

# **Asking the Right Questions, Getting the Right Answers: Evaluating Young Children for Special Education Services**

## **Position Statement on Early Childhood Assessment**

This section provides a definition of evaluation and assessment as well as position statements, standards, and literature that supports best practices in the assessment of young children. Included in this section:

- ⇒ Definition of Evaluation/Assessment
- ⇒ National Association of School Psychologists Position Statement on Assessment which can be downloaded at [http://www.nasponline.org/about\\_nasp/pospaper\\_eca.aspx](http://www.nasponline.org/about_nasp/pospaper_eca.aspx)
- ⇒ Assessment Standards (Bagnato & Neisworth, 1999)
- ⇒ "Spotlight on Assessment in Early Childhood" by Glyn Brown, pages 25-27 of *Assessment Hotspots*, vol. 2, no. 1 which can be downloaded at [http://eric.ed.gov:80/ERICDocs/data/ericdocs2sql/content\\_storage\\_01/0000019b/80/19/40/9c.pdf](http://eric.ed.gov:80/ERICDocs/data/ericdocs2sql/content_storage_01/0000019b/80/19/40/9c.pdf)

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## Evaluation vs. Assessment

- Evaluation is the broad umbrella under which assessment sits.
- Evaluation is a process of determination based on judgments of certain information, including but not limited to assessment information. Determinations such as eligibility for special education or progress over time by comparing skills before and after intervention are both evaluative by nature.
- Assessment is the process of observing, gathering and/or recording information. Assessment is part of the larger evaluation process.

Losardo, A., & Notari-Syverson, A. (2001). *Alternative approaches to assessing young children*. Baltimore: Paul Brookes.



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## **NASP Position Statement EC Assessment**

The National Association of School Psychologists believes that early identification of developmental and learning problems in infants and young children (ages birth through five years) is essential because of young children's broad and rapid development. Intervention services for these children's psychological and developmental difficulties are essential, beneficial, and cost-effective (e.g., Barnett, 1993; Dawson & Osterling, 1997; Schweinhart, Barnes, Weikart, Barnett, & Epstein, 1993). Because the accurate and fair identification of the developmental needs of young children is critical to the design, implementation, and success of appropriate interventions, school psychologists must play a key role.

Evidence from research and practice in early childhood assessment indicates that issues of technical adequacy are more difficult to address with young children who have little test-taking experience, short attention spans, and whose development is rapid and variable (Greenwood, Luze & Carta, 2002). Therefore, standardized assessment procedures should be used with great caution in educational decision-making because such tools are inherently less accurate and less predictive when used with young children (Meisels & Atkins-Burnett, 2000).

Multidisciplinary team assessments must include multiple sources of information, multiple assessment approaches, and be conducted in multiple settings and across time in order to yield a comprehensive understanding of young children's skills and needs (Neisworth & Bagnato, 2000). Alternative assessment methods and procedures, including transdisciplinary arena assessment, curriculum-based assessment and play-based assessment should be considered (Losardo & Notari-Syverson, 2001). Assessments should center on the child in the family system and home environment, both substantial influences on the development of young children. Similarly, families' self-identified resources, priorities and concerns should drive the decision-making process concerning the identification of child and family services (Bailey, 1996).

Because categorical identification of infants, toddlers, and young children is ineffective in most cases for meeting the special needs of young children, assessment of infants and young children requires specialized training and skills beyond those required for the assessment of older children (Mowder, 1996). Longitudinal and functional assessment of behavior and functional developmental skills of infants, young children, and families in a variety of settings is needed to evaluate and document progress and response to intervention over time, and must guide early intervention strategies in meaningful ways (Bagnato, Neisworth, & Munson, 1997).

Therefore, the National Association of School Psychologists will promote early childhood assessment practices that are:

- developmentally appropriate, flexible, ecological, whole-child focused, strength-based, skills-based, and family-centered (Bagnato et al., 1997; Bricker, 2002);
  - conducted by a multi-disciplinary team (Nagle, 2000);
  - linked to intervention strategies designed for young children (Meisels, 1996);
  - based upon comprehensive, educational and/or behavioral concerns, rather than isolated deficits identified by individual assessments (Bagnato et al., 1997);
  - nondiscriminatory in terms of gender, ethnicity, native language, family composition, and/or socio-economic status (Lynch & Hanson, 1996); and
  - technically adequate and validated for the purpose(s) for which they are used, including the provision of norms, where applicable, for minority children and children with physical disabilities (DeMers & Fiorello, 1999).
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## Role of the School Psychologist

NASP encourages the adoption of family-centered practices for early childhood assessment and intervention, including full integration of parents and families into the assessment and intervention components of early childhood services. This mandates methods of naturalistic and systematic observation and information gathering, including work sampling procedures and the involvement of the family, home environment, daycare/preschool, and the community ecology as part of the comprehensive assessment (Nuttall, Nuttall-Vasquez, & Hampel, 1999). School psychologists should provide leadership to the multidisciplinary team in ensuring that all information gathered through the assessment is clearly understood by parents so that they can make fully-informed decisions about interventions for their children.

NASP also advocates for pre-service and in-service education for school psychologists and other professionals to address the following issues: 1) normal and atypical developmental patterns of infants and young children; 2) practices, procedures, and instrumentation appropriate for screening and assessment of young children, their families, and their environments; 3) the selection of assessment techniques and utilization of findings from such assessments for the design, implementation, and efficacy evaluation of interventions; and 4) standards for early childhood mental health, behavioral, and educational assessment, including legal, ethical, and professional issues - all in the context of non categorical service delivery for young children and their families.

### Summary

NASP supports early childhood assessment practices that allow for accurate and fair identification of the developmental needs of infants, preschoolers, and young children and facilitate interventions that involve parents and other caregivers. Sound early childhood assessment should involve a multi-disciplinary team, including school psychologists with specialized training in the assessment of the young child who view behavior, mental health, and development from a longitudinal perspective.

### Annotated Bibliography

Berman, C., & Shaw, E. (1996). Family-directed child evaluation and assessment under the Individuals with Disabilities Education Act (IDEA). In S. J. Meisels & E. Fenichel (Eds.), *New visions for the developmental assessment of infants and young children* (pp. 361-390). Washington, DC: Zero to Three.

This chapter is a wonderful resource for those wanting to learn about putting a family-directed assessment process into action. It describes and illustrates characteristics of family-directed assessment, including issues related to families, the assessment process, personnel preparation issues, and system level issues.

Bracken, B. A. (2000). *The psychoeducational assessment of preschool children* (2nd ed.). Boston: Allyn & Bacon.

This edited text is a comprehensive volume addressing multiple aspects of preschool assessment. It includes chapters on preschool assessment history and issues, common assessment instruments, and methods of assessing various developmental domains and populations.

Greenwood, C. R., Luze, G.J & Carta, J. J. (2002). Best practices in assessment of intervention results with infants and toddlers. In A. Thomas, & J. Grimes (Eds), *Best practices in school psychology IV* (pp. 1219-1230). Bethesda, MD: National Association of School Psychologists.

This chapter discusses basic knowledge and skills needed to assess infants and young children, as well as focusing on the assessment of early intervention results. It outlines the approach for progress monitoring for infants and toddlers developed by the Early Childhood Research Institute on Measuring Growth and Development. A case study is included.

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Katz, L. (1997). *A developmental approach to assessment of young children*. Champaign, IL: ERIC Clearinghouse on Elementary and Early Childhood Education.

This paper describes the concept of developmental appropriateness as it applies to the assessment of young children. The various purposes of assessing individual children are discussed. A match between plans, strategies, and assessment instruments and specific assessment purpose is mandated.

McConnell, S. R., Priest, J. S., Davis, S. D., & McEvoy, M. A. (2002). Best practices in measuring growth and development for preschool children. In A. Thomas, & J. Grimes (Eds), *Best practices in school psychology IV* (pp. 1231-1246). Bethesda, MD: National Association of School Psychologists.

This chapter discusses Individual Growth and Development Indicators for preschool-aged children, newly developed, repeatable measures which sample performance in each major developmental domain. It describes the indicators that have been developed to measure each domain, as well as future directions for development.

Meisels, S. J., & Atkins-Burnett, S. (2000). The elements of early childhood assessment. In J. P. Shonkoff & S. J. Meisels (Eds.), *Handbook of early childhood intervention* (2nd ed.) (pp. 231-257). New York: Cambridge University Press.

This chapter addresses issues relevant to early childhood assessment by discussing principles of responsive assessment (e.g., the importance of development, considering strengths and functional skills) and then discussing in detail five elements of assessment, with a focus on targets, contexts, and methods of assessment, as well as assessment personnel and the fusion of assessment and intervention.

Neisworth, J. T., & Bagnato, S. J. (2000). Recommended practices in assessment. In S. Sandall, M. E. McLean, & B. J. Smith (Eds.), *DEC recommended practices in early intervention/early childhood special education* (pp. 17-27). Longmont, CO: Sopris West.

This chapter lists practices recommended by the Division for Early Childhood for assessment in early intervention and early childhood special education programs for infant and young children with special needs and their families. Suggested standards are listed and defined (e.g., utility, authenticity, equity). The chapter concludes with a list of recommended assessment practices that should be useful to practitioners or programs wanting to assess the extent to which their practices are in line with DEC recommendations.

Nielson, S., & McEvoy, M. A. (2003). Functional behavioral assessment in early education settings. *Journal of Early Intervention*, 26(2), 115-131.

This article provides an overview of functional behavior assessment theory and methods. In addition, it discusses application of FBA to work with young children, and it describes how FBA methods can be used in conjunction with family-based practices and services in natural environments.

Shephard, L., Kagan, S., & Wurtz, E. (1998). *Principles and recommendations for early childhood assessments*. Washington DC: National Education Goals Panel. <http://govinfo.library.unt.edu/negp/reports/prinrec.pdf>

This booklet discusses best practices for assessment of young children considering their unique development, recent abuses of testing, and legitimate demands for clear and useful information. General principles of assessment included address benefits, reliability and validity, age level appropriateness and language, and parent role in assessment.

Tomlin, A. M., & Viehweg, S. A. (2003). Infant mental health: Making a difference. *Professional Psychology: Research and Practice*, 34, 617-625.

This article provides an overview of infant mental health, with a focus on principles for the appropriate assessment and intervention with very young children. The article nicely links services typically provided by psychologists in mental health settings to developmental services typically provided under Part C.

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## Assessment Standards

Following are eight standards proposed by Steve Bagnato and John Neisworth for materials that facilitate collaborative assessment.

**Standard 1: Utility.** The materials used for assessment need to support the collaborative team model and be useful for planning intervention and measuring change. Assessment should be evaluated using these three questions:

1. Is the assessment useful for identifying instructional and therapeutic objectives?
2. Is the assessment useful for selecting methods or approaches for teaching or therapy?
3. Is the assessment useful for detecting change after intervention?

**Standard 2: Acceptability.** Acceptability of assessment, or social validity, refers to the perceived value or appropriateness of assessment. Like utility, acceptability can be gauged at three levels: (1) acceptability of identified intervention goals; (2) acceptability of assessment methods; and (3) acceptability of changes detected by assessment.

**Standard 3: Authenticity.** Authentic assessment materials examine real functioning in real situations. Naturalistic observation, behavior rating scales, interview inventories, and curriculum-based measures are examples of materials that usually focus on authentic content. Testing children at tables with flip cards, miniature toys, and a prolonged series of tasks is not a realistic sample of how children really function in their own situations. Not only may some of these nonauthentic tasks be nonrepresentative of real situations, but many children with special needs cannot manage the tasks or are not interested in them.

**Standard 4: Equity.** Within the law, equity refers to equality of opportunity, not necessarily equal circumstances. Equity in teaching means supplying children with learning materials and arrangements that accommodate for sensory, motor, affective, or cultural differences. The same standard of equity must be applied to assessment materials.

**Standard 5: Sensitivity.** Many assessment materials include only a few items for appraising competence. Too few items mean that only relatively crude estimates can be made, so finer targeting for intervention planning is not possible, nor is it feasible to monitor progress from this type of assessment.

**Standard 6: Convergence.** Some scales or inventories depend only on one occasion, source, and setting. Many new materials include alternate forms to be completed by parents, teachers, or others who can offer their perspectives. Converging two or more perspectives provides a wider information base, typically including multiple settings (home, school), times (current, prior), and sources (parent, teacher).

**Standard 7: Congruence.** Almost all conventional psychometric materials have been developed and standardized with a “standard” sample of children. The items and administration are designed to assess deviation from the norm, and thus to make diagnosis possible. It should be apparent that such materials would fail the standards of equity and sensitivity. Congruence requires that materials are developed and field tested with children similar to those being assessed.

**Standard 8: Collaboration.** This standard is discussed last because it depends on the preceding standards. Cooperative assessment involves sharing the effort, providing materials in a “friendly” manner to parents and other professionals, and actually depending on the contributions of others to produce the information needed for collaborative decision making. It should be clear that the various standards, especially convergence and authenticity, provide the basis for collaboration. The special requirement for collaboration is cooperative decision making based on the assessment information.

Adapted from: Bagnato, S. and Neisworth, J. (1999, April). Collaboration and teamwork in assessment for early intervention. *Child and Adolescent Psychiatric Clinics of North America*, 8(2), 347-363.

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