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# Learning Guide 7.5 Assessment-

# Voices from the Field

## **Objectives**

* Identify practitioners’ and families’ views on critical issues related to instructional practices.

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| **Related Content:** [Module 7, Lesson 4 Voices from the Field](https://rpm.fpg.unc.edu/module-7-assessment-plan/voices-field)**Instructional Method:** Discussion and discovery**Level:** Intermediate**Estimated Time Needed:** 20 minutes**Learner Form:** Transcripts |

## **Description**

In this activity, learners will identify strategies and considerations that will help inform their practice for working with children and families from special populations. Learners will work together to create an email correspondence letter to send to the practitioner/family member.

## **Materials/Resources**

## Voices from the Field transcripts for Module 7 –Assessment

## **Facilitator Instructions**

1. Break learners into three groups (if the class is larger than 12 students, choose multiple groups to work on the same transcript). Provide each group a copy of one “Module 7: Voices from the Field” transcript.
2. Allow time for learners to discuss the points made by the practitioner or family member using the following guiding discussion questions:
	1. What did this practitioner or family member say that resonated with any experiences you have had working with young children?
	2. What have you learned about implementing family practices with specific populations?
	3. How do you think these practitioner and family voices will help to inform your own practice?
3. Instruct learners to draft an email (individually or collectively) to the practitioner or family person describing how their insight will help inform their practice and asking two questions about how this family or practitioner utilizes the DEC Recommended Practices for Instruction to support positive outcomes for children and families.

## **Suggested Assessment**

## None

## **Distance Learning Tips**

* Allow groups to respond to questions after listening and/or reading the transcript in online forums.
* Email drafts can be done individually.
* Provide timely feedback.

## **Voices from the Field Transcripts**

**Mary Clare Freeman**

**Q1: As a bilingual special educator, you have particular knowledge regarding the importance of differentiation for English Language Learners in your classroom. Describe why assessment is particularly important for this growing population of children as well as some of the challenges in assessing these children.**

A lot of formal assessments I have used in the past and presently exist in SpEd are skewed and non-representative of ELLs (and many of our other minority SpEd students, at that). I do not rely heavily upon them, because I find them biased – so I tend to use more diverse reading, writing and math assessments, and norm them based on what age/grade they are working from. The negative side of this is that they are not normed traditionally against ELL, but their English-speaking peers – which presents a data problem because it is unfair to norm ELL students against native English speakers. But, it allows me the flexibility to understand what students know/learn and how they learn, as well as to monitor their individual progress. I personally focus a great deal on vocabulary development to boost comprehension, and I have found that progress monitoring/assessments have been useful to individualize lessons for students so their specific needs are met. Naturally, my greatest concern is the duality of vocabulary for ELLs – functional and academic – and what type will be more utilitarian and allow the individual to be successful. Generally speaking with SpED ELLs, both sets of vocabulary are under-developed, and can set a student up for failure inside and outside of the classroom if not appropriately addressed. Assessments, again, allow me to narrow which skillset are lacking, and individualize lessons for that child.

**Q2: Please reflect on a specific instance when you effectively used assessment and progress monitoring to enhance the teaching and learning of an English Language Learner. What tools did you use? How did you use assessment to plan the environment and instruction as well as evaluate the progress of the child over time?**

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**Veda Crandall**

**Q1: As a child care owner, how does your center identify children for more in-depth assessment to determine if they qualify for specialized services? Please describe what a typical process looks like and who is involved in the process.**

Every child is unique in their own way and they have their own strengths and weaknesses. It’s not wise to compare children to their peers because children learn on different levels. But after you’ve worked with children for so many years, you can tell in the back of your mind if there are some possible delays after observing and assessing. If children show some problems or difficulties in some developmental areas, we then refer them for professional assessment. Our first step is to have a conference with the family to see if they have noticed or have any concerns about their child. If so, they are able to voice their concerns and we can share what we have observed also. During this meeting, we share and get permission to have an outside agency come in and do their own screening. Currently we are working closely with CDSA of Wake County. After the screening the agency will return and share their findings. If they see there are any delays, another conference is set up with the agency, the teacher and the child’s family. Goals are written with the teacher and family members and a therapist is scheduled to come in and work with the child one on one or during center time depending on the goals written. In some cases children are placed in half or full day programs that can better serve them.

**Q2: As a mother who navigated early intervention and specialized services with your own child, what do you think the service providers did well in terms of involving you in the assessment process from screening to planning? What do you wish they had done differently? What was the most effective way they tracked or helped you track your child’s progress over time?**

When my daughter was almost three I noticed a delay in her speech, fine motor and social skills. I would observe her playing by herself and when should would interact with her peers they did not understanding her language. I noticed a lot of them laughing at her and saying she didn’t know how to talk. We all want what’s best for our children and my concern was I did not want her to be delayed, I wanted her to be equal to her peers. I had a conversation with her pediatrician who advised me to contact CDSA and inquire about early intervention. Deep down I was hurt but I wanted her to receive the help she needed so I contacted Wake County CDSA to schedule a screening. This wonderful, energetic young lady name Ms. Kris came out several times a week and worked with my daughter and eventually placed her in a full day program that could better serve her. I was a part of all the decisions made for my daughter and I absolutely loved the program she was sent to. I think they made her transition to kindergarten easy for me and her. I could track her progress with great communication with her teachers and her IEP meetings which allowed me to voice my opinion and help write her goals. I received copies of everything to put in her portfolio. In the middle of my daughters 1st grade year she was able to exit out of special services. She is currently in 2nd grade and doing above average in reading and math. I am very thankful for the early invention my child received. I think this made her equal to her peers and above her grade level which was what I wanted for her in the beginning.

**Jennifer Kaufman**

**Q1: What are some of the subtle observations that practitioners can make in assessment?**

We, as early childhood professionals, should always be assessing while engaged in our work with families and young children. Assessment is not always a formal process that requires pen and paper, a checklist, or a scoring mechanism. It should be happening even at not-so-obvious times other than while engaged in an activity or intervention with a child. It will be beneficial to you to pay attention to the subtleties of observing and asking questions as it will have an impact on decision making, program planning, and interventions. Not only for these reasons, but having a mindset of “always assessing” may provide an explanation for things that may be going on with a child or family, such as a change in behavior or lack of family participation. Finally, being keen to constant assessment will help you see even the smallest progress in a child’s skills or towards a family’s goal.

**Q2: How might these subtle observations inform practice?**

Here is one example. If you are working in a center-based program, think about all of the opportunities for assessment even in the short 5 minutes that occurs as a child arrives for the day. What are the interactions between caregiver and child? What is the child’s mood? What does the parent tell you about the child’s evening or morning? Maybe one morning, Jonny’s Mom tells you that he did not get enough sleep because he was frightened of the incredible thunderstorm during the night and it was difficult to get him back to sleep. Knowing this information will allow you to adjust and adapt for Jonny’s day. Maybe you help Jonny get a little rest at the beginning of the day rather than waiting for nap time. Maybe you provide the opportunity during circle time to talk about the thunderstorm so that Jonny (and the other children) have a chance to talk about the experience. When Jonny seems to not want to engage in active play today, you understand why and give him some other options. Now think about if you did not take the time to talk with Jonny’s Mom in the morning. How different would your day be not knowing this information? Here is another example. If you are a home visitor in and Early Intervention program, think about each of the steps you go through when meeting a family for the first time. As soon as you walk up to the door, take note of all the surroundings. Is there a safe place to play outdoors? Do the windows look like they have screens in them? The door opens and the family greets you. Who is in the home? How many people? What is on the walls? How is the home set up? Is there room for the child to play? Is the environment safe for the child to play? How does the family greet you? Are they happy to see you, sad, or indifferent? Note the nonverbal cues from the caregiver. Are they welcoming, avoiding, or maybe guarded? If you pay attention, ask yourself these questions, and closely observe, you will provide yourself with a wealth of information that will help guide your interactions with a family. The first few minutes of assessment will help you adjust your interaction style, understand a family’s readiness for services, and even help you to change the day’s agenda if needed. Without doing this, you may miss an opportunity to build a trusting relationship with this family. Don’t forget, the family is assessing you as well! So remember, as a professional working in partnership with families with young children, you should always be assessing and thinking about how the information you have gathered, as subtle as it may be, can help you guide your work, build strong partnerships, and help children and families make progress toward their goals.

**Patricia Maris**

**Q1: Why aren’t standardized tools alone a sufficient source of evaluation and assessment information?**

Observation is an essential component when completing a quality evaluation and assessment of a young child. As early childhood educators, we strive to have a complete picture of the child we are getting to know or who we are working with. When an observation is done objectively, it helps to gather essential information. A standardized tool yields helpful information in terms of how the child is functioning in relation to same aged peers. Sometimes, observation can be used to determine if a child has a particular developmental skill on a standardized tool. Using this alone, however, will not result in a rich understanding of the child and his or her interests, strengths and areas of need.

**Q2: What are the benefits of observing a child in her natural environment?**

Observing children in their natural environment playing with a peer or with materials reveals important skills and interests. Some standardized tool items allow for observation to be used for scoring. This allows for less interruption of the flow of the child in demonstrating his or her skills. The child is naturally comfortable in this setting and we could observe all developmental domains during a brief period of time. Observing a child building with blocks with a parent or with another child gives us information about motor skills in terms of how the child is using his or her hands and how he or she is maintaining their body in a sitting position or while moving around the play area. We learn about intricate details of cognition and language if we hear an imaginative play scheme associated with the block play or perhaps it is single words or no language at all. We see how responsive the child is to the language of others. We learn about social emotional strengths or areas of need as we observe joint attention with a peer/caregiver or we may observe incidents of turn taking. We learn about frustration tolerance and attention capacities as the child contends with blocks that may collapse or just not work out as intended.

**Q3: How can observations inform the work we do with children and families?**

Observation also allows us as early childhood educators to have valuable information to share with families. Sharing observation information helps families see what we see. Parents are naturally curious about how their child is functioning in play environments and routines and sharing this is particularly meaningful for families. Reporting a standard score to a parent and explaining standard deviations will not be anywhere near as meaningful as a story about how their child interacted at the block center taking turns with a peer or building a pretend farm for his or her animals. Observation helps us to have more meaningful and functional outcomes for young children which leads to better developmental progress. It is also an excellent way to document progress for outcomes developed for the child. It helps us to know if the child has really met their goals. Observation allows us to see if it is perhaps time to try a different approach with a child because the outcomes are not being met. Through careful, objective observation we learn about all the developmental and environmental pieces that make up this child’s picture and what is the best way to support the child to succeed. Observation is an essential component to practicing the art of early childhood education.

**Jen Brown**

**Q1: Why do we need more than just assessment results for eligibility determination and instructional planning?**

Determining a child’s eligibility for supports and services and subsequent development of an Individualized Family Service Plan (IFSP) or Individualized Education Program (IEP) requires the use of assessment tools that assist in identifying a child’s current levels of functioning. However, assessment tools only provide a portion of the information necessary to paint the picture of the whole child. Assessments are snapshots in time: one isolated moment and one example of a child’s performance and use of skills. In addition, many assessment tools contain a heavy emphasis on measurement of discrete skills rather than a method for capturing a more global picture of the child’s developmental profile, including both strengths and opportunities for growth. In order to expand the view of the child and his/her abilities, additional sources of information are required and include, at a minimum: information from the parent (including cultural norms and expectations); health and medical information; and observations of the child. Given this (potentially) diverse information, it is essential that teams of professionals use clinical reasoning to support and/or clarify the results from the assessment tools to better understand the context of the child’s experiences, family, culture, and community and to support decisions regarding eligibility and instructional planning. The process of using clinical reasoning to support team decisions actually begins with the assessment tool(s) themselves. The team must have a clear understanding of what each tool is designed to measure and how, or if, it allows for adaptations as needed. Teams will use clinical reasoning to determine what additional information is necessary in order to create a clearer developmental picture of the child. An example of this could be the use of a standardized assessment tool that measures fine motor skills but does not allow for the adaptations necessary for a child with a visual impairment. It is possible that, in terms of overall use of fingers and hands in a functional manner, the child performs well but the results of the tool indicate that the child has a significant delay because she cannot stack blocks and imitate drawings (both visually based tasks). Knowing this, the team must then consider whether or not another tool is an acceptable measure and/or how to clarify the results from the tool so that the child’s fine motor skills are described in a more accurate manner.

**Q2: What sources of additional information should practitioners consider?**

Parents and caregivers are the most valuable source of information about a child’s successes and areas of struggle. They can guide the team to consider the child’s skills within the context, including the social norms, of the family’s native language, culture, and community and the extent to which the child has previous experience with a specific skill or activity. A child who is from a culture where the expectation for use of utensils is not until the age of four or five years old, and has therefore never experienced it, should not be considered to be missing that particular skill. Rather the quality with which the child exhibits eye-hand coordination and demonstrates the ability to feed himself might be examined and described in terms of whether or not there are any concerns. Additionally, the environment in which the child and family reside, the nature of the relationships, and previous experiences with people, materials, and activities will also influence a child’s development. A child who has moved frequently and has not had a consistent home environment will have had less opportunity to engage with the environment and/or materials. Less opportunity and exposure may lead a child to be more reserved in their overall demeanor, less engaged and curious about testing materials and, perhaps, more cautious in unfamiliar settings. Adding multiple and/or inconsistent caregivers to this scenario adds an additional layer of complexity that must be considered as part of the assessment process and in terms of designing appropriate instructional plans and the persons who will implement them. Knowledge of medical and/or biological diagnoses that may affect the child’s development is also critical in the assessment process. While there are many conditions, e.g., visual impairment, which may directly impact a child’s development, and therefore the results of an assessment, other conditions or medical treatments may result in more targeted needs being identified. One example might be a child who has a G-tube, has had, and will continue to have, limited exposure to oral feeding opportunities where she can practice fine motor skills and self-feeding. This child might appear to have some significant delays in the Adaptive (Self-Help) area of development due to the differences in feeding, (depending upon the assessment tool that is used) as well as fine motor skills that are less developed than typical peers. A team would use their collective clinical reasoning to determine the impact of the condition on the child’s development. In this case, the child is not motivated (i.e. – has no need) to feed herself and therefore has less practice using fine motor skills across routines. Based on assessment results alone, the team might feel the need to address the delay in adaptive skills, however, given the medical condition, it may or may not be appropriate to do so. Again, in this case, the team would need to know whether or not the child’s medical team supports attempts at oral feeding that could address the delay in adaptive skills and also allow for additional practice of fine motor skills. Whereas the goals on the child’s IFSP or IEP may or may not relate directly to the medical condition itself, the nature of the condition and its impact on the child’s overall developmental profile MUST be considered when developing intervention strategies to address the goals on the instructional plan. In summary, assessment is a complex process wherein the professionals are trying to assemble the pieces of a puzzle to create a whole picture within the context of the child and family’s life, at home, at school, and in the community. Observations, assessment findings, and impressions of individual team members are brought together to discuss and consider the functional impacts and implications of delays or differences in development on the child’s ability to participate in the everyday activities and educational experiences. As evaluators and service providers, we are tasked with an immense responsibility to be curious and wonder about the child and the family, beyond what the tools tell us. We must consider all of the variables of the child and family’s life and seek to understand the nature of the needs and the levels of success for each child and family. This process of examining the context of the child and family and considering those variables that may influence the child’s development stems from our ability to use clinical reasoning as it guides every aspect of our work.

**Karen Nemeth**

**Q1: Why is it important for practitioners to use assessment materials and strategies that are appropriate for the child’s age and level of development and accommodate the child’s sensory, physical, communication, cultural, linguistic, social, and emotional characteristics?**

Children can only show you what they know and can do if they understand what you are asking them. The purpose of assessment in early childhood education is to learn about EACH child’s interests, strengths, and needs. To make this possible, three points must be addressed.

First – Children need to understand the questions or requests in the assessment in order to know how to respond.

Second – Children need to have the verbal or nonverbal language needed to demonstrate their skills, knowledge, and interests in ways that the practitioner can record.

Third – Children need to feel comfortable in the assessment process in order to stay engaged and to respond fully and confidently.

Even when an age-appropriate assessment is chosen, it may not work for a particular child due to variations in cognitive and linguistic development, so adaptations will be needed. A child may have a sensory disability or sensitivity, or a physical disability impacting coordination or articulation that can influence how he processes and responds to the demands of the assessment.

There may be many reasons why a young child might not respond to a question even though they know the answer. A child’s communication with a practitioner during an assessment may be affected by their communication style and temperament, the child’s experiences in relating to adults, their temporary emotional state, or their learned cultural expectations for adult-child interactions.

Assessment is a process, and this is most clearly true for young children. Each step in the process can reveal some information about the child’s level of development and sensory, physical, communication, cultural, linguistic, social, and emotional characteristics that will make subsequent steps more appropriate for each child and more effective in meeting assessment goals.

**Q2: How should practitioners plan to assess young children who are dual language learners?**

Research shows that young children who are growing up with two languages have two separate language systems in their brains. This means that what they have learned in one language will be stored in that language and may not be accessible when they are communicating in the other language. So, even though a child may appear to communicate well in English, some of the things they know will still be understood or expressed in their home language. For this reason, assessment is never really accurate unless it is conducted in both of the child’s languages. For example, a child may know some color names in English and some color names in Korean. If the assessment is conducted only in English, the child will only be able to give a partial response. This incomplete information will then be used to adapt curriculum, plan learning goals for the child and may influence the practitioner’s beliefs and expectations for that child. Even though we often use the term “dominant language” to help practitioners identify the more frequently used language as the choice for the primary assessment, this will not result in a complete description of the child’s strengths, needs, and interests. Assessment for young children should not be based on one score. It should always be a collection of information gathered in a variety of ways – called multiple measures. I like to say assessment is a folder, not a test. If your purchased assessment has not been validated on populations that speak the language of the child, the score for a translated version or use of an interpreter will not be valid. That doesn’t mean these strategies are useless. It only means that the score is not accurate. The prompts, observations, conversations and interactions with appropriate materials using the assessment can all be recorded as anecdotal notes to build your understanding of where a child is starting and where they need to go. Classroom observations and interviews with families will provide additional insights. Children are likely to have more sophisticated skills and vocabulary in their areas of interest. By observing the play and book choices they make at school, and by interviewing their parents about their behavior at home, you can gain additional information you can use to engage each child in activities and conversations that reveal their true strengths and needs in whatever language works best for that child in that context.