

Chapter 2

A Multifactor Ecocultural Model of Assessment and the Assessment Process

*I*mproving learning, social, and emotional experiences and enhancing competence for all young children—the ultimate goals of preschool assessment as presented in this text—are grounded on six fundamental assumptions:

1. Assessment is a dynamic and complex process that addresses various purposes. Moreover, it needs to be ongoing, to reevaluate the changing needs of the child at home and at school.
2. Children develop embedded in a culture(s) consisting of home, school, and community. They, in turn, change their environment by their presence and their behavior. These sociocultural influences must be accounted for in the assessment process, and assessors must be knowledgeable about local community influences. Family functioning needs to be a central area of concern.
3. Whenever possible, assessment needs to include observation of the young child in a familiar environment and to include meaningful structured and unstructured tasks.
4. Assessment and intervention planning centered on instruction and/or behavior change need to be considered as reciprocal processes, in which assessment guides and evaluates the effectiveness of instruction and intervention strategies.
5. Assessment is a collaborative process involving multiple individuals—classroom teachers, caregivers, and early childhood specialists (such as school psychologists, speech therapists, special educators, social workers, occupational and physical therapists, and pediatric physicians/nurses). Family members need to be involved as full partners throughout assessment and intervention.
6. The focus of assessment can be on consultation with the parent and/or teacher, rather than directly on the child.

These assumptions are addressed throughout this book.

As noted in Chapter 1, preschool assessment serves multiple functions. Specifically, it enables assessors to (1) describe children's strengths and needs across developmental areas, in order to plan instruction and other forms of early intervention; (2) predict possible developmental delay and academic preparedness for school; (3) determine eligibility for special education, including the possible causes of behavior and specific recommendations for intervention; (4) consult with teachers in order to adjust teaching activities, monitor progress, and set goals; (5) plan and monitor family intervention activities; (6) evaluate the effectiveness of teaching and intervention programs; (7) inform administrative planning related to service and staffing needs; and (8) evaluate programs for purposes of accountability. Different types of assessment are needed to address these multiple purposes (see Figure 2.1). Assessment for purposes of accountability has taken on a major role in the NCLB legislation of 2001 in the United States, with tests used to evaluate the progress of Head Start children twice a year in language, literacy, and pre-math skills. The narrow focus of this law on cognitive development as the critical factor in evaluating children's school readiness, without consideration of children's physical development, health, social competence, and emotional development, is controversial for a number of reasons (Meisels & Atkins-Burnett, 2004; Raver & Zigler, 2004). We discuss this issue in this chapter and throughout this text.

There are numerous, often interrelated approaches to preschool assessment; these can be used individually or in combination, depending on the assessment purpose. They

Assessment of child (ages 3–5) referred for suspected disability (Not in a preschool) (In a preschool program)	→	Comprehensive individual evaluation; determination of eligibility for services (Classroom observation not possible) (Classroom observation important)
Reevaluation at age 3 if child has been in a birth-to-3 program or when child enters kindergarten (transition from one program to another)	→	The nature of the disability will guide the forms of assessment used
	→	Appropriate programming and support
Broad-scale screening for possible developmental delay	→	Depending on results, outcome may be either individual evaluation or ongoing observation and prereferral intervention
Screening prior to kindergarten (“readiness”)	→	Covers health and academic preparedness
	→	Should not exclude children, but should lead to appropriate programming in kindergarten
Screening prior to grade 1	→	Should lead to appropriate programming, not to retention or placement in a transition classroom
Ongoing classroom screening	→	Observation, curriculum-based assessment to track progress and update goals
Evaluation of an intervention's effectiveness	→	Assessment pre- and postintervention
	→	Changes to intervention (as necessary/ appropriate)
Research and program evaluation	→	Accountability outcomes; assessment of intervention's effectiveness

FIGURE 2.1. Types and outcomes of assessment.

include interviews, informal and formal methods of observation, norm-referenced testing, criterion-referenced testing, performance-based or curriculum-based assessment, play assessment, dynamic and strategy-based approaches, work sampling, parent and teacher consultation, and family-based procedures. Examples of each of these approaches are described throughout this text, and they need to be viewed in relation to what each approach can contribute to understanding children and their learning environments. There is no reason to hope or imagine that one assessment approach will answer all questions. Rather, multiple methods need to be used to explore questions of interest. As Abbott and Crane (1977) pointed out many years ago, “the method of assessment used with young children is not as important as the accuracy and appropriateness of the technique in relation to what is being assessed” (p. 118).

In addition to the purpose(s) for which assessment is carried out and the approach(es) that are employed, a number of critical factors will affect all types of assessment. These include the sheer number of children needing to be served; cultural and language diversity among children, and the assessor’s cultural sensitivity, knowledge, and insight; availability of specialized personnel trained to assess and serve preschool populations, including those at risk, those with low-incidence disabilities, and those coming from backgrounds different from the mainstream culture; the range of program and intervention options available; state and local mandates; the adequacy of financial support; and other pragmatic factors. The interplay of these factors will affect the nature and outcomes of even the best-planned assessment programs. The purposes of this chapter are (1) to consider essential features of a multifactor ecocultural model of assessment, and (2) to provide an overview of issues and procedures involved in the assessment process.

A MULTIFACTOR ECOCULTURAL MODEL OF PRESCHOOL ASSESSMENT

In our multifactor ecocultural model of preschool assessment, assessment is viewed as an ongoing problem-solving task with the goals of understanding the child within his or her daily environments and planning appropriate instruction or other forms of intervention. The work of researchers such as Bandura (1978, 1986), Hobbs (1975), and Sameroff and MacKenzie (2003) has been key to our understanding of the reciprocal interactions among adult and child characteristics and behavior, within the context of diverse environments and situations. This interplay of adult, child, environmental, and situational factors sets the stage for children’s skill development and behavior. An ecological model of assessment is therefore endorsed by most authors in this field (e.g., Bailey & Rouse, 1989; Bagnato, 1992; Bracken, 2000; Barnett & Carey, 1992; Boehm & Sandberg, 1982; Boehm & Weinberg, 1997; Lichtenstein & Ireton, 1984; Lidz, 1983a, 1991, 2003; Nagle, 2000; Paget, 1985, 1990; Paget & Nagle, 1986; Thurman & Widerstrom, 1990). That is, assessors need to collect information from and about all of the persons and settings relevant to a child. We refer to our model as *ecocultural* rather than simply *ecological*, because of our emphasis on how children’s ethnic, cultural, and linguistic backgrounds affect their development and their interactions with assessors. While children from different backgrounds achieve many developmental milestones at roughly the same time, cultures value behaviors differently. Paget (1990)

succinctly states the issues: “Whether assessing social, cognitive, language, or motor functioning, we must remain open to the possibility that the questions and tasks we present to a young child may not be making contact with the child’s understanding of the world” (p. 107).

Roles of Preschool Assessors

Constructs that guide assessment roles include obtaining and organizing information regarding children’s strengths, limitations, and learning styles; supports needed from others; and the nature of family systems and learning environments (Barnett, 1984). Comprehensive assessment of preschool children therefore requires consideration of behavior in the classroom, at home, and during interaction with peers (Boehm & Sandburg, 1982; Bracken, 2004; Lidz, 2003; Nuttall, Romero, & Kalesnik, 1999). Moreover, assessors need to look beyond individual child factors and take into account (1) instructional practices, including adults’ providing a stimulating and caring environment, using reinforcement to encourage learning and appropriate behavior, serving as language models, providing bridges to learning, and being sensitive to stress and other behavioral and emotional signals; (2) the belief systems and goals of parents, caregivers, and teachers; and (3) the characteristics of a child’s environments (including both stressors and buffers, as described in Chapter 1). Parent and teacher consultation is an essential aspect of this process and provides a “foundation for assessment because it is based on problem solving and a collaborative relationship between participants” (Bagnato, 1992, p. 6). Finally, current literature (see, for example, Boehm, 1990, 2001; Ginsburg, 1997a; Peverly & Kitzen, 1998; and Lidz, 1991, 2003) points to the importance of understanding the cognitive processes that underlie learning goals, along with the problem-solving strategies used by young children and the adult supports needed for successful functioning.

Focusing on assessment for early intervention with infants and toddlers, Bagnato (1992) recommends a collaborative approach by a team consisting of family members and professionals in decision making. The comprehensive multidimensional model for assessment and research detailed by Bagnato and Neisworth (1991), and Bagnato, Neisworth, and Munson (1997) includes the use of (1) multiple measures of different types (including curriculum-based and other alternative assessment procedures to gather converging information about children); (2) information gathered from multiple sources and across multiple environmental contexts; (3) information collected across multiple developmental areas and across time; and (4) multiple assessment functions, including description, placement, prediction, and prescription. Linking assessment to curriculum and intervention planning is a key outcome gained through integrating the information gathered and through collaborative problem solving. Parents need to be involved and enabled throughout the process to support the child’s development and experiences at home and at school. The work of Paget and Barnett (1990) and Barnett and Carey (1991), and the model proposed by Bagnato and Neisworth (1991), serve as the foundation for the multifactor ecocultural model employed throughout this book. Building on this basic model, we emphasize understanding the interplay of children’s multiple environments, along with their cultural and linguistic diversity. The interrelated components of comprehensive preschool assessment need to be carefully planned and systematically carried out. The sections that follow describe some of the key considerations assessors need to keep in mind as they address different assessment purposes. Figure 2.2 is a graphic summary of such considerations.

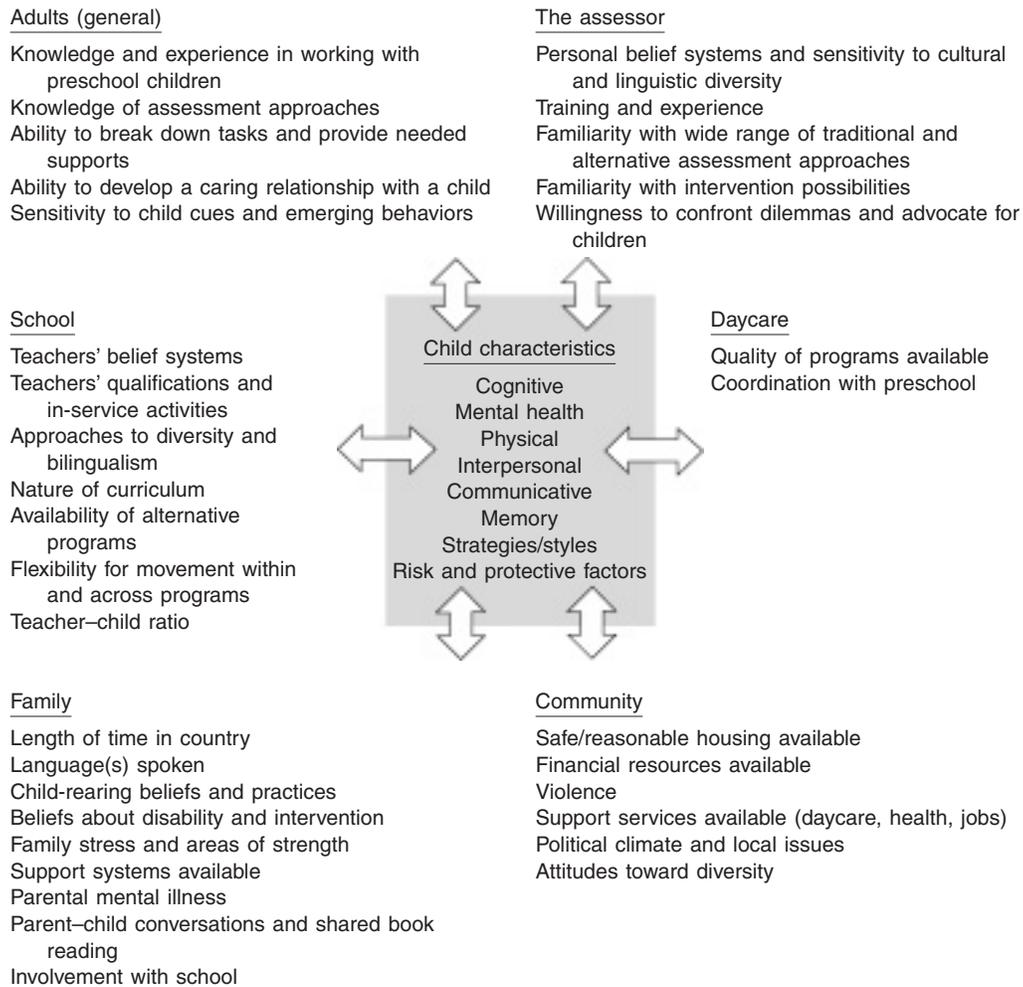


FIGURE 2.2. Key considerations in early childhood assessment.

Language and Cultural Diversity of Local Student Populations

As noted in Chapter 1, the face of North American education is undergoing radical change, with increasing numbers of children from minority and linguistically diverse backgrounds. In particular, the number of Hispanic children has increased dramatically in the United States. In 2000, Hispanics of any race constituted 16.24% of the U.S. population under 5 years of age, as opposed to 9.31% of the 40- to 44-year-old population (U.S. Census Bureau 2002). Some cities (Miami, Los Angeles, New York, Chicago) and states (California, Colorado, Florida, Illinois, New York, and Texas) already have very large numbers of Hispanic children for whom English is their second language. As of October 2003, 20.1% of all nursery and kindergarten children in the United States had at least one foreign-born parent, but this was true of 62.2% of all Hispanic children in this age group (U.S. Census Bureau, 2003). Many of these children come from immigrant families that tend to be living in poverty. Preschool-age children from these families attend preschool at slightly less than half the

rate of their non-Hispanic white counterparts (55% vs. 39%), and they tend to do poorly in U.S. schools in reading and all other academic areas as early as grade 1, “demonstrating low performance even when they are taught and tested in Spanish” (Goldenberg, 1996, p. 10). Gersten and Woodward (1994) cite research indicating that larger numbers of Hispanic children than the national average (1) are retained, (2) drop out of school, and (3) have parents who have had little formal education. Their parents, however, have high expectations for their children’s education as a road to success in life.

Moreover, as Goldenberg (1996) points out, the Hispanic population is extremely diverse, with large numbers from families from Mexico, South America, Puerto Rico, Cuba, and other parts of the Caribbean. And, of course, many, many other immigrant groups are now also represented in U.S. schools—numerous Asian groups, as well as increasing numbers of children from Eastern Europe and Africa. Although these population changes are almost staggering in their complexity, they must be reflected in assessment practice and in assessors’ knowledge base and sensitivities, such as considering which children are referred and for what reasons. IDEA 2004, major professional organizations, and the current literature all call for assessment to be carried out in an unbiased manner and in a child’s predominant language.

The importance of cultural and background factors in assessment models has consistently been emphasized in the research literature. A number of examples are the social learning theory model of Bandura (1978) and the ecological model proposed by Paget and Nagle (1986), although Keogh and Becker drew attention to these same issues as early as 1973. Paget and Nagle (1986) urge that preschool assessors assume a perspective in which both child variables and environmental influences are viewed as reciprocally influencing each other and mutually determining assessment results. This view requires assessors to spend considerable time developing their understanding of the populations they are to serve and assuring the use of appropriate practices (see Chapter 9).

A major, ongoing issue with critical implications is the disproportionate representation of several language and ethnic minorities in special education classes. Gersten and Woodward (1994) cite evidence indicating that many teachers, when faced with children who do not speak English, are uncertain and stressed about how to proceed. As a result, they often turn to special education for assistance when these students are experiencing difficulties. Frequent outcomes include misidentification, misuse of tests, and misplacement of language minority children into special education. The same problems relate to some ethnic minorities, including African Americans and Native Americans. Gersten and Woodward (1994) go on to identify a widespread paradoxical condition that consists of both overreferral and underreferral. In some districts, Hispanic students are often erroneously diagnosed as having LD or mental retardation; in other districts, teachers are reluctant to refer language minority children for special education services, fearing charges of discrimination. Furthermore, few support services are available in many locations for students speaking languages other than English until they are reasonably proficient in English. Continuing problems with school success in Hispanic and other language minority populations, and state and district accountability for addressing them, are a major emphasis of the NCLB legislation in the United States.

The Critical Importance of Assessing Environments

Environments are complex and multifaceted in their influence on child functioning (see Chapter 5). Assessing home, school, and community environments is indeed difficult (teachers, parents, or others often feel judged, and the process takes time); as a result,

unfortunately, it is not a systematic part of many screening approaches or in-depth assessment. Therefore, most screening and diagnostic assessment outcomes need to be viewed cautiously, and the following question should be raised: “To what extent does the assessment process consider the features of each environment’s physical settings, instructional practices (both direct and indirect or inadvertent), and interactions among key individuals and agencies, all in relationship to families’ cultural beliefs and child-rearing practices?” Unfortunately, it is often impossible for individuals conducting outside evaluations, school “roundup” screening, and large-scale developmental screening to take this question into account. However, direct observation and reported information concerning daily environments are key to the ecocultural assessment of children determined to be at risk, in order to understand the reciprocal interactions of the child, home, school, and community. These are critical to the development of IEPs, recommendations, and instructional or other forms of intervention.

In addition to understanding the developmental status of children, along with child and family risk and protective factors, it is particularly important to consider educational expectations and teacher beliefs as they guide curricular practices at each of the preschool levels (age 3 through kindergarten) and the scope of programs available. More specifically, it is important for assessors in educational/caregiving environments to obtain information about how the child interacts with family members (when present), teachers, other adults, and peers; routines, materials available, and instructional approaches and curricula used; and the caring relationships and supports that are present in each setting. For example, within classroom environments it is important to observe instructional activities, physical arrangements, access to educational materials and toys, the use of feedback, and specific adaptations used by teachers to meet children’s needs and support learning (see Chapter 5, for a discussion of these issues). The assessor who is not able to conduct observations in relevant settings over time needs to construct the assessment situation to include not only tests or curriculum-based materials, but culture- and age-appropriate play activities to capture important child behaviors in a familiar context. The assessor must also work with parents, obtaining their past observations and checking out whether or not assessment outcomes are consistent with their observations; teachers need to be contacted for their observations as well, where appropriate.

Using a Developmental Perspective to Guide Practice

The preschool years are years of rapid development for all children. This development is likely to be an uneven process, with spurts of growth across areas such as comprehension, language, motor functioning, and play interactions. Children also present individual differences in how they learn and in what they have learned in the past. As noted in Chapter 1, it is therefore necessary for assessors to be familiar with both typical and atypical developmental milestones that are culturally appropriate and take into account the past learning experiences of each child. A multifaceted approach, in which assessors use a variety of methods to collect information from many sources, provides a comprehensive picture of children’s development across domains.

Integrating Assessment with Intervention

From the beginning, assessment and intervention need to be viewed as reciprocal activities and as ongoing processes. Assessment supports intervention in many ways: through

(1) monitoring children's progress; (2) guiding the choice and sequencing of teaching objectives; (3) providing a basis for communication with parents; (4) facilitating the diagnosis and treatment of children with special needs; (5) monitoring the effectiveness of intervention activities and programs; (6) contributing to teachers' and schools' accountability for students' learning; and (7) furthering public understanding of young children's development. Dangers include (1) a narrow focus for purposes of accountability on paper-and-pencil tests, as well as on cognitive and preacademic results rather than a comprehensive approach across developmental domains; (2) inadequate consideration of cultural issues, such as proficiency with the English language; and (3) basing high-stakes accountability judgments on the results of a single test. The Goal 1 Early Childhood Assessment Resource Group (Shepard, Kagan, & Wurtz, 1998) formulated the following safeguards: Assessment must consider all domains of development, be carried out in natural learning contexts with familiar tasks, be linguistically appropriate, be carried out by multiple observers, be addressed to the specific purposes and ages of children for whom it is intended, and "bring about positive benefits for children and increased understanding for parents and teachers" (p. 11). These safeguards are consistent with the model developed in this book. However, they require appropriate funding, which is often not available in financially stressed schools (Schemo, 2004).

Since assessment serves multiple purposes, it is natural that its outcomes be used for multiple forms of intervention, including prevention; enrichment; psychotherapeutic and behavioral treatment; curriculum-based remedial activities; and other special education services, such as speech therapy and appropriate schooling for children with physical disabilities or developmental disorders. Although some assessment specialists (e.g., Braden & Plunge, 1994) have indicated that psychologists have long linked traditional assessment to planning intervention, others (e.g., Meisels, 1999; Reschly, 1988) dispute their views and criticize traditional assessment as requiring high levels of inference, as not directly linked to outcomes or performance measures, and as promoting a focus on child pathology in problem identification. Braden and Plunge (1994) have countered that valuable criticisms such as these are often used to polarize the issues, to justify the elimination of traditional assessment methods, and to present alternative approaches to assessment as incompatible with traditional approaches. We believe that a balanced view is appropriate—a position consistent with the "flexible assessment" position endorsed by the School Psychology Educators Council of New York State and the New York Association of School Psychologists (Lidz et al., 1999), which allows professionals to use "considered" choice in decision making.

Because intervention is an integral component of assessment, a number of goals and opportunities for intervention are indicated below. These can and should be considered in the development of assessment procedures.

1. *Intervene early, before persistent educational and/or emotional problems develop.* Early intervention can take a number of forms, one of which is prereferral intervention. In this case, observation and consultation with parents and/or teachers are used to develop a short-term prereferral plan, to recommend modifications in instruction or responses to behavior, or to alter aspects of the physical environment. The outcomes of these activities are then evaluated and modified. Only if the problem persists is a referral made for formal evaluation. This approach is particularly important for children who perform at borderline levels based on developmental or readiness screening, or who are demonstrating behavioral problems.

2. *Offer enrichment programs.* Enriched instructional opportunities can be provided for children whose environments may place them at risk. Such enrichment can take place at home, during preschool, during the early years of schooling, or through parent programs, and it is often essential for developing emergent literacy skills. Examples of parent programs that can take place in the home or in workshops at school are those helping parents to provide activities that foster child development, to manage behavior, to engage in intergenerational literacy activities, or to learn about nutrition and healthcare. Another form of enrichment can take place within the context of the school program. Goldenberg and Gallimore (1991), for example, demonstrated a successful change process when specialists met regularly with teachers of Hispanic children to discuss child development, to enrich their curriculum and track small steps, and to involve parents. Webster-Stratton and her colleagues have developed and validated teacher-, parent-, and child-focused interventions that increase children's social skills and understanding of feelings, academic engagement, school readiness, and cooperation with teachers, in addition to decreasing behavior problems at home and in school (Webster-Stratton, Reid, & Hammond, 2004).

3. *Focus on teachers' beliefs and instructional interactions.* The nature of instruction and of teachers' beliefs makes a significant contribution to children's development. Where teachers hold high but realistic and developmentally appropriate expectations, children perform better (Goldenberg & Gallimore, 1991; Ysseldyke & Christenson, 1988)—and teachers are judged by observers to have higher quality classrooms than those who endorse developmentally inappropriate beliefs (McCarty, Abbott-Shin, & Lambert, 2001). Questions such as the following are important: Do teachers believe there is one correct way of delivering material, and that it is up to children to understand it? Or do teachers continually create new ways of presenting material if it is not understood? To what extent do teachers establish a supportive learning environment and use positive motivational strategies? Thus assessors (often as members of a screening team) must become familiar with local instructional practices used at the preschool and kindergarten levels, and with what is expected once children enter first grade. Often teachers need a support system that includes ongoing training and consultation. The Success for All program (Slavin et al., 1994), for example, is based on the belief that reading failure in the primary grades is preventable. The program focuses on prevention and immediate intensive intervention in the context of the classroom. The program involves three components: (a) curriculum revision to foster excellent instruction in prekindergarten, kindergarten, and the primary grades, with regular periods for reading and writing; (b) one-to-one in-class tutoring support if problems begin to surface; (c) parent support, with a team at school available to make families feel comfortable in the school and involve parents in providing support for their children; and (d) regular reassessment of child performance and consultation with teachers. The naturalistic intervention design detailed by Barnett and Carey (1992) and Barnett, Bell, and Carey (1999) is another excellent example of ecobehavioral analysis of interacting environmental systems. Here the focus is on identifying important behaviors needed for children to be successful and on developing interventions that easily can be incorporated into the routines of caregivers. This approach seeks to capitalize on everyday incidental activities (shopping, play, and mealtime) as opportunities for practice and learning at home and in the classroom. Examples of effective instructional interventions based on these principles are recent studies conducted in Head Start Programs that (1) significantly increased rhyme detection over control groups by embedding it in introductory and closing singing during circle time (Majsterek, Shorr, & Erion, 2000), (2) significantly increased children's vocabulary at the end of the year over control classrooms by training teachers in specific storybook reading and conversa-

tional strategies that promoted language development (Wasik, Bond, & Hindman, 2006), and (3) significantly increased math ability and enjoyment over control classrooms by training teachers in how to promote emergent math skills and interest during daily routines (Arnold, Fisher, Doctoroff, & Dobbs, 2002). The positive behavior supports model is similar in its ecological systemic approach to intervention with children with severe disabilities (Lucyshyn, Dunlap, & Albin, 2002).

4. *Promote emotional and social competence.* Emotional development is as important as cognitive development in the later academic success of young children (Raver, 2003). Emotional skills and regulation play a key role in the development of children's interpersonal relationships, problem-solving behaviors, and readiness to learn. From longitudinal and early intervention studies, it is clear that emotional and behavioral problems appear very early in life and can quickly become entrenched and difficult to remediate if professional help is delayed until children start formal schooling (U.S. Department of Health and Human Services [DHHS], 1999). Thus social and emotional competence should be routinely assessed in early childhood programs, and curricula should be implemented as necessary to promote such competence (see Chapter 14).

5. *Develop strong parent-professional partnerships to support child development.* Families have a powerful role in shaping early child development, and yet they need the support of culture and of cultural institutions to perform this role successfully. The quality of parent-professional partnerships influences the ability of parents and professionals to work together for children's benefit, the parents' receptiveness to intervention, the professionals' willingness to learn from parents, and the quality of later such partnerships. Some professional practices that can promote these partnerships include a welcoming environment; respect for cultural diversity; positive and nonjudgmental interest in the whole family; maintaining confidentiality and keeping agreements; sharing information and resources; and focusing on parents' hopes, concerns, and needs (see Esler, Godber, & Christenson, 2002; Fish, 2002).

6. *Ensure the psychological and physical safety of children at home and in schools or daycare centers.* Early childhood professionals should be attuned to the quality of parent-child relationships and family life, and sensitive to negative changes in children's well-being. If abuse or neglect is suspected, it should be reported, and supports should be put in place to enhance the functioning of the child and the family. Although it may be difficult for school or center personnel to ensure that children are treated properly outside of the school or center building, abuse or neglect by staff or peers should be not be tolerated. Staff training in conflict resolution, appropriate discipline techniques, behavior management, and stress and anger management will provide teachers and caregivers with the support and resources to address problematic interactions as they arise (see Brassard & Rivelis, 2006). Abused children often inaccurately identify their own and others' emotional states, and are inclined to attribute negative intent to the neutral behavior of others (Crittenden, 1989). They often suffer from poor self-control and low levels of self-esteem and self-confidence (Fantuzzo, 1990). Teaching children to control, regulate, and modulate their emotions, and to cooperate with adults and peers, can significantly reduce aggressive and impulsive behavior (Webster-Stratton et al., 2004) that elicits negative responses from others.

Possible Barriers to Assessment and Intervention

Four sets of possible barriers to assessment and intervention are discussed below: family issues, system issues, professional issues, and measurement issues.

Family Issues

The work of numerous researchers highlights key issues that may impinge on the assessor–family relationship (Bailey & Wolery, 1992; Hanson & Lynch, 2004; Nihira, Weisner, & Bernheimer, 1994; Sameroff & MacKenzie, 2003). These include (1) assessors’ lack of openness to families’ culture or to parental input and style, along with parental skepticism or unwillingness to participate in assessment/intervention; (2) lack of available support to help families cope with stress and interact effectively with their children; and (3) lack of cooperation between home and school or other intervention settings, including lack of outreach to families or of assistance in interaction with other social service agencies.

System Issues

Considerable confusion and inequity may exist regarding the implementation of desired programs, policies, regulations, or procedures for children to qualify for services. It is essential, therefore, to consider policy issues that can hinder assessment or impede intervention. For example, although compensatory education programs such as Early Head Start, Head Start, and Title I represent the promise of equal educational opportunity regardless of SES or family income, these promises are often not kept. Only a small percentage of eligible children receive services, and these programs are particularly underutilized by children who have or are at high risk for disabilities, especially by those whose parents are in a minority group or are non-English speaking (Beauchesne, Barnes, & Patsdaughter, 2004; Peterson et al., 2004). Many poor or linguistically diverse children are placed in early childhood special education programs, with beginning reading often the basis of an LD designation (McGill-Franzen & Allington, 1991). Many states require the administration of developmental tests prior to entrance into Head Start and kindergarten, and children who are not able to perform these tasks may be referred for special education. Furthermore, Head Start programs need to serve a percentage of children with disabilities, and the children of poor families are those most likely to be labeled as having disabilities (McGill-Franzen, 1994). Researchers also point out that the focus of these programs is largely on child deficits, not school practices. And school districts widely engage in practices of retention or extra-year placements for low-achieving kindergarten children (Shepard & Smith, 1989). McGill-Franzen (1994) summarizes these issues well: “Many low-achieving children who formerly would have been called poor or educationally disadvantaged become handicapped instead” (p. 26), and these practices shape teachers’ beliefs. Other system issues that may constitute barriers include (1) strict or confusing state or local administrative policies, regulations, or procedures for children to qualify for services, as well as rigid bureaucracies; (2) lack of trained staff, limited or no time for training, and shortage of personnel from diverse backgrounds; and (3) lack of funding (Bryant & Graham, 1993; Peterson et al., 2004).

Professional Barriers

The knowledge, skill, attitudes, experience, and training of individuals who work with preschool children are all critical to appropriate assessment practices and to integrating outcomes into meaningful intervention. Many assessors have not been trained to work with preschool children and their families, are unfamiliar with the range of measures available, and are not familiar with the strengths and drawbacks of instructional prac-

tices used prior to grade 1. In addition, assessors need to have a comprehensive command of the research literature across developmental areas. This literature provides evidence on how children develop physically, learn, acquire language and their concepts of the world, and develop social-interactional behaviors. For example, the research literature on how young children acquire concepts and the errors they make on the path to mastery can be used to probe responses, provide the needed adult supports, and develop learning experiences.

Measurement Issues

A number of important measurement issues can constitute barriers to assessment and intervention at the preschool level. Among these are (1) the small number of reliable and valid measures for determining developmental delay; (2) the lack of instruments available in languages other than English (although the number of measures available in Spanish has been increasing); (3) the lack of understanding of how developmental norms and expectations may differ from culture to culture; and (4) practical difficulties related to professional training and cost. These issues are detailed throughout this book.

THE ASSESSMENT PROCESS: CHALLENGES AND CONSIDERATIONS IN PLANNING

Many educators and early interventionists are openly skeptical about the use of standardized testing for preschool children, citing the nature of such tests' demands for information-processing skills that young children do not possess, the negative influence of the tests' results on parents and teachers' perceptions about children, and many other objections. Of particular concern are screening practices that exclude children from entering kindergarten, and readiness screening prior to first grade that results in extra-year kindergarten or "transition" year placements. The arguments are well articulated by Genishi (1992), Kim and Kagan (1999), Martin (1988), Meisels (1989b, 1999), and Shepard et al. (1998), who point out the problems created by categorizing young children in this way. These include the following: Few allowances are made for differences in learning styles and developmental patterns; decisions are based on minimal samples of behavior, and often based on the use of unfamiliar tasks; children are labeled to receive services, usually on the basis of deficits alone; and the outcomes of many standardized tests used are not directly translatable into instruction or intervention. Martin (1988) is particularly concerned with the expression "at risk," noting that it is a "prediction of danger" and can become a self-fulfilling prophecy. Her concern that labeling children who encounter difficulty as being "at risk" often deflects attention from how the teacher and the classroom could adapt to the child's difficulties is well founded. Particularly problematic issues include (1) inappropriate labeling of children as "disabled" who are not disabled, in order for them to receive otherwise unavailable services; (2) use of labels that are irrelevant to instructional needs; (3) use of arbitrarily defined deficit categories, rather than a focus on the individual child's psychoeducational needs; (4) use of limited funds to determine eligibility rather than to develop effective educational programs; and (5) reluctance to take responsibility for modifying curricula and programs to meet diverse child needs (Dawson & Knoff, 1990). These issues present ongoing challenges to assessors and early childhood educators who are faced with federal and state mandates under the NCLB Act and IDEA 2004.

Professional organizations such as the NAEYC (2003) and the National Association of School Psychologists (NASP; Bracken, Bagnato, & Barnett, 1990; Dawson & Knoff, 1990) spell out essential principles for assessors at the early childhood levels. Assessment is simply “a means for answering questions about young children’s knowledge, behavior, skill, or personality” (Meisels & Atkins-Burnett, 2005). As such, it needs to be conducted in relationship to specific purposes. We believe that all preschool assessors should engage in developmentally appropriate practices; that standardized tests should be used only when they are appropriate for improving services for children and making sure they benefit from their educational experiences (NAEYC, 2003); and that such tests must be reliable and valid for their purposes. Their contribution depends on what information they yield, how this information is used to guide instruction or behavioral intervention, and how it is used to document progress.

The principles described thus far, however, are often compromised. The bottom line involves the financial resources of communities, schools, and other agencies, as well as current pressures for accountability. In other words, in addition to getting assessment done according to state timelines, there is often pressure to use the least expensive procedures. Once children enter kindergarten, this sometimes involves using outside assessors at the lowest acceptable level of training—who often lack familiarity with the school’s structure, curriculum, student population, programs available, and local issues, and who often bypass such appropriate practices as observation in the classroom or the home.

Challenges to the Assessment Process

In order to achieve the multiple goals of assessment, a number of major challenges need to be taken into account, including the effects of labeling; child characteristics and differing responses to variable learning demands; and characteristics of the testing situation. (Technical issues related to assessment approaches are covered in Chapter 3.) Each of these concerns is addressed briefly in the sections that follow and throughout this text.

Effects of Labeling

Some specialists raise important questions about the potential negative effects of labeling and the overall poor predictability of early childhood measures to later school achievement (Adelman, 1982; Genishi, 1992; Hobbs, 1975; Keogh & Becker, 1973; Lichtenstein & Ireton, 1984; Lidz, 1983b; Linder, 1996; Meisels, 1985, 1989b). An early NAEYC (1988) policy statement on standardized testing also raised cautions about “the possible effects of failure on the admission test on the child’s self-esteem, the parents’ perceptions, or the educational impact of labeling or mislabeling the child as being behind the peer group” (p. 44). This concern continues to be voiced by many teachers and early childhood specialists.

There are two major reasons why a label is assigned: (1) to determine eligibility for preschool special education services provided for by IDEA 2004; and (2) to identify children’s preparedness for kindergarten or first grade in order to place children into transitional classes or to hold them back or place them in classes for the gifted. A number of problems related to assigning labels for purposes of eligibility are addressed in a NASP (2003a) position statement, “Advocacy for Appropriate Educational Services for All Children.” Such problems include (1) mislabeling of some children as “disabled” because assessors lack knowledge regarding racial, cultural, and linguistic diversity, which would permit them to recognize developmental milestones in varying forms and design instruc-

tion to address diverse learning styles; (2) the irrelevance of labels to many children's instructional needs; (3) reduced expectations for children placed in special education; and (4) limited modifications of instructional programs to meet the diverse needs of children. Some specialists (Smith & Shakel, 1986) have advocated many years for broad, noncategorical labeling of children (e.g., "developmentally delayed"), rather than the use of existing special education categories in order to determine eligibility for special services. Such noncategorical definition has been possible for children ages 3–5 under Public Law 99-457, and has been extended through age 9 under IDEA 2004. Smith and Shakel (1986) have also suggested that "deferred diagnosis" may be a useful category for children who show defined developmental delays with unclear etiology. This category could be assigned a limited time (allowing assessment to take place over time) until either the delay is remedied or more accurate diagnosis can be made. The NASP Division of Early Childhood recommended that eligibility criteria include the noncategorical option of "developmental delay" and that intervention take place where possible in regular classrooms (NASP, 2003b). Issues related to labeling children as "immature" or as "not ready" for kindergarten or first grade are covered in Chapter 7. Issues related to determining giftedness are reviewed briefly in Chapter 11.

Child Characteristics

Preschool children's day-to-day behavior is highly variable (Boehm & Sandberg, 1982; Lidz, 1983b; Nagle, 2000; Ulrey, 1982), so that responses available one day or in one context may not be accessible the next day or in another context. There will be significant fluctuations in their day-to-day behavior, sudden growth spurts, and vulnerability to such events as the birth of a new sibling. Moreover, while early childhood specialists point out general stages and sequences of development, they also recognize that broad variation occurs in the "normal" patterns and time of development (NAEYC, 1988). Therefore, except in extreme cases such as developmental disorders and severe emotional problems where behavior is quite stable, the results of much preschool assessment need to be viewed as tentative. Test or observation results need to be confirmed through periodic observation and rescreening, and to be corroborated by other sources of information. Furthermore, development is highly interconnected across areas, so that outcomes of screening or in-depth evaluation in one domain (e.g., communication) must also be interpreted in relationship to other areas (e.g., the physical/motor, cognitive and socio-emotional domains) and to the environmental context.

In any review of assessment procedures and goals, it is also important to bear in mind some age-related characteristics of preschoolers that are highlighted in the literature (Boehm & Sandberg, 1982; Bracken, 2000; Greenspan & Meisels, 1996; Lidz, 2003; Nagle, 2000; Paget, 1990, 1991; Shepard et al., 1998; Ulrey, 1982), and that can make these children a challenge to assess:

1. Many preschoolers may be unfamiliar with the procedures required by the testing situation, such as test-taking skills, the materials presented, comprehension of the instructions (which might contain multiple steps or concepts they have not yet learned), and task demands.
2. Some children lack well-developed verbal skills, particularly when responding to unfamiliar adults, particularly if children have cognitive or language difficulties.
3. Young children's developing perceptual-motor skills may not match task demands.

4. Some preschoolers may have difficulty in separating from adults, which may result in distress, negativism, or oppositional behavior when the children are entering the assessment situation.
5. Limited ability to pay attention, as well as possible anxiety and other response tendencies, must be considered. Young children typically do not sit for long periods of time with focused attention; they move around a lot and are sensitive to distractions. Some preschoolers are shy, and their discomfort may result in task refusals.
6. Young children's tolerance for frustration is often poor, and they may not necessarily try to please the assessor and comply with task demands. They may become particularly frustrated with tasks they do not like or with repeated failure. Since they may not have the language skills to express their frustration verbally, they are more likely to express their distress behaviorally. Children from diverse cultures may have styles of expressing themselves that are different from those of the assessor.
7. Adults may need to demonstrate what is expected to a child in order for him or her to understand the task.
8. Children who have had preschool experience may relate more readily to a new adult—in this case, to the assessor.
9. Physical well-being, including health, hunger, or fatigue, may affect young children's performance more than that of older children.
10. Disability conditions, particularly those relating to vision, hearing, speech, language, and motor ability, may impede performance (see Bagnato & Neisworth, 1991, Paget, 1991, and Sattler, 2001, for guidelines for assessing children with low-incidence disabilities).

Other characteristics of young children help to offset these challenges, including the facts that they generally respond positively to adult attention, are spontaneous, are eager, and are interested in preschool assessment materials. Many are also delighted to have an enthusiastic adult focus all of his or her attention on them. Moreover, little children like to play, and the more play-like the assessment situation is, the more likely assessors are to obtain needed information. However, the session, while fun, should not be too play-like, in that the child should know that he or she is expected to comply with assessor requests and directives. We like Susan Vig's term "special work" to describe the assessment activities to the child (see Chapter 11). A child's response to assessment can vary greatly, depending on how the assessment situation is set up: (1) at one point of time in a strange room, with strange tasks and a strange tester; (2) within the context of play situations, with several observers watching the child engage in play with familiar objects; or (3) in the everyday context of home or classroom, allowing multiple observations in a familiar setting.

A major challenge comes when a child is referred by a parent or medical professional for developmental testing and is brought to a clinic where the opportunity for observation in a natural setting over time is not present. Under these circumstances, it is important for the assessor to spend time with the child in a play situation prior to testing, or to have the parent engage in a play activity with the child. Many assessors allow a parent to be present during the assessment or observe through a two-way mirror—not only to help the child feel more at ease, but to confirm whether or not the child's performance is typical, and to contribute other observations.

Finally, children's needs change over time. A verbal child who complies easily with the demands of nursery school may encounter difficulty in kindergarten when learning

letter–sound associations. A child with poor attention at age 3 may have settled down by age 4 or 5. Given these issues, the reliability and validity of preschool assessment measures and procedures present special challenges; we will return to this topic in later chapters.

The Assessment Setting/Situation

As suggested above, the characteristics of the testing situation itself and the procedures used can pose challenges to the assessment process. In most large-scale developmental screening programs, for example, a child may be brought to an unfamiliar environment and be seen by a team of strangers. Rarely does the screening take place in the classroom or home, or under conditions that simulate classroom or home learning situations (Adelman, 1982). However, a child may be highly distracted by the materials typically present in a home or classroom. An early childhood assessor therefore needs to be aware of alternative ways to put a child at ease and elicit the child's best responses, interest, attention, and cooperation. Effective strategies include being enthusiastic, using humor, playing with the child on the floor to establish rapport prior to formal assessment, and so forth (see, e.g., Paget, 1990, 1991). It is important to set up the room so that it is appealing and so that distracters (such as mirrors or other materials) are not easily visible or are removed. Toys, furniture, and other materials should be age-appropriate and should be adapted as necessary for a child with a particular disabling condition. Assessors need to provide the necessary physical and verbal supports for children to be successful (including modification of tasks and the pace of presentation to meet the needs of children with behavioral difficulties, sensory disabilities, or poor language skills), as well as praise for children's efforts. Other strategies we have found to be effective in engaging children's cooperation include the following: giving 3–5 minutes of play time after so many tasks; turning away from a child and not responding for a minute if a child is not cooperating, followed by warm praise for appropriate behavior as a child settles into the task; posting a pictorial schedule of the testing session on a Velcro strip (e.g., special work, snack, special work, play time, special work, a small reward) that a child can remove as each activity is completed; and use of a more elaborate token system or other reinforcement schedule. Strategies used should be described in the report. As emphasized throughout this chapter, assessors also need to be sensitive to cultural variation (i.e., to respond appropriately to behaviors that may be culturally appropriate but different from expected responses), and to engage in nonbiased administration and accurate scoring of assessment measures. A successful early childhood assessor needs to have had training and experience with a wide range of very young children, including those with various disabling conditions as well as with those who are gifted, and to know how to adapt tasks appropriately. Finally, an assessor needs to be alert to and observe the competencies a child demonstrates in an area not being assessed (i.e., spontaneous use of language, or fine and gross motor skills).

Considerations in Planning Assessment

A common set of questions applies to planning any assessment. The answers to these questions will shape the assessment plan.

1. *What is your assessment question? How will the results be used?* Most assessment questions can be answered in a variety of ways, depending on how the results will be

used. For example, consider the following question: How competent is a child socially and emotionally? If the purpose is to assess emotional skills in 3-year-olds to plan a curriculum, an informal teacher test of knowledge and use of emotional skills may suffice. If the purpose is to screen an early childhood population for potential emotional or behavioral problems, then a parent or teacher/caregiver screening measure designed for that purpose should be used. If a significant problem in emotional or behavioral functioning has been reported and the purpose of assessment is to rule in or out a diagnosis, then multiple measures with demonstrated validity for this purpose from multiple sources should be used to address the assessment question.

2. *From what sources will information be obtained?* The purpose of the assessment, the ease of obtaining information, and the quality of information that is likely to be obtained will all guide the sources of information to be used. For example, if a child is having great difficulty learning at school, an assessor might solicit informal observations by parents, teachers, and others; conduct parent and/or teacher interviews; administer a questionnaire or rating scales to multiple informants; observe the child in one or more settings; administer tests to the child; engage the child in play activities; and collect ongoing work samples. All are likely to provide useful information about how the child learns and when and why there are difficulties.

3. *How comprehensive will the assessment be?* The purpose of the assessment, the skills of the assessor, and the resources of the agency or school for whom the assessor works will all determine how comprehensive the assessment will be. In general, the more severe the problem that a child is having (or that those in a particular setting are having with a child), the more comprehensive the assessment will be. Diagnostic assessments are more comprehensive than developmental screenings or measures for planning instruction. They generally involve multiple sources of information and measures, and often professionals from multiple disciplines.

4. *How will children's strengths as well as difficulties be assessed, and what variables will be considered?* How will children's learning strategies be assessed across development areas? Given the problem-driven nature of many assessments, and the frustration often experienced by parents and/or teachers before referring a child, it may take a concerted effort on the part of assessors to identify areas of strength. Assessment across developmental areas (e.g., communication, interpersonal relationships), strategic interviewing to identify areas of emerging knowledge (see Chapter 7), and asking parents and teachers/caregivers about the child's strengths are ways of ensuring that a more complete picture of the child is obtained.

5. *In what ways will assessors review the technical adequacy of approaches used and become familiar with (and use) new and alternative approaches?* The technical adequacy of early childhood measures is highly variable. It is the ethical responsibility of all assessors to ensure that the measures they administer have demonstrated validity for the purposes for which they are used. Using unvalidated measures to make major life decisions for young children is unconscionable. Chapter 3 offers a guide to evaluating measures for this age group.

6. *How will families be involved in the process?* Preschool children are highly dependent on their families in every area; families are the most important context for children this age. Assessments that focus both on the child and on the family surround (including needs, strengths, and environmental supports, as well as stressors) are those most likely to lead to interventions that will be accepted by and useful for both the family and the child. Relationships forged as part of the assessment can lead to ongoing home-school-agency collaboration.

7. *How will home and school learning environments be assessed? What variables will be reviewed?* The development of environmental measures, and their use in home and educational settings (particularly the latter), have lagged behind the development of measures of the child. Parents and educational personnel are often sensitive about being evaluated and possibly implicated in a child's learning or behavior problem. Nonetheless, the quality of disciplinary and instructional approaches, the beliefs of parents and teachers, and the use of reinforcement and consequences are all casually related to competent child functioning. Assessment of such variables is an essential component of evaluating children in context (see Chapters 5 and 8).

8. *How will adaptations to cultural, language, or disability conditions be made?* The diversity of languages and cultural backgrounds in some North American school districts is so great that no school can have the personnel or expertise to provide culturally appropriate assessments for all children. However, various practices can be followed to minimize the bias inherent in evaluating children from cultural and linguistic backgrounds for which no appropriate normed tests exist, and from backgrounds not represented on the assessment team (see Chapter 9 for a review of these practices).

9. *What will intervention involve?* Intervention needs to be broadly conceived in order to promote child competence to the greatest extent. It may include activities and strategies directed toward child behavior and learning; changes in teaching content; modified instructional approaches; teacher in-service activities; special placements or intervention services; parent involvement outreach programs; family therapy; greater use of informal social support by families; family planning and health; and interaction with community organizations, agencies, or other services.

SUMMARY

In the multifactor ecocultural model of assessment presented in this chapter (and visually displayed in Figure 2.3), assessment is viewed as an ongoing problem-solving process that informs intervention. This process needs to take account of the child's interactions within his or her home, school, and community environmental contexts, including risk factors and buffers. Assessors need to be sensitive to diversity, to define their assessment question(s) clearly, and to use approaches that address this question and improve services for children and families. Information needs to be gathered from multiple sources and across contexts and time, using multiple approaches (especially observation). It is important as well to consider children's learning strategies and the supports needed from others to foster emerging behaviors and skills. Our idea of a consummate preschool assessor is someone who knows child development across all domains, and who is familiar with the full range from highly deviant to exceptional functioning. Assessors need to know what different cultures value and expect on the part of their children, as well as the range of early childhood environments children experience. They need to be aware of the major childhood disorders, and to seek information and consultation as necessary when they encounter less common disorders. They also need a sound understanding of psychometrics and must keep up with the research literature and identify areas they do not understand. Nothing can replace a combination of experience, training, and seeking knowledge. Assessment is a product of the professional and what he or she brings to the situation, including keen observational skills, knowledge of diagnostic procedures, the ability to develop plans drawing on a variety of intervention approaches, and an ability to work with others.

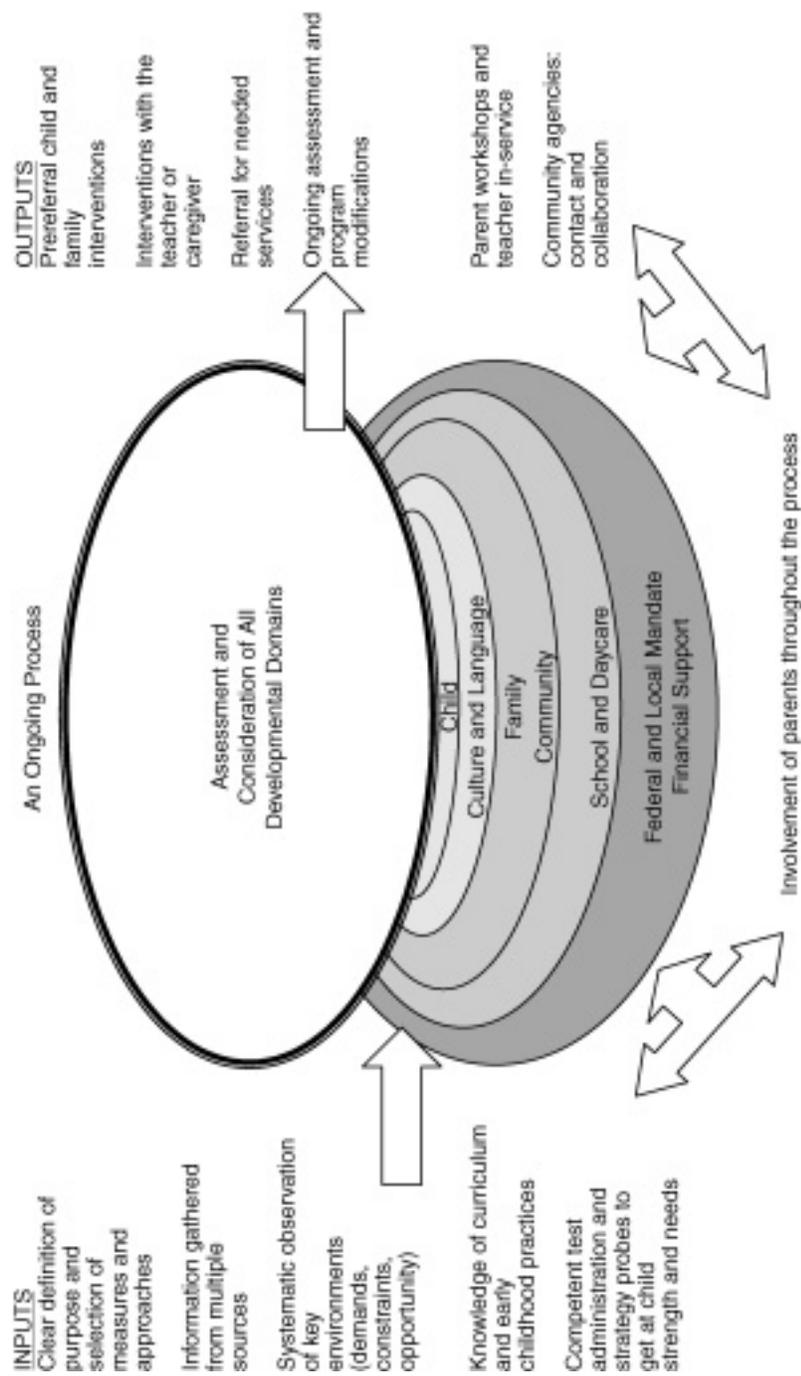


FIGURE 2.3. Multifactor ecocultural model of assessment: assessment ↔ intervention.