

Voices from the Field: 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.