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# Learning Guide 7.8 Assessment- Practice Profile

**How to use this practice profile?**

“Module 7 Assessment Practice Profile” describes example behaviors of practitioners that are associated with each DEC Recommended Practice along a continuum of expected/proficient behaviors to developmental behaviors and unacceptable behaviors.

| **Core Component** | **Expected/Proficient[[1]](#footnote-1)** | **Developmental[[2]](#footnote-2)** | **Unacceptable[[3]](#footnote-3)** |
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| **A1 Practitioners work with the family to identify family preferences for assessment processes.** | *A team of practitioners and the family jointly plan the specifics of the upcoming assessment including the location, time of day, and strategies for assessment.*  | *A team leader provides a family with a few dates from which to choose to plan an upcoming assessment. She does not ask the family to consider any needs they have for the assessment process.* | *A team of practitioners is inflexible in providing available times to schedule upcoming assessments and the parents have to take time off from work to accommodate the assessment schedule.* |
| *A team leader with input from other team members plans which assessments to use after obtaining information from the family about what the child typically does and what the child likes to do.*  | *A team leader obtains information from the family about the child’s likes and dislikes but does not share the information with other team members before planning assessments.*  | *An assessment team uses standardized assessment protocols without input from the family about the child’s interests and preferences.*  |
| *In advance of the assessment, a team leader asks families whether they prefer to watch the assessment, to serve as an informant, to participate by interacting with the child, or to provide support to the child by staying nearby.*  | *When an assessment team arrives for the assessment they ask the family to stay nearby to provide support to the child but don’t offer other choices to participate in the process.*  | *A team leader informs the family that they must sit in another room while the practitioners conduct the assessments.*  |
| **A2 Practitioners work as a team with the family and other professionals to gather assessment information.** | *A physical therapist and an early childhood special educator make a home visit together to assess the child in a familiar setting and within familiar activities.*  | *A physical therapist asks the family for information about child preferences before conducting an assessment. The family had already provided much of this information to the early childhood special educator.*  | *A physical therapist and early childhood special educator assess a child without contacting the family prior.* |
| *An occupational therapist, speech language pathologist, early childhood special educator and family member agree to work together using a play-based model of assessment.*  | *An assessment team decides together to use a play-based model of assessment. They inform the family of this plan just before the assessment begins.* | *Each practitioner on a team gathers assessment information individually and in different manners (i.e., play-based, standardized assessments, etc.) without discussing plans with the family.* |
| **A3 Practitioners 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.** | *An early interventionist incorporates the child’s use of an alternative communication system into all interactions and observations for the purpose of administering an assessment.*  | *An early interventionist incorporates the child’s use of an alternative communication system into her weekly visits and observations but when administering an assessment does not allow the child to use the system.* | *An early interventionist tells the family that she will stop using the child’s alternative communication system when conducting assessments to get an accurate measure of the child’s communication.* |
| *The early intervention team agrees to do individual assessments across a few days and times based on the family’s feedback that their child becomes overwhelmed by groups of people.*  | *The early intervention team listens to the family’s concerns about their child becoming overwhelmed by a group of people during the assessment so they decide to only come into the room one at a time.* | *The early intervention team informs a family that the full assessment must be done on the same day to accommodate the schedules of the practitioners.*  |
| *A physical therapist observes a child with a physical disability using his mobility device and adaptive equipment while being assessed in the area of physical development.*  | *A physical therapist begins an observation of a child’s physical disability by having the child use his mobility device and adaptive equipment but then removes the equipment to complete the assessment.*  | *A physical therapist will only observe a child for assessment without the use of mobility devices or adaptive equipment because he thinks it will provide more useful results.*  |
| **A4 Practitioners conduct assessments that include all areas of development and behavior to learn about the child’s strengths, needs, preferences, and interests.** | *A team assesses a child across all developmental domains and all behavioral dimensions even though the child is only being considered for eligibility in the area of speech and language disorders.*  | *A team assesses a child using a comprehensive developmental screening tool but does not review the results for the other domains beyond speech and language.* | *A team only assesses a child using a speech and language assessment tool without considering its impact on other areas of development.* |
| *A speech language pathologist talks with the family about what the child enjoys doing and what kinds of toys the child finds especially interesting at home.*  | *A speech language pathologist considers what she knows about the child’s interests based on previous home visits before conducting an assessment.* | *A speech language pathologist tries observing a child during a non-preferred time of day and makes notes about the child’s functioning.*  |
| **A5 Practitioners conduct assessments in the child’s dominant language and in additional languages if the child is learning more than one language.** | *The co-teacher, who is fluent in both English and Spanish, assesses the child in Spanish first using the Spanish version of the instrument. The early childhood teacher later assesses the child in English.*  | *A bilingual early childhood teacher assesses a child in Spanish using the Spanish version of the instrument and then in English but only reports the scores from the English assessment.* | *A bilingual early childhood teacher and her co-teacher decide to only assess a child in English even though there is a Spanish version available since they believe it will provide biased results.* |
| *The bilingual home-based early interventionist assesses the child first on one domain of an assessment in Spanish and then assesses the child on that domain in English. Dividing the assessment up prevents using the entire home visit for the assessment.*  | *The bilingual home-based early interventionist decides to only assess a child in Spanish even though the child is also learning English because she wants to maximize the time she has for home visiting.*  | *The bilingual home-based early interventionist assesses a child in Spanish and English on different domains of an assessment because she is missing some of the materials to conduct a full assessment in either language.* |
| **A6 Practitioners use a variety of methods, including observation and interviews, to gather assessment information from multiple sources, including the child’s family and other significant individuals in the child’s life.** | *An early interventionist observes the child in his Head Start setting and talks with the early childhood teacher about the motor skills the child demonstrates in that environment.*  | *An early interventionist observes the child in his Head Start setting and records this information for her own assessment portfolio.* | *A Head Start teacher informs the early interventionist about the kinds of motor skills a child is demonstrating in the classroom. The early interventionist replies that she can only use assessment information gathered during home visits.*  |
| *An early childhood teacher regularly communicates with the family through a “traveling notebook” about any new skills they have seen at home so that the information they share can be incorporated into the periodic assessments of child progress. The early childhood teacher has help from other personnel at the program so that all messages are written in the family’s home language and the family’s messages back can be translated into English.*  | *An early childhood teacher communicates with the family by writing notes home that she gets translated by other personnel at the program. Occasionally the family also writes notes back however the teacher does not have an organized way to document the notes she writes or receives and is unable to use this information for assessments of child progress.* | *An early childhood teacher observes a child in the classroom environment as a way to monitor progress. She does not consider asking family or other professionals to gather additional assessment information.*  |
| **A7 Practitioners obtain information about the child’s skills in daily activities, routines, and environments such as home, center, and community.** | *A family member reports that the child has some challenging behaviors in the early evening. An early interventionist schedules a home visit at that time to try to understand the issues and find potential solutions with the family.*  | *An early interventionist listens to a family report about a child’s challenging behavior in the early evening. The practitioner sympathizes with the family and tells them to continue what they are doing.* | *A family member tells an early interventionist about a child’s challenging behaviors. The practitioner provides the family a pamphlet on disciplining children without finding out information about the child.*  |
| *A family reports that their child, who is very quiet in his preschool setting, talks a lot at home. An early childhood teacher asks the family to capture some examples of his communication on a video to share with her.*  | *An early childhood teacher tells a family that she is concerned about a child who is not talking. The family reports that the child talks at home and the teacher only asks a few questions to glean more information.* | *A family reports that their child talks a lot at home but the early childhood teacher reports the child is quiet at school. The teacher thinks that the family is in denial about their child’s skills.*  |
| **A8 Practitioners use clinical reasoning in addition to assessment results to identify the child’s current levels of functioning and to determine the child’s eligibility and plan for instruction.** | *A team completes the administration of all instruments for determining eligibility for a child and then meets together to consider the assessment results as well as their clinical opinions relative to eligibility for the child.*  | *Various practitioners complete separate assessment instruments for a child. When the team meets there are disagreements between the assessment results and the team struggles to determine eligibility.* | *After completing assessments practitioners make a decision about the child’s eligibility based solely on the results without any discussion as a team.* |
| *In making a decision about eligibility, team members consider whether the scores from a standardized assessment are an accurate reflection of the child’s skill level, and then seek additional information as questions arise in order to inform their decision.*  | *A team meets to consider scores from a standardized assessment to determine eligibility. One practitioner provides additional information that can influence the decision but the other team members feel uncomfortable using this information in determining eligibility.*  | *Team members accept the scores from a standardized assessment without considering other factors or information about the child’s skill level to determine the child’s eligibility for services.*  |
| **A9 Practitioners implement systematic ongoing assessment to identify learning targets, plan activities, and monitor the child’s progress to revise instruction as needed.** | *An early interventionist collects data on a child’s fine motor learning targets during each home visit and then reviews the data to inform any changes in the targets or in the instructional strategies for the next visit.*  | *An early interventionist asks parents to report on a child’s fine motor learning targets during each home visit and uses this as the sole data source when planning changes to learning targets or instructional strategies.* | *An early interventionist uses a chart for the typical development of fine motor skills to inform learning targets and plan instructional strategies for each visit.*  |
| *An early childhood teacher develops lesson plans for the following week based on data collected throughout the current week’s activities.*  | *An early childhood teacher collects data throughout the week but finds it difficult to manage the data effectively to use it for planning the next week’s activities.* | *An early childhood teacher plans each week’s lessons and activities based on the upcoming events and holidays without considering child learning targets or progress.* |
| **A10 Practitioners use assessment tools with sufficient sensitivity to detect child progress, especially for the child with significant support needs.** | *A curriculum-based instrument has too few items to demonstrate progress of a child over time, so the team breaks down items on the instrument into smaller steps to detect changes.*  | *A team reviews a curriculum-based instrument to measure child progress on skills. They decide it is not sensitive enough and determine they will not be able to measure progress on these specific skills.*  | *A team uses a curriculum-based instrument to measure child progress. However, the lack of sensitivity shows the child making no progress, which negatively affects the plan for instruction.* |
| *A team leader is careful to choose instruments for each child with sufficient sensitivity to measure that particular child’s progress in communication, motor, or cognitive development rather than always using the same instruments for every child.*  | *A team leader reviews a catalog to select a few instruments that can be used with a variety of different children to measure progress across developmental domains.* | *An administrator only has enough money in the budget to purchase one assessment instrument for each domain of development so practitioners have to use the same instruments even if the sensitivity is not sufficient.*  |
| **A11 Practitioners report assessment results so that they are understandable and useful to families.**  | *When writing reports to share assessment information with a family, the team leader is careful to use words, language and a format that will be understood by the family.*  | *A team leader receives multiple reports from different practitioners on assessment results and compiles them into a very long report that the family cannot easily read and understand.* | *A practitioner writes one report to use for both the team and family without defining any difficult terms or concepts.*  |
| *In advance of the team meeting to share assessment results, information is shared with the family by at least one team member, and family members are provided the opportunity to ask questions or express concerns. During the meeting to review assessment results, all team members encourage the family to ask questions.*  | *At the beginning of a team meeting, the family is encouraged to ask questions or express concerns. As the practitioners present assessment results time becomes limited and the family feels rushed and unable to communicate effectively with the team members.* | *A team leader allows each practitioner five minutes to present their assessment results to the family during a team meeting due to the short amount of available time. The practitioners are unable to fully explain the results or elicit questions and concerns from the family.*  |

**References**

DEC (2016). DEC recommended practices in early intervention and early childhood special education with examples. Retrieved from: <https://divisionearlychildhood.egnyte.com/dl/v7NSuEwqYX>

Metz, A., Bartley, L., Blase, K., and Fixen, D. (2011). Handout 2: Practice profile examples. Retrieved from: <http://implementation.fpg.unc.edu/resources/handout-2-practice-profile-examples>

SISEP (2014). Practice profile planning tool. Retrieved from: <http://implementation.fpg.unc.edu/sites/implementation.fpg.unc.edu/files/NIRN-Education-PracticeProfilePlanningTool.pdf>

1. Expected/Proficient examples sourced from: DEC (2016). DEC recommended practices in early intervention and early childhood special education with examples. [↑](#footnote-ref-1)
2. Practitioners in the developmental range are ready for increased coaching and professional development to improve recommended practices. [↑](#footnote-ref-2)
3. Practitioners in the unacceptable range need more focused professional development and intensive coaching. Issues at the administrative level (hiring and credentials requirements) may also need to be addressed within a large-scale implementation infrastructure. (Metz, Bartley, Blase, & Fixen, 2011) [↑](#footnote-ref-3)