

Assessment

Assessment is an important event for families and their children. When charged with assisting parents, in making informed decisions regarding their family and child, Service Coordinators and other providers of Early Intervention services should work to assure that the information gained from the assessment processes is accurate, relevant, and supports the families resources, priorities and concerns. Assessment is critical for program planning, monitoring progress and program evaluation. The assessment process is used to determine strengths and needs of a child and family and is an ongoing process. There are several different types of assessments that take place for a child being served in Early Intervention; assessment of the child and families resources, priorities and concerns, Curriculum Based Assessments (CBA), Early Childhood Outcomes (ECO) and the Level I/II Assessment.

Curriculum Based Assessments:

The most important function of a CBA is it allows assessment, intervention, and evaluation to be synchronized. It allows the team to monitor:

- The progress of the child,
- The appropriateness of the interventions used, and
- The power of the interventions to produce the desired goals.

The tools approved for use in South Carolina are:

- Hawaii Early Learning Profile (HELP)
- Carolina Curriculum for Infants, Toddlers and Preschoolers with Special Needs

Responsibilities related to assessment include:

- Focusing on functional sequences of skills rather than developmental milestones;
- Employing a developmental approach that allows items to be adapted or modified in order to get to the child's real knowledge, skills, and behaviors;
- Assisting the family in creating learning opportunities by imbedding curriculum items in naturally occurring routines, activities and settings (known as activity-based learning);
- Monitoring incremental gains in progress;
- Choosing which assessment tool to be used is determined by the professional recommendations of the Early Interventionist;
- Using assessment tools are used that are specifically designed to assess a child's developmental level. As a child progresses, appropriateness of an assessment tool will be evaluated by the Early Interventionist and parent and changed as needed.
- All children receiving family training **must have an** assessment completed prior to the plan at least every six months or more often if changes warrant, i.e., meeting all goals, medical procedures resulting in significant regression;

- Noting the families' expectations for their child are noted in service notes and/or IFSP/FSP;
- The educational needs of the child will be captured on the Transition page of the IFSP for children birth to three and for children three to six can be captured in Section 11 (Service Coordination Goals) of the FSP;
- Documenting the CBA results in Section 6B of the IFSP/FSP. See attachment #1.
- Ensuring the assessment reflects the child's:
 - cognitive development;
 - gross and fine motor development;
 - communication;
 - emotional and social development;
 - self-help skills;
 - physical development including information from medical and family history, along with current health status, is used to determine present physical and/or mental conditions;
 - vision-any relevant vision information (should be included in the child's IFSP/FSP) For a child 0-3 use Hearing and Vision Screening. For a child 3-6 years old use CBA to keep sections of FSP current;
 - hearing-any relevant hearing information (should be included in the child's IFSP/FSP) For a child 0-3 use Hearing and Vision Screening. For a child 3-6 years old use CBA to keep sections of FSP current;

Family Assessment of the Child's Resources, Priorities and Concerns

When using the term "family assessment", this should not imply that Early Interventionists should "assess" or evaluate the family. It simply means that family members are invited to share information, on a voluntary basis, to help service providers understand their concerns, priorities and resources related to supporting their child's development and learning and any other issues the family may want help to address. Identifying the families concerns and priorities helps the IFSP/FSP team develop functional goals and identify the services, supports and strategies to accomplish those goals. The identification of family resources helps the team know what family supports and strengths are already in place to address the identified goals. Information gathered should be documented on Section 7 of the FSP and IFSP-See Attachment #2.

Information is usually gathered through conversations with the family. Parents need to know why the information is being discussed, how it will be used and where it will be kept. The most important factor in gathering family information is the relationship that develops over time with the provider and family members. Therefore, various conversation methods and relationship building techniques yield the most valuable information.

Sharing this information helps to identify difficulties that providers may problem-solve with families. Moreover, providers and parents can determine the routines in which to embed interventions and learning opportunities. For example, if a child loves her bath-time, it may be a natural opportunity to encourage the learning and use of more words, improving balance, reaching for and grasping toys, etc...

With the family's consent the Family Assessment must be completed on an annual basis *prior to* the IFSP/FSP annual plan meeting.

Other Assessments:

Early Childhood Outcomes-Early Childhood Outcomes are a way to measure the impact that Part C services have on the development of infants and toddlers with different needs and abilities. Congress added these child and family outcomes to IDEA in 2004, and each state's Part C program must report data to OSEP using the same outcomes. Data regarding the child outcomes is captured when the child enters the program and when they leave the program. The child outcomes are:

- **Making and keeping positive social relationships;**
- **Acquiring and using knowledge and skills; and**
- **Taking appropriate action to meet needs.**

For children who are found eligible for BabyNet, child outcomes are captured on the Child Outcome Summary Form (COSF). This form asks the Service Coordinator to consider and report on what is known about how this child behaves across a variety of settings and situations. Service Coordinators should also compare the child's skills and behaviors to those of his/her same age peers. These scores are determined by the team based on observations of the child as well as any written reports and entered into TECSPOT. This data must be collected for all children who are between the ages of birth and 30 months at the time of the initial IFSP and those that have been enrolled in the BabyNet system at least 6 months prior to exit.

Family Outcomes are captured using a Family Outcome Survey that is sent directly to families that exit the BabyNet program by the Team for Early Childhood Solutions (TECS). Our role in the family outcome process is to inform the family about the survey and encourage their participation. The family outcomes are:

- **Know their rights;**
- **Effectively communicate their children's needs; and**
- **Help their children develop and learn.**

Reporting of Abuse/Critical Incidents-In the event of a finding of abuse or the occurrence of a critical incident, the Early Interventionist is responsible for completing a Report of Abuse or Critical Incident (per DDSN Directive 534-02-DD: Procedures for Preventing and Reporting Abuse, Neglect, or Exploitation of People Receiving Services from DDSN or a Contracted Provider Agency).

Level I/II Assessment must be completed no more than 10 days prior to transfer to Service Coordination.

SECTION 6B: ASSESSMENT OF CHILD'S PRESENT LEVEL OF FUNCTION	
Date of IFSP	Child's Name
Child's <input type="checkbox"/> Chronological or <input type="checkbox"/> Adjusted Age at time of CBA: _____ years _____ months	
CBA Tool: <input type="checkbox"/> AEPS <input type="checkbox"/> HELP <input type="checkbox"/> Carolina Curriculum	Name and agency of CBA Provider <i>please print</i> :
<p>Overall strengths of child, successful strategies used in the assessment, and factors that may have affected assessment process</p> <p><i>Provide a brief narrative of the assessment situation, and participants. Include any unique strengths the child demonstrated in performing assessment items, strategies found to be successful with the child in conducting the CBA, and any factors that may have affected the child's performance during the assessment process.</i></p> <p><i>All domains must be assessed and reported for development of the Initial and Annual IFSP.</i></p>	
CBA Results for Social –Emotional Domain	
Social-emotional skills child currently demonstrates:	
<p><i>For each domain of development, the following must be reported:</i></p> <p><i>Skills the child currently demonstrates: (AEPS: 2s, HELP: +s): List 3-5 CBA items representing the highest level of development across all appropriate strands within this domain.</i></p>	
Skills newly learned/emerging:	
<p><i>Skills newly learned or emerging: (AEPS: 1s, HELP: +/-s): List 3-5 CBA items representing newly learned skills across all appropriate strands within this domain. If using the HELP, include only the skills scored as a +/- that appear within 3 months on either side of current level of development.</i></p>	
Skills not yet learned: Skills not yet learned:	
<p><i>(AEPS: 0s, HELP: -s): List 3-5 CBA items representing skills/behaviors the child has not yet learned across all appropriate strands within this domain. If using the HELP, include only the skills scored as a +/- that appear within 3 months on either side of current level of development.</i></p>	
Percentage of Delay in this domain:	
Date CBA conducted	Signature of CBA Provider

SECTION 7: FAMILY'S RESOURCES, PRIORITIES, AND CONCERNS (VOLUNTARY BY FAMILY)

Family declined family assessment of resources, priorities, and concerns Parent's initials: _____

Date Family Assessment completed: _____

I have questions about or want help for my child in the following areas (check all that apply):

1. ___ Moving around (crawling, scooting, rolling, walking)
2. ___ Ability to maintain positions for play
3. ___ Talking and listening
4. ___ Thinking, learning, playing with toys
5. ___ Feeding, eating, nutrition
6. ___ Having fun with other children; getting along
7. ___ Behaviors/appropriate interactions
8. ___ Expresses feelings
9. ___ Toileting; getting dressed; bedtime; other daily routines
10. ___ Helping my child calm down, quiet down
11. ___ Pain or discomfort
12. ___ Special health care needs

Other: _____

Family's remarks regarding concerns identified about their child (including any not listed):

I would like to share the following concerns and priorities for myself, other family members, or my child (check all that apply):

1. ___ Learning more about how to help my child grow and develop
2. ___ Finding or working with doctors or other specialists
3. ___ Learning how different services work or how they could work better for my family
4. ___ Planning for the future; what to expect
5. ___ Parenting skills
6. ___ People who can help me at home or care for my child so I/we can have a break; respite
7. ___ Child care
8. ___ Housing, clothing, jobs, food, or telephone
9. ___ Information on my child's special needs, and what it means
10. ___ Ideas for brothers, sisters, friends, extended family
11. ___ Money for extra costs of my child's special needs
12. ___ Linking with a parent network to meet other families or share information (P2P PTIC CRS)

Other: _____

Family's remarks regarding identified priorities of the family (including any not listed):

Strengths, resources that our family has to meet our child's needs (**must** include statement of family's home and community routines and activities):