at any point in the year for individual, class, center, agency, and multi-agency. Historical data are available for longitudinal analysis.</td>
</tr>
<tr>
<td><strong>Language Versions:</strong></td>
<td>English, Spanish, and Creole</td>
</tr>
<tr>
<td><strong>Family as a Data Source:</strong></td>
<td>Galileo’s Data Source documentation feature makes it possible to use a variety of data sources to assess children’s learning, including family input using The Individual Observation Record. Assessment information is communicated to families through teacher-printed reports and direct access to the Parent-Child Center online. (In addition, Merlin's Case Management Tool, a part of the Galileo Plus System, allows assessment information to be disaggregated by filtering on a wide variety of variables that may impact learning outcomes.)</td>
</tr>
</tbody>
</table>
Infant Mullen Scales of Early Learning (MSEL), AGS Edition

**Author(s):** Eileen M. Mullen

**Publication Date:** 1995

**Age Range:** Birth to 68 months

**Type:** Multi-function child assessment instrument; a screening and assessment instrument

**Purpose:**
- **Target Group:** Children from birth to 68 months
- **Purpose:** The MSEL is a standardized comprehensive measure designed to assess the cognitive functioning of young children. The primary purposes of the instrument are to identify children's strengths and weaknesses, assess readiness for school, and identify interventions needed. The assessment is based on the child's responses to activities prepared by the examiner. The instrument can also be used to assess a child's motor, perceptual, and language abilities. It can be used to help determine need for special services, assess learning styles, and identify strengths and weaknesses that can be tied to the instructional needs of the program.
- **Alignment with Specific Curriculum:** There is no alignment with a specific curriculum.

**History:** The MSEL has a strong theoretical base in neuropsychological development and information processing. The instrument was developed first as a measure of early development. The Preschool MSEL was an upward extension of the Infant MSEL. The AGS Edition combines the two earlier versions into
a single test with continuous norms for children from birth through age 5. The infant MSEL was standardized with a nationally representative sample of 1,849 children ages 2 days to 69 months with no known physical and mental disabilities and parents who spoke primarily English. Data on children in the northeast region were collected from 1981 to 1986, and data was collected from the south, west, north, and north central regions from 1987-1989.

<table>
<thead>
<tr>
<th>Statistical Information:</th>
<th>The instrument was standardized over a period of 8 years in three phases. The sample size of 1,849 was based on the U.S. census data in the years 1987, 1988, 1989. Reliability: .65 or higher. Concurrent: .5 or higher. Other instruments used in correlation studies: Bayley Scales of Infant Development; Preschool Language Assessment; Peabody Developmental Motor Scales; Birth to Three Scale; Fine Motor Subtest of the Brigance Inventory of Early Development; Developmental Test of Visual Motor Integration; and Metropolitan Readiness Test.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domains:</td>
<td>The MSEL measures 5 skills, Gross Motor and 4 “Cognitive” skills—Fine Motor, Visual Reception, Receptive Language, and Expressive Language. The Gross Motor Scale is administered to children from birth to 33 months and the 4 “Cognitive” scales are administered to children from birth to 68 months. The “Cognitive” scores can be summarized into an Early Learning Composite (ELC) score.</td>
</tr>
</tbody>
</table>
| Administration:        | a. **Who administers:** Professionals with training or practical experience in the clinical assessment of infants and young children.  
b. **How long to administer:** Administration takes approximately 25 to 40 minutes.  
c. **How much training is required:** The MSEL is designed to be administered and scored by a highly trained individual. It is considered easy to learn and administer if the person has knowledge of child... |
assessment. Before testing, it is important to identify the child’s chronological age range, chronological age group, and test age. Detailed instructions for each subtest, as well as subtest scoring criteria, are provided in the manual.

d. **What kinds of support materials are available:** Manual and training video

**Cost:**

- Mullen Kit (birth to 68 months): $636
- Mullen Scales, Upgrade for Infant Mullen (birth to 39 months): $282
- A training videotape can be purchased for $104.95

**Data Collection Process:**

The assessment is based on the child’s responses to activities prepared by the examiner. The scales can be administered in approximately 15 minutes for 1 year olds and 30 minutes for 3 year olds. The kit includes a large number of colorful manipulatives meant to engage the child for assessment. Some of the props include two rubber balls, triangles, whistle, baby doll, spoon, hairbrush, mirror, string beads, toy table and chair, nesting cups, teddy bear, scissors, crayons, keys, board book, and cars. Scoring is done on a record form containing a list of tasks or stimuli of possible responses for each assessment item. In most cases, the child receives a “1” for correct responses and “0” for incorrect responses. In some cases, the tester must sum the task scores to obtain the item scores. There are also cases where the item score can range from anywhere between 0 and 5. Scoring software (ASSIST) is available for purchase. The raw scores for each scale can be converted into age-adjusted normalized scores. The 4 “Cognitive” skills T score can be further converted into a normalized ELC score, which has a mean of 100 and a standard deviation of 15. In addition, the scores can be used to obtain the child’s percentile rank and age equivalent score, the age at which the child’s raw score is the median score. The manual provides instructions for interpreting these scores, taking into account variables that may influence them. The ASSIST software program converts raw
Multi-function Child Assessment Instruments

Scores into the normalized scores and provides interpretative information. Scores can be used to identify children with special education needs who should receive further evaluation. The normative scores can also provide an objective means to identify weaknesses and strengths that underlie a child’s learning style for the purpose of designing individualized instructional plans that capitalize on the child’s strengths.

<table>
<thead>
<tr>
<th>Language Versions:</th>
<th>English</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family as a Data Source:</td>
<td>Information gathered from a child’s family is not part of the data collection process for this instrument.</td>
</tr>
</tbody>
</table>
Receptive-Expressive Emergent Language Scale (REEL-3), Third Edition

Author(s): Kenneth R. Bzoch, Richard League, and Virginia L. Brown

Publication Date: 2003

Age Range: Birth to 3 years

Type: Multi-function child assessment instrument; a child screening and planning instrument

Purpose:
- Target Group: Children birth to 3 years
- Purpose: The REEL-3 can be useful as a screening and planning instrument in early childhood intervention programs and is designed to help identify infants and toddlers who have language impairments or who have other disabilities that affect language development.
- Alignment with Specific Curriculum: There is no alignment with a specific curriculum.

History:
The REEL-2 (1991) was designed to identify children who may have specific language problems. The REEL-2 is a normative-referenced instrument and is administered through a structured interview with the parent of the child. The new manual for the third edition has been completely rewritten as a specific guide for developmental language assessments of children from birth to 3 years of age.

Statistical Information: The REEL-3 is based on a contemporary linguistic model. It includes current studies relating to normative base, reliability, and validity. The normative sample included 1,112 infants and toddlers from around the
Multi-function Child Assessment Instruments

nation. The demographic characteristics of the sample were matched to those of the United States according to the 2000 census. The normative sample was stratified on the basis of age, gender, race, ethnic group membership, and geographic location. Standard scores, percentile ranks, and age equivalents are provided. The average reliability coefficients for all the test scores are high (exceeding .90). Test-retest studies showed that the REEL-3 is stable over time. Validity data are reported as well, documenting the instrument’s relationship to the Developmental Assessment of Young Children; the Early Language Milestone Scale, Second Edition; and the Cognitive Abilities Test, Second Edition.

Domains:
Receptive Language and Expressive Language

Administration:
a. **Who administers:** Professionals with expertise in assessment or speech pathology.
b. **How long to administer:** Administration time per child is 10 to 15 minutes, and scoring time is 5 minutes.
c. **How much training is required:** It is possible for a consultant or expert with clinical training in speech pathology to learn to administer the REEL-3 in two hours. The developers suggest in the manual that a trainee be observed by an individual with REEL-3 experience.
d. **What kinds of support materials are available:** Manual

Cost:
- REEL-3 Complete Kit $88.00
- REEL-3 Examiner’s Manual $55.00
- REEL-3 Profile/Examiner Record Booklet (25) $39.00
# Multi-function Child Assessment Instruments

| Data Collection Process: | The format of the instrument is a 132-item checklist of language milestones, with 3 items contained in each of the 22 age intervals (age intervals vary from 1 to 3 months depending on the chronological age of the child). The examiner completes the checklist based on information provided by the child's early childhood teacher. Typically, more than three items need to be administered to obtain the ceiling age interval for the child. The REEL-3 has two core subtests, Receptive Language and Expressive Language, and a new supplementary subtest, Inventory of Vocabulary Words. Results are obtained from an early childhood teacher interview. Medical doctors, speech and language clinicians, or other early childhood clinical specialists use the REEL-3 to determine the effect of physical and/or environmenta risks that cause primary delays in earliest speech and language development.) |
| Language Versions: | English |
| Family as a Data Source: | The REEL-3 uses a early childhood teacher report to identify any major language problems and also relies on a parent report to gather data based on observations at home. |
Temperament and Atypical Behavior Scale (TABS)


**Publication Date:** 1999

**Age Range:** 11 to 71 months

**Type:** Multi-function child assessment instrument; a screening and child assessment instrument

**Purpose:**

a. **Target Group:** Children 11 to 71 months

b. **Purpose:** TABS is a multi-component screening and assessment system — based on direct observation or report — for early detection of emerging problems in temperament and self-regulatory behavior in infants, toddlers, and preschoolers. TABS was designed specifically to quantify a child’s eligibility for early intervention and wraparound mental health behavioral support plans by identifying the behaviors that other screening instruments may miss. TABS is sensitive to children without delays who do evidence significant early problems in temperament and self-regulatory behavior, which may predict later developmental problems. The purpose of the TABS Screener is to identify children who are likely to be at risk to have disabilities and who, therefore, should be assessed with the full TABS Assessment instrument. TABS scores coincide with state eligibility criteria for early intervention services and with appropriate mental health criteria for DSM-IV diagnoses. The primary uses of the TABS are: (1) to serve as a screening instrument and determine eligibility for particular services; (2) to identify serious developmentally dysfunctional behaviors early and intervene to reduce their occurrence; (3) to provide assistance to parents in managing atypical behaviors; (4) to plan programs for education, treatment, and intervention; (5) to determine eligibility for early intervention services; (6) to identify serious developmentally dysfunctional behaviors early and intervene to reduce their occurrence; (7) to provide assistance to parents in managing atypical behaviors; (8) to plan programs for education, treatment, and intervention;
**Multi-function Child Assessment Instruments**

(5) to evaluate program impacts, and; (6) conduct research. The instrument has a variety of uses: screening, eligibility determination, individualized program planning and intervention (IFSP/IEP), child progress monitoring, and program impact and outcome evaluation.

**c. Alignment with Specific Curriculum:** There is no alignment with a specific curriculum.

**History:**

The individual items were developed from extensive reviews of the theoretical and descriptive literature on various disorders of infancy and early childhood. The behaviors characteristically associated with these disorders became TABS items. Thus, the items that compose TABS are either characteristic of or highly associated with a variety of serious disorders of infancy and early childhood.

**Statistical Information:**

In order to evaluate the ability of the Screener to identify children in need of further assessment, a cross-tabulation was performed with a pooled sample of 833 children with and without disabilities. With TABS Screener scores of 1 or higher, approximately 72% of the children with disabilities were accurately identified as possibly at risk (or as having disabilities). TABS was standardized and normed in 33 states on nearly 1000 children — including children with typical and atypical development — from diverse socioeconomic and ethnic backgrounds. The norming and field validation research encompassed various diagnostic disability groups, including autism spectrum disorders, attention-deficit/hyperactivity disorders, general developmental delays, mental retardation, cerebral palsy, seizure disorders, and early drug and alcohol exposure. Inter-rater reliability scores were .81-.94.

**Domains:**

Detached; Hypersensitive-active; Underreactive; and Dysregulated. The following behavioral categories are explored: temperament, attention and activity, attachment and social behavior, neurobehavioral state, sleeping, play, vocal and oral behavior, senses and movement, and self-stimulatory behavior.
## Multi-function Child Assessment Instruments

| Administration: | a. **Who administers:** Early childhood teachers and/or parents  
b. **How long to administer:** The Screener takes approximately 5 to 10 minutes to complete, and the Assessment Instrument takes 15 to 20 minutes to complete. The entire process of assessment, scoring, and interpretation can be completed within 30 minutes.  
c. **How much training is required:** No training is necessary to administer this instrument. The developers suggest that a parent or early childhood teacher who knows the child well can answer each of the questions. Both instruments are written at a third-grade reading level.  
d. **What kinds of support materials are available:** Manual and assessment tools |
| --- | --- |
| Cost: | Manual: $40  
Screener: $25  
Assessment tool: $30  
The Complete TABS System includes the manual, a pad of screeners, and a packet of assessment tools = $85.00 |
| Data Collection Process: | The TAB Screener is a single sheet of 15 Yes or No questions. The more thorough assessment instrument is a Yes, No, Need Help checklist containing 55 questions covering 5 categories (as found in the domains section). The results provide a detailed evaluation of atypical behavior in 4 categories. |
| Language Versions: | English (soon to be available in other languages) |
| Family as a Data Source: | TABS is a parent checklist that can be used in the home environment. |
**Assessment:** The day-by-day processes used to collect information about student progress toward educational goals. Qualified professionals and families, through standardized tests and/or observation, look at all areas of a child’s development: physical, approaches to learning, social-emotional, language and communication, cognitive and general knowledge, and motor including self-help skills such as dressing, toileting, etc. Children's strengths and areas requiring support and intervention are identified.

Types of assessments include:

- **Continuous assessment:** Type of assessment embedded within the daily processes of care and education so that appraisal of children's responses, actions, and subsequent adjustment of curriculum, teaching, and caring is ongoing.

- **Developmental assessment:** An ongoing process of observing and rating a child’s current abilities (including knowledge, skills, and personality) and using the observed information to plan for the best ways to help the child develop further.

- **Diagnostic assessment:** Testing to reveal information about the child’s strengths and needs. Gathering information to determine the root or cause of a delay – and then determining appropriate treatment.

- **Family assessment:** A systematic process of learning from family members their ideas about their child's development, noting the family strengths, priorities, and concerns as they are related to the child’s development.

- **Multidisciplinary assessment:** A form of developmental assessment (see above) in which a group of professionals from different disciplines works with a child and the family, directly or indirectly. This type of assessment can be helpful because professionals with different kinds of training are skilled in observing and interpreting different aspects of a child’s development and behavior.

- **Play-based assessment:** A form of developmental assessment that involves observation of how a child plays alone, with peers, with parents, or with other familiar early childhood teachers and caregivers, in free play or in special games. This type of assessment can be helpful because play is a natural way for children to show what they can do, how they feel, how they learn new things, and how they behave with familiar people.

- **Readiness assessment or test:** Assessment of a child's level of preparedness (the skills and abilities already present) for a specific academic or pre-academic program. A test that measures the extent to which a child has obtained certain skills deemed necessary to successfully accomplish some new learning activity.
**Child Development Specialist:** A trained professional in early childhood development. She or he can identify developmental delays and disabilities, strengths and areas of concern, and can suggest different approaches to promote the best possible social, emotional and intellectual growth in children.

**Consent:** A requirement that the parent or legal guardian be fully informed of all information that relates to any action that affects their child, and that the parent understands that consent is voluntary and can be revoked at any time. The information should be provided in the parent’s native language or in another mode of communication that is understood by the parent. The consent must describe the activity for which consent is sought and list the records (if any) that will be released and to whom. In special situations, consent may be given verbally and must then be accompanied by supporting documentation.

**Criterion-referenced Test:** A test that measures a specific level of performance or a specific degree of mastery.

**Curriculum:** Planned, organized educational or learning experiences and meaningful materials that are developed by educators. These planned activities and materials guide and delineate the content of each child’s experience. Curriculum includes determining the processes through which children achieve the identified learning goals, what teachers and other caregivers do to help children achieve these goals, and the context in which teaching and learning will occur.

**Data:** Information collected through surveys, interviews, or observations. Statistics are produced from data, and data must be processed to be of practical use.

**Data Analysis:** Processing, checking over, and trying to understand information (data). The processes of systematically applying statistical and logical techniques to describe, summarize, and compare the data collected.

**Data Collection:** The activity of gathering facts or information about a subject. Observations, measurements, and recording of information are some examples of ways to collect data.
**Development**: The process of growing from one stage to another along a continuum. Each stage of development builds on the foundations established during the previous stage of development. All aspects of development are interrelated – physical, approaches to learning, social-emotional, language and communication, cognitive and general knowledge, and motor. Each area of development influences the growth in the other areas.

**Developmental Domains**: The areas of a child’s development which include: physical development; approaches to learning; social-emotional development (relating to people and to the larger world, recognizing emotions and feeling states, developing coping behaviors); language and communication (expressive and receptive communication); cognitive development (the child’s relationship to toys and other objects, understanding how things work and using this knowledge to solve problems) and; motor development (gross and fine motor movement and control).

**Developmental History**: The story of a child’s development, beginning before birth.

**Developmental Milestones**: The significant accomplishments that occur during specific age ranges such as: rolling over, sitting up without support, crawling, pointing to get an adult’s attention, first tooth, first word(s), responding to questions, and walking.

**Developmental Stages**: The expected, sequential order of acquiring skills. For example, in motor development, most children crawl before they walk, or use their fingers to feed themselves before they use utensils, or in language development, children understand words before being able to say them.

**Developmentally Appropriate Curriculum**: Planned, organized educational or learning experiences developed by educators that provide for all areas of a child’s development and are responsive to each child’s stage of development. Developmentally appropriate curriculum builds upon what children already know and can do and fosters their acquisition of new skills.
**Developmentally Appropriate Practice:** The process of making decisions about the well-being and education of children based on what is known about child development and how children learn; what is known about the strengths, interests and needs of each individual child in the group; and knowledge of the social and cultural contexts in which children live.

**Developmentally Delayed/Disabled:** Used to describe infants and toddlers who need early intervention services because they:

- Exhibit delays in achieving milestones or in development of skills being demonstrated by other children of the same chronological age. Delays can be in any area of development: physical, social-emotional, language and communication, cognitive, and motor which includes self-help skills such as dressing, toileting, feeding, etc.;

**OR**

- Have a diagnosed physical or mental condition which has a high probability of resulting in a developmental delay such as chromosomal abnormalities; genetic or congenital disorders; severe sensory impairments, including hearing and vision; inborn errors of metabolism; disorders reflecting disturbance of the development of the nervous system; congenital infections; disorders secondary to exposure to toxic substances such as fetal alcohol syndrome and; severe attachment disorders.

**Direct Observation:** A method of gathering data primarily focused on visual inspection of a natural setting. Direct observation does not involve engaging a child in performing requested tasks or in conversations or interviews. Rather, the direct observer makes note of the child’s independent play or interactions with others.

**Documentation:** The process of record-keeping of observations made over time and across learning modalities in order to keep track of children’s development and learning.

**Early Intervention:** A range of services designed to enhance the development of infants and toddlers with disabilities or at risk of developmental delay. These services would be offered, to the maximum extent possible, in a natural environment, such as the
home or in community settings, in which children without disabilities participate. Services may include but are not limited to: speech and language therapy, physical and/or occupational therapy, special education, and a range of family support services. Early intervention services under public supervision generally must be given by qualified personnel and require the development of an individualized family service plan (IFSP).

**Emerging Skills:** New capacities or abilities children are starting to display or master. Knowing what children are capable of, and what they will be practicing, can help provide appropriate experiences to enhance a child’s development.

**Expressive Language:** Language (words that can be understood) that is produced by the child.

**Family:** Anyone who has an integral role in the care and rearing of the child which includes: parents, siblings, grandparents, stepparents, and other family members such as aunts, cousins, or other primary caregivers, e.g., foster parents or others as identified by the family.

**Family Assessment:** A systematic process of learning from family members their ideas about a child’s development and the family’s strengths, priorities, and concerns as they relate to the child’s development.

**Inclusion:** Including children with disabilities and special health care needs in the educational setting with typically developing peers.

**Individual Family Service Plan (IFSP):** An agreement between a multidisciplinary team and family that describes early intervention services for the child and their family, including family support and the child’s developmental, therapeutic, and health needs. The IFSP is a strengths-based approach that is designed to enhance and support already-existing resources, priorities, and concerns of the family.
**Integrated Curriculum:** Subject matter from two or more areas combined into thematic units that allow the child to function fully using all domains, while pursuing topics of interest and using knowledge and skills acquired within a meaningful context. Integrated curricula include (integrate) special and specific goals for individual children into ongoing group activities.

**Manipulative Toys:** Small toys that foster fine-motor development and eye-hand coordination, such as nesting cups, puzzles, interlocking blocks, and materials from nature.

**Mean:** The arithmetic average of a set of scores.

**Median:** That point in a distribution above and below which are 50% of the scores.

**Multidisciplinary Team:** A group of people working together who each have specific training in a specialized field such as a team consisting of a pediatrician or a nurse, an occupational therapist, a physical therapist, a social worker, a speech and language specialist, and an early childhood educator.

**Native Language:** The language that is spoken to the child by his or her family and by consistent caregivers.

**Natural Environments:** Places in the community (e.g., homes, schools, parks, places of worship, and museums) where children typically experience natural activities, events, and consequences and in which children with disabilities should also be able to actively participate.

**Norms:** A pattern or average regarded as statistically typical for a specific group (the sample) at a specific time.

**Norm Group:** The group used as a point of comparison for a test.
**Glossary**

**Norm-referenced Scale:** A score that compares an individual's performance to that of a larger specific group. Scoring is not based on a Bell Curve but rather compared to a mean or average score.

**Norm-referenced Assessment:** A standardized test where the test-taker's performance or score is interpreted in relation to the performance of a group of peers who have previously taken the same test. The median or average is the criterion for rating or interpretation. The group of peers is known as the "norming" group.

**Open-ended Materials:** Toys and supplies which support and encourage creativity, decision-making, and original thinking in all interest areas. Such materials can be used individually in a variety of ways and in increasingly complex play rather than teaching specific skills by rote or imitation.

**Outcome:** A goal or statement of expected achievement about what a child should learn, usually by a stated time. In an individual family service plan (IFSP) this is a statement of change that a family wants to see for their child or in their family as a result of their involvement in early intervention. This can be a measurable change in behavior, attitudes, or competencies that is a result of an intervention program.

**Play-based Environment:** A teaching-learning interactive environment where play is the medium by which children learn and make sense of their world. Play provides a forum for children to learn to deal with the world on a symbolic level, the foundation for all subsequent intellectual development. In a play-based environment, children have the opportunity to gain a variety of social-emotional, cognitive, language, and physical skills.

**Psychometric test:** Quantitative assessments of an individual's psychological and other developmental traits or abilities.

**Pilot Study:** A small scale research study that is conducted prior to the larger, final field study. The pilot study gives researchers a chance to identify any problems with their proposed sampling scheme, methodology, or data collection process. These studies help determine the strengths and weakness of a potential study.
**Portfolio:** A purposeful collection of children's work (and other indicators of learning) collected over time that demonstrates to the child and others the child's effort, progress, or achievement. A portfolio collection demonstrates the ways in which a child uses the skills being taught and learned.

**Quality:** Quality child care commonly refers to early childhood settings in which children are safe, healthy, and provided with appropriate stimulation. Care settings are responsive, allowing children to form secure attachments with nurturing adults. Quality programs or providers offer engaging, appropriate activities in settings that facilitate healthy growth and development and prepare children for success in school.

**Readiness Test:** Assessment of a child's level of preparedness (the skills and abilities already present) for a specific academic or pre-academic program. A test that measures the extent to which a child has obtained certain skills deemed necessary to successfully accomplish some new learning activity.

**Receptive Language:** The ability to understand and respond to the language being spoken to and around the child.

**Referral:** The process of helping a child or family to enroll in a service such as a more in-depth assessment or a program that provides child care or early intervention.

**Reliability:** The consistency and dependability of a test or set of questions to gather data. Measuring reliability means looking at the degree to which test scores can be attributed to actual differences in the test-takers' performance rather than errors in the measurement (test being used) or the methods of the examiner. Reliability indicates the degree to which test questions will provide the same result for the same person irrespective of who collects the test data. Types of reliability include:

1. **Inter-rater Reliability:** Measuring the consistency between several different examiners to make sure that the items or tasks being evaluated are presented clearly enough so that many different examiners would achieve the same results if they
tested the same child. Inter-rater reliability is usually expressed as a percentage of agreement between two raters/observers, or as a coefficient of agreement which can be stated as a probability.

2. Test-retest Reliability: The degree to which scores on a test are consistent, or stable, over time.

**Sample:** A group that is selected from a larger group (the population). By studying the sample group, the researcher tries to draw valid conclusions about the larger group or population.

**Sample Size:** The number of participants in a study.

**Scale:** A measure matched to a graduated scale or exhibiting a pattern – or matched to a standard measuring the same concept. For example, a researcher may be interested in an individual’s gender role attitudes and ask several questions about attitudes. The answers make up a gender role attitude *scale*.

**Screening:** A brief procedure designed to identify children who may need more intensive diagnostic assessment. Screening is designed to identify children that are at risk for health problems, developmental problems, and/or disabling conditions, and who may need to receive helpful intervention services as early as possible.

**Sensory Integration:** The process by which a child (person) takes in information and processes it based on his or her senses (touch, taste, smell, sound, and sight). This includes how a child perceives the world according to the information coming from his or her senses, or how a child adapts himself or herself to the world.

**Standard Deviation:** Tells us how far any given raw score (the total number of points earned by adding the point-values of each performance task) is from the *mean* (the average) score. The standard deviation (sd) tells us how far above or below the *mean* (or average) of the collected scores the standard or raw score is.
**Standard Score:** Gives *relative* meaning to a raw score. By transforming raw scores to standard scores, the user can interpret intervals between any two score points in relation to a specific population.

**Standardization:** Comparing the performance of the sample set to a much larger population, for example, comparing the performance of children in one classroom (or school) to the performance of children in the entire school (or from many schools).

**Standardized Test:** A published “on demand” test accompanied by specific directions for administration and scoring that has been given to a number of subjects representative of the group for whom the test was designed. The scores are “normed” (see definition above) so the performance of subsequent subjects can be compared with the “typical” subjects in the standardization study. Comparisons can be made between an individual score and the group performance. This allows professionals to compare a child’s performance to every other child who takes the same test.

**Tests**
- **Achievement test:** A test that measures a child’s mastery over a specific body of knowledge or a certain skill after instruction has taken place.
- **Criterion-referenced test:** A test that measures a specific level of performance or a specific degree of mastery.
- **Norm test:** A pattern or average regarded as typical for a specific group.
- **Psychometric test:** Quantitative assessments of an individual’s psychological and other developmental traits or abilities.
- **Readiness test:** Assessment of a child’s level of preparedness (the skills and abilities already present) for a specific academic or pre-academic program. A test that measures the extent to which a child has obtained certain skills to successfully accomplish some new learning activity.
- **Standardized test:** A published “on demand” test accompanied by specific directions for administration and scoring that has been given to a number of subjects representative of the group for whom the test was designed. The scores are “normed” (see definition above) so the performance of subsequent subjects can be compared with the “typical” subjects in the standardization study. Comparisons can be made between an individual score and the group performance. This allows professionals to compare a child’s performance to every other child who takes the same test.
Validity: The extent to which a test or observation measures what it is intended to measure.

1. There are three main ways of assessing the validity of a measuring tool.
   (a) **Face or content validity** refers to the extent to which a test appears on the surface to measure what it is supposed to measure. This is sometimes called surface validity.
   (b) **Criterion validity** a way of assessing validity by comparing the results with another measure. For example, we could compare the results of an IQ test with a child’s performance in school, or we could give the child another test that has already been standardized. If the child’s performance (or score on the other test) is compared at the same time as the IQ test was given, we call this concurrent validity. If the other test or measure of school performance is compared at a much later time, we call this predictive validity.
   (c) **Construct validity** investigates whether a test truly measures the theoretical construct that it is supposed to. For example, are there other variables that influence the validity, such as speed conditions (is it a “timed test”), prior knowledge (does one child already know the content being tested while another child is unfamiliar with the topic), or lack of clarity (are the instructions not clear enough so that all children are responding in the same way)?

2. There are two main ways of assessing the validity of a procedure.
   (a) **Internal validity** is related to what actually happens in a study. In terms of an experiment it refers to whether the independent variable (thing or object being tested) really has had an effect on the dependent variable (subject or child), or whether the dependent variable (the subject’s or child’s response or change) was caused by some other confounding variable.
   (b) **External validity** refers to whether the findings of a study can truly be generalized beyond the present study.
References

**Developmental Screening Instruments**


- Brookes Publishing Co.:
  - http://www.pbrookes.com/store/books/bricker-asq/

**Developmental Activities Screening Inventory (DASI-II), Second Edition**


**Early Screening Inventory Preschool, Revised (ESI-P)**

- Institute for Children, Youth, and Families:
  - http://www.icyf.msu.edu/publicats/z5dissem/screenng.html

- Pearson Early Learning:

**Child Assessment Instruments**

**Assessment, Evaluation, and Programming System for Infants and Children (AEPS®)**

- Brookes Publisher: http://www.pbrookes.com/store/books/bricker-aeps/

**Bayley Scale for Infant Development®, Second Edition (BSID-II), 1993**

- U.S. Department of Health and Human Services, Administration for Children and Families:
  - http://www.acf.hhs.gov/programs/core/ongoing_research/ehs/resources_measuring/res_meas_cdif.html
References

Harcourt Assessment.com:  
www.psychcorp.com


**Brigance® Screens**

**Diagnostic Inventory of Early Development, Revised Edition (BDIED-R), 1991**


U.S. Department of Health and Human Services, Administration for Children and Families:  
http://www.acf.hhs.gov/programs/core/ongoing_research/ehs/resources_measuring/res_meas_cdig.html

Curriculum Associates:  
www.curricassoc.com
References

Creative Curriculum Infant and Toddler Continuum
Teaching Strategies INC
http://www.teachingstrategies.com/

Infant-Toddler Developmental Assessment (IDA), 1995
Riverside Publishing:

U.S. Department of Health and Human Services, Administration for Children and Families:
http://www.acf.hhs.gov/programs/core/ongoing_research/ehs/resources_measuring/res_meas_cdiw.html

Kaufman Survey of Early Academic and Language Skills (K-SEALS)
AGS Publishing:
http://www.agsnet.com/assessments/technical/kseals.asp#9

The Ounce Scale
U.S. Department of Health and Human Services, Administration for Children and Families:
http://www.acf.hhs.gov/programs/core/ongoing_research/ehs/resources_measuring/res_meas_cdicc.html

Invest in Kids:
http://www.investinkids.ca/DisplayContent.aspx?name=professionals_ounce_scale&audience=professionals

Pearson Early Learning:
http://www.pearsonearlylearning.com/catalog/index.cfm?action=viewprogram&sub_id=55&prog_id=88362019
Transdisciplinary Play-Based Assessment (TPBA)

Multi-function Child Assessment Instruments
Battelle Developmental Inventory (BDI)

Family Practice Notebook.com a family medicine resource:
http://www.fpnotebook.com/PED55.htm

Riverside Publishing:
http://www.riverpub.com/products/clinical/bdi/home.html

Devereux Early Childhood Assessment (Infant Toddler Version)
Devereux Early Childhood Initiative (DECI):
http://www.devereuxearlychildhood.org/about-deci.html
Early Learning Accomplishment Profile (E-LAP)
   Kaplan Early Learning Company: http://www.kaplanco.com/training/categories.asp

Galileo Developmental Assessment
   Assessment Technology Inc.:
   http://63.172.114.196/galileoPreschool/features/developmentalAssessment/

Infant Mullen Scales of Early Learning (MSEL)
   AGS Publishing:
   http://www.agsnet.com/assessments/technical/mullen.asp#1

U.S. Department of Health and Human Services, Administration for Children and Families:
   http://www.acf.hhs.gov/programs/core/ongoing_research/ehs/resources_measuring/res_meas_cdibb.html

REEL (Receptive-Expressive Emergent Language Scale)


   Pro-Ed:

   Super Duper® Publications:
   http://www.superduperinc.com/TUV_Pages/tm511.htm
References

U.S. Department of Health and Human Services, Administration for Children and Families:
http://www.acf.hhs.gov/programs/core/ongoing_research/ehs/resources_measuring/res_meas_cdiff.html

TABS (Temperament and Atypical Behavior Scale)
Brookes Publishing Co.:
http://www.brookespublishing.com/store/books/bagnato-tabs/excerpt.htm

References for Glossary

Glossary terms were compiled from the following sources:

Arts Work
http://artwork.asu.edu/arts/teachers/assessment/glossary.htm

AS Psychology
http://www.holah.karoo.net/

Association for Supervision and Curriculum Development
http://www.ascd.org/educationnews/lexicon/d.html


Child Care & Early Education Research Connection
http://childcareresearch.org/discover/index.jsp
References

Child Care Research
http://childcareresearch.org/servlet/DiscoverResourceController?displayPage=resources\researchglossary.jsp

Cognitive Science Laboratory. Princeton University
http://www.cogsci.princeton.edu/~wn/

Council of Chief State School Officers

Florida Department of Health/Children's Medical Services/Early Intervention Program Plan & Operations Guide Definitions
http://www.doh.state.fl.us/cms/PPOG/00Definitions.doc


References

ZERO TO THREE New Visions for Parents Work Group
http://zerotothree.org/zt/zt/aboutus.html

Additional Resources


References


BIRTH TO THREE SCREENING AND ASSESSMENT RESOURCE GUIDE

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