Assessment Using Measures of Infants, Toddlers, and Preschoolers: Public Law 99-457

- Established **Birth – 5 services** for infants and toddlers with disabilities
- Created the **IFSP**—Individualized Family Service Plan—including the related needs of the family of the child with disabilities
- **Assessment**—areas include physical challenges, developmental motor skills, functional communication skills, behaviors in specific situations, and developmental competence.

Assessment of Infants

Assessment of infants is complex. In order to determine if an infant has special needs, much information must be obtained by talking with the parents and caretakers of the infant. Other information is obtained by observation of the infant to determine if development is progressing as expected.
For example, when referrals are made to outside agencies, the family’s ability to visit those other agencies should be considered.

Assessment of infants often includes data and **reports from outside sources**. For example, reports from family physicians may be necessary in order to determine and meet the needs of the developing infant with physical disabilities or health related problems.

**Methods of Assessing Toddlers**

In order to evaluate toddlers a variety of methods may be employed. These include:

- developmental rating scales completed by the parents,
- standardized norm-referenced scales of development and cognition,
- informal and formal methods of assessing social interactions,
- play evaluations, and
- arena assessment.
• **Play evaluations**—observational informal assessment in a natural play environment.

• **Arena assessment**—technique that places the child and facilitator in the center of the team members for evaluation.

• **Interactive strategies**—strategies used by the examiner that encourage the child to use communication to solve problems.

• **Observations**—an informal assessment method of activities, language, and interactions in various settings.

• **Situational questionnaires**—questionnaires that assess the child’s behavior in various situations.

• **Eco-behavioral interviews**—interviews of parents and teachers that assess behavior in different settings and routines.
Terminology

- Developmental milestones
  - Significant developmental accomplishments

- Individual Growth and Developmental Indicators (IGDIs)
  - Tools to monitor student progress and assist with intervention design and modification

- Head Start
  - Ages 3-5 years
  - Early Head Start
    - Birth to 2 years

Both are federally funded programs that target the needs of low SES children.

Terminology, cont.

- Bayley Scales of Infant and Toddler Development, Third Edition (Bayley-3)

- Development Indicators for the Assessment of Learning–Third Edition (DIAL-3)
Why Do We Assess Infants, Toddlers, and Preschoolers?

- To guide instructional planning decisions for early childhood programs
- To develop individualized family service plans for students eligible to receive special education services
- Conduct program evaluations
- To facilitate eligibility decisions

Bayley Scales of Infant Development, 3rd Edition (Bayley-III)

- Assess the developmental functioning of children ages 1 to 42 months
- Development Domains
  - Cognitive
  - Language
  - Motor
  - Socio-Emotional
  - Adaptive Behavior
• Assessment of infants includes determining the infant’s everyday patterns in the areas of:
  • regulation,
  • cognitive development,
  • social development,
  • physiological development,
  • motor development, and
  • emerging speech and language development.

• Assessment of infants includes an evaluation of the family’s capacity for meeting the infant’s developmental needs.

• As part of the assessment, the family’s needs for caretaking, including available resources, must be determined.
Bayley-III, cont.

- Scores
- Norms
- Reliability
- Validity
- Summary

Developmental Indicators for the Assessment of Learning – 3rd Edition (DIAL-3)

- Assess the development of children ages 3-0 to 6-11 years
- Subtests
  - Motor
  - Concepts
  - Language
  - Self-Help
  - Social Development
DIAL-3, cont.

- Scores
- Norms
- Reliability
- Validity
- Summary

Dilemmas in Current Practice

- The performances of very young children is so variable that long-term prediction is not feasible.

- Must ensure there is appropriate linkage between the curriculum and test content if measuring current attainment and child progress.

- Students must be labeled to be eligible for certain preschool programs, but the act of labeling may set up expectations for limited pupil performance.
Eligibility for Services

**Developmental delays**—when an infant or child experiences delay in physical, cognitive, communicative, social, emotional, or adaptive development.

**At risk for developmental delay**—when a child is believed to be at risk for delay in one or more areas if interventions are not provided.

**Biological risk factors**—health factors, such as birth trauma, that place a child at risk for developmental disabilities.

**Environmental risk factors**—environmental influences, such as the mother’s young age, that place a child at risk for developmental disabilities.
PROGRAM OPTIONS

- **Family-centered programs**—program in which the assessment and goals are driven by the family’s needs and priorities.

- **Family focused programs**—programs in which the family’s needs are considered but goals and plans are reached through mutual agreement between the family and educational professionals.

Early Childhood Pre-Reading Skills

- **Phonemic awareness**—Comprehension of individual sounds that make up words.

- **Phonemic synthesis**—The blending of isolated sounds into a whole word.

- **Phonemic analysis**—The breaking up of a word into isolated syllables.
Phonemic synthesis:

\[ /k/ /\text{\textbar{a}}/ /k/ = \text{cake} \]

Phonemic analysis:

\[ \text{cake} = /k/ /\text{\textbar{a}}/ /k/ \]

Assessing Children Referred for Autism Spectrum Disorders

- Autism Spectrum Disorders—a grouping of pervasive disorders that are characterized by significant difficulties in capacity for social reciprocity, communication delays, and repetitive behavior patterns.

- Assessment involves observations and data collection from a variety of sources and environments, and should be developmentally appropriate.
The Spectrum

- 1980’s saw a better understanding of the broad diagnostic category that includes autism and other autism-like disorders. Autistic Disorder (autism) is now believed to represent only one part of a clinical spectrum or group of disorders collectively termed pervasive developmental/autistic disorders, which has five subcategories.

Diagnosis

- Licensed physicians; clinical psychologists
- Co-morbidity and confusion with other disorders
- Recognition at a very early age.
- Standardized instruments
• The Australian Scale For Asperger's Syndrome
  Tony Attwood, PhD. questionnaire designed to identify behaviors and abilities indicative of AS in school age children.

• The Vineland Adaptive Behavior Scale

• The PDD Assessment/Screening Scale
  An "experimental" screening tool based on the DSM criteria for Autism.

• AQ Test: Autism-Spectrum Quotient
  A test developed by Dr. Simon Baron-Cohen at Cambridge University in the UK as a measurement of the extent of autistic traits in adults.

• CHAT TEST
  Checklist for Autism in Toddlers Screening Tool

• Gilliam Autism Rating Scale-2
  (GARS-2)

• Childhood Autism Rating Scale (CARS)

• The Autism Diagnostic Observation Schedule (ADOS)

• The Autism Diagnostic Interview-Revised (ADI-R)
WHAT IS AUTISM?

• Operational definition of autism is provided by the DSMIV.

• A neurobehavioral disorder

• A dysfunction in the central nervous system

• Disordered development.

• Onset of symptoms in autism occurs within the first three years of life.

Autistic Disorder

Rett’s Disorder - relatively rare

Pervasive Developmental Delay NOS

Aspergers Disorder - not typical of children under 3 years old

Childhood Disintegrative Disorder - relatively rare
What are the symptoms of Autism?

• Impairment of social relatedness;

• Delays and disorders of communication (both verbal and nonverbal)

• Behavior patterns that are more restricted, repetitive, and stereotyped.

• The symptoms vary according to the severity of the disorder.

Three general categories of behavioral impairment

Qualitative impairments in social interaction

Qualitative impairments in communication

Restricted repetitive and stereotyped patterns of behavior, interest, and activities
Qualitative Impairment in Social Relatedness

- Lack of reciprocal social interaction is the primary symptom in autism.
- Noticeable during the first months of life
- Infants dislike being held, stiffens.
- Lack of interest in faces.
- Poor eye contact.
- Young children do not initiate or sustain play
- Do not take part in groups.
- Inappropriate reactions in social situations
- Anxiety

Higher functioning adolescents and adults, may demonstrate normal social interactions, but still "tend to show a lack of cooperative group play, failure to make close friendships, and inability to recognize feelings in others or to show deep affection" (Newson and Havanitz, 1997).
Qualitative impairments in communication

Children do not use language for functional communication.

Half of all children with autism remain "functionally mute" throughout their lives.

Language tends to be rote, repetitive and lacking in apparent communicative intent.

Echolalia

Confusion of personal pronouns

Verbal perseveration

Abnormalities of prosody

Lack of non verbal language

Body language

Shared interest/pantomime

Earliest signs
Restricted repetitive and stereotyped patterns of behavior, interest and activities

- Stimming
- Preoccupation with activities, interests
- Restricted or repetitive play
- Compulsive adherence to routines, etc.
- Cognitive inflexibility

Other Symptoms

- Unusual responses to sensory stimuli
- S I D
- Anxiety; self injurious behavior
- Cognitively concrete and literal in thinking
- Splinter or savant skills
Treatment

Handout
Temple Grandin
http://www.youtube.com/watch?v=oXgpDmNYJoc

Wonder Dogs