



Position Statement

EARLY CHILDHOOD ASSESSMENT

The National Association of School Psychologists (NASP) supports comprehensive and authentic early childhood assessment processes and outcomes that are fair and useful to (a) detect the need for intervention, (b) enhance intervention delivery and individual child response to intervention, and (c) enhance program and system effectiveness. NASP recognizes that important skills in early childhood often bridge multiple developmental domains (social, motor, communication, cognitive, and early academic) and therefore NASP emphasizes the identification of functional and generative skills that can be assessed and targeted for intervention across a number of contexts relevant to the everyday lives of children (Slentz & Hyatt, 2008). For children with complex medical conditions, there is a need for integration of information from multiple clinicians. NASP also recognizes that important cultural differences exist that may alter skill sequences, family priorities, and decisions about what skills require intervention.

To assess for detection or identification, the school psychologist should:

- Emphasize universal screening at regular intervals using technically adequate growth and learning indicators.
- Identify programs or classrooms where many children are failing to meet expected learning and development expectations and plan for program-wide or class-wide intervention.
- Apply criteria to determine which children are at risk of failing to acquire important basic skills necessary for success in K–12 schooling.
- Where young children are receiving services in programs, classrooms, or centers, observe the learning environment to identify teacher behaviors and characteristics of the environment that can be modified to promote child adaptive behaviors and learning. Apply a scientific framework to identify variables of effective instruction that may be missing from routines in the classroom to be targeted in the intervention plan for individual and class-wide interventions.
- Integrate information from multiple sources, including medical, educational, and social evaluations.
- Advocate for resources to provide at-risk children with empirically supported intervention.
- Consult with families, teachers, and administrators to guide effective implementation of intervention with at-risk children.
- Emphasize data collection to evaluate the value of intervention efforts with at-risk children.

To assess for progress monitoring and formative decision making, the school psychologist should:

- Identify technically adequate and useful indicators of important instruction and intervention outcomes (Good & Kaminski, 1996; Good, Simmons, & Kame'enui, 2001; Good, Simmons, & Smith, 1998; Kaminski & Good, 1996).
- Consult with families, teachers, and administrators to guide the collection of progress monitoring data at routine intervals.

- Where young children are receiving services in programs, classrooms, or centers, collect progress monitoring data during less restrictive, naturalistic interventions that occur in the classroom as part of regular classroom routines. For example, progress monitoring information could be collected during distributed or embedded opportunities for learning across multiple settings throughout the day that are intended to promote a robust skill set (Sandall & Schwartz, 2002; Wolery, 2005).
- Assess progress during opportunities for children to develop socially through peer interactions during structured and unstructured play periods in concert with mastering important early learning skills considered pre-requisite to learning objectives in the primary grades.
- Assess intervention integrity directly and facilitate correct intervention implementation using empirically supported strategies (e.g., collect permanent product data to estimate correct intervention usage, provide graphed feedback on a child's response to intervention and use of the intervention on a weekly basis).
- Apply criteria to identify situations in which instruction and intervention efforts are having the desired effect on learning and those in which they are not (Barnett et al., 2006). In the case of children who are receiving special education services, apply criteria to progress monitoring data to identify when the intensity of interventions needs to change.

To assess for accountability, the school psychologist should:

- Collaborate with teachers, administrators, parents, and other specialists as appropriate (e.g., medical specialists, speech pathologists, occupational therapists) to identify important goals for learning and development that are embraced and actively addressed through the program of instruction and learning in different early childhood care and education settings.
- Link the learning goals in a meaningful way to those specified in the state standards for kindergarten (e.g., as logical precursors to the state specified performance standards).
- Use universal screening data to determine the degree to which all children are attaining important learning goals.
- Use universal screening data to determine the degree to which important learning goals are being attained for children known to be at risk based on demographic data (e.g., receives free or reduced lunch).
- Use progress-monitoring data to enhance intervention effects for children who receive intervention.
- Where young children are receiving services in programs, classrooms, or centers, use program evaluation data to guide programmatic changes in instruction, curriculum, and the learning environment and to direct professional development experiences.
- Emphasize the use of direct measures of skills and direct measurement of intervention implementation to evaluate intervention effects.
- Emphasize least-cost solutions to promote learning so that time spent in assessment and receiving specific intervention is minimized to the greatest extent possible.

FOR YOUNG CHILDREN RECEIVING SPECIAL EDUCATION SERVICES

School psychologists should play an active role toward ensuring that interventions and supports provided through special education are maximally effective. Toward this end, school psychologists should:

- Consider all children, including those children with disabilities, in universal assessment activities with appropriate modifications to the extent possible.

- Focus on skills that increase a child’s ability to participate in daily activities.
- Ensure outcomes represent developmentally appropriate and functionally relevant skills and behaviors.
- Include a focus on maintenance and generalization of skills across settings and time.
- Advocate for individual specific child needs as well as broader, more universal goals for all children.
- For children with complex medical conditions, integrate and incorporate information from clinicians that is important for school success.
- Promote flexibility in defining outcomes so individual child progress is emphasized in a meaningful way.

THE ROLE OF SCHOOL PSYCHOLOGISTS

The role of school psychologists is expanding in early childhood care and education (Hojnoski & Missall, 2006). Recent legislation (e.g., IDEA, 2004) requires that school psychologists work with young children to facilitate learning and development of those skills that are necessary for later schooling success. School psychologists have strong assessment and intervention skills so that they are prepared to act as instructional allies to teachers and administrators, collaborate to establish learning goals that are linked meaningfully to skills necessary for kindergarten success, facilitate learning of all children and particularly the learning of children known to be at risk, and advise decision makers at all levels about which data collected under which conditions will most meaningfully address the desired purpose. School psychologists must ensure that assessment procedures are linked to the larger goals of promoting growth and learning of critical early skills. Such work furthers NASP’s Strategic Plan goals for enhancing professional competency and advocacy for children.

Toward this end, school psychologists should:

- Assist programs and teachers to select technically adequate measurement tools and decision criteria to serve particular intended goals (e.g., identification of children in need of intervention, program evaluation, intervention evaluation) as well as collaborate with researchers to increase the accessibility of technically adequate measurement tools in early childhood.
- Use preschool data to facilitate transition to kindergarten and promote faster adaptation and acquisition of important learning goals in kindergarten.
- Recognize and thoroughly acknowledge the limits of collected assessment data.
- Emphasize contextualized assessment and avoid single-point-in-time measurements to make high-stakes decisions. Instead, provide multiple opportunities to observe with multiple methods and seek converging and diverging patterns of data to reach conclusions about child proficiency prior to and after intervention.
- Use assessment information to support data-driven systems of intervention intensity that use increasing- or decreasing-intensity interventions in response to child need.
- Adapt procedures to collect data for screening, progress monitoring, and accountability purposes for children served in a variety of settings, including children being cared for in home settings (theirs and others), by relatives, and in centers.
- Adapt procedures to collect data for screening, progress monitoring, intervention planning, and accountability for children who are English language learners.

School psychologists play a crucial role in early childhood assessment. Using their skills in assessment, consultation, and intervention, school psychologists should integrate information from diverse informants so that effective interventions will be implemented. Using evidence from educational, medical, and social evaluations, school psychologists should collaborate with other members of early childhood service teams to identify and support young children at risk for school difficulties.

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