

Comprehensive Early Childhood Screening and Assessment Systems: Thinking Outside the Box

by

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Most educators today will agree that high quality child/student assessment data are the foundation for informed decision-making and critical in the process of effective teaching and learning. Guidance on what and how to assess, however, can vary depending on the age of the child or target population. Policymakers and early care and education programs serving children birth to 5 years and their families are offered guidance by many reliable sources. The National Association for the Education of Young Children (NAEYC) (2003) recommends *“Mak[ing] ethical, appropriate, valid, and reliable assessment a central part of all early childhood programs. To assess young children’s strengths, progress, and needs, use assessment methods that are developmentally appropriate, culturally and linguistically responsive, tied to children’s daily activities, supported by professional development, inclusive of families, and connected to specific, beneficial purposes: (1) making sound decisions about teaching and learning, (2) identifying significant concerns that may require focused intervention for individual children, and (3) helping programs improve their educational and developmental interventions (p. 2).”* A position paper by the Division for Early Childhood (DEC) of the Council for Exceptional Children (2007) expands on the NAEYC position and offers additional guidance for young children with disabilities: *“Assessment is a shared experience between families and professionals in which information and ideas are exchanged to benefit a child’s growth and development. Assessment practices should be integrated and individualized in order to: (a) answer the questions posed by the assessment team (including family members); (b) integrate the child’s everyday routines, interests, materials, caregivers, and play partners within the assessment process; and (c) develop a system for shared partnerships with professionals and families for the communication and collection of ongoing information valuable for teaching and learning (p. 11).”* A seminal work published by the National Research Council (NRC) (2008) stresses the importance of having a clearly defined purpose for the assessment, selecting tools designed for the intended purpose, and conducting assessments within a comprehensive system of supports and services to meet the needs of all young children and their families.

The Wisconsin Model Early Learning Standards (2013) offers a definition of assessment as “gathering information to determine the current developmental level of the child (p. 5)” and urges consideration of the following when making assessment decisions:

1. *Young children learn in ways and at rates different from older children.*
2. *Young children come to know things through doing as well as through listening and often represent their knowledge better by showing than by telling.*
3. *Young children’s development and learning is rapid, uneven, and episodic, so that point-in-time assessments do not give a complete picture of their learning.*
4. *Young children’s achievements are the result of a complex mix of their ability to learn and their past learning opportunities (p. 5).*

On-going assessment is a practice common to the early care and education world (NAEYC, 2003; Bagnato, et al 2010) and K-12 systems (McTihge & O’Connor, 2005). In early childhood programs on-

purpose it serves, however, can vary depending on the system in which it is utilized. The Wisconsin Response to Intervention (RtI) Center (2015) defines screening as “a process in which data from multiple measures [are] analyzed to determine whether each [student] is likely to meet, exceed or fall below benchmarks; ...[it is intended] to establish a baseline from which [students] are beginning and to align the instructional starting point to [student] need.” While this type of screening is also done in preschool programs implementing an RtI framework, a far more common type of screening completed with children birth to 5 is *developmental screening*. This takes place in a variety of settings— health care, education, Head Start, mental health, child care, home visiting, and Individuals with Disabilities Education Act (IDEA) programs – as a quick assessment of a child’s medical, dental, vision, hearing, developmental, learning, and/or behavioral/mental health status. Collection and analysis of this type of data is considered a first step in a process of identification and, when warranted, evaluation and intervention.

Recognition of common practices across programs and institutions that serve young children and their families led the Wisconsin Early Childhood Collaborating Partners (WECCP): Healthy Children Committee to begin exploration of a more aligned, coordinated effort to reach all children and families while reducing duplicity. A request soon after from the Wisconsin Early Childhood Advisory Committee (ECAC) to map out a comprehensive cross-sector system of screening and assessment, led the Healthy Children Committee to develop the *Blueprint for a Comprehensive and Aligned System for Screening and Assessment of Young Children* (WECCP: Healthy Children Committee, 2012).

The Blueprint includes a visual guide to critical time periods and content areas for screening and assessment processes that reflect current scientific knowledge and endorsements by many professional organizations and experts within each field. These recommendations apply across a range of programs and services, birth to 3rd grade.

Further support for the development of comprehensive systems comes from the NRC (2008) “... any assessment decision should be made in the context of a larger, coherent assessment system, which is in turn embedded in a network of medical, educational, and family support systems designed to ensure optimal development for all children.” (p. 342). That same report also reaffirms the National Education Goals Panel’s (1995) guidance on what to assess - the five within-the-child dimensions of school readiness: physical well-being and motor development, social and emotional development, language development, approaches to learning, and cognition and general knowledge.

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National Research Panel (2008) p. 342

Within a comprehensive system of screening and assessment, data can be gathered and applied at different levels to serve a variety of purposes. At the *child-level* it includes the collection of data in all areas of development (the five essential domains of school readiness) and serves to monitor development & learning, determine eligibility for special services, plan for instruction/“next steps” for individual children and groups of children, and to communicate with families. At the *program-level* data are collected to examine teacher effectiveness, adult-child interaction, and environmental quality/other program quality measures; it is used for accountability purposes, determining program quality and effectiveness, and identifying professional development needs of the staff. This level can also serve to store and share cumulative child data. At the *systems (agencies and institutions) level* these data can assist in making decisions regarding policy development, resources allocation, and professional development initiatives.

The creation of comprehensive early childhood screening and assessment systems (National Research Council, 2008; Center for Enhancing Early Learning Outcomes, 2014, 2015), has taken root in many states. The ranges included in these systems are generally birth-5 years, birth-3rd grade, or kindergarten-3rd grade, and include a variety of partners: early care and education, public schools, medical/mental health services, and home visiting/family services. Some states have established Kindergarten Entrance Assessments (KEA) as one checkpoint in this comprehensive system. The purpose of a KEA is to identify a child's developmental and learning status at kindergarten entry so that instruction and supports can be varied to address universal and individual student needs. The U.S. Department of Education (2015) suggests that *"results of the assessment should be used to inform efforts to close the school readiness gap at kindergarten entry, to inform instruction in the early elementary school grades, and to inform parents about their children's status and involve them in decisions about their children's education. This assessment should not be used to prevent children's entry into kindergarten or as a single measure for high-stakes decisions."* Federal guidance goes on to suggest that KEAs should be completed during the first few months of a child's entry into kindergarten, include the five within-the-child dimensions of school readiness, be aligned with the state's early learning standards, and be a valid and reliable tool for its intended purposes.

Another movement within a comprehensive system approach is to align and coordinate developmental screening activities at the regional, county, or community level, in an effort to reduce the risk of children/families falling through the cracks and not receiving needed services or being subjected to duplicity of screening and assessment procedures from a variety of service providers. Several Wisconsin communities exploring and/or developing comprehensive systems gathered in Madison in May 2015 to share their successes and challenges at an informational networking event sponsored by Wisconsin's Race to the Top – Early Learning Challenge grant. If you are interested in sharing your story and/or learning more about early childhood screening and assessment initiatives, please contact the authors; to join a new listserv focused on local screening and assessment initiatives, contact Jill Haglund, at the Department of Public Instruction – Office of Early Learning, jill.haglund@dpi.wi.gov.

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Comprehensive screening and assessment requires a systematic approach. To create a system with the intended outcome being improved student outcomes, Steven Tozer, director of the Center for Urban Education Leadership at the University of Illinois at Chicago, (2015) reminds us that *strong visionary leadership* is needed for schools and centers to become "good places for adult learning (p.1)," and to connect and align the separate worlds of early childhood and K-12 educational systems.

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This article was published in the WASCD Highlighter, Fall 2015, 22-25.