The National Academies National Research Council
Board on Children, Youth, and Families and the Board on Testing and Assessment
Study on Developmental Outcomes and Assessment for Young Children

The National Association of School Psychologists (NASP) represents more than 25,000 school psychologists throughout the United States and abroad. NASP promotes children’s healthy development and learning through programs and services that prevent social, academic, and emotional problems. I wish to thank this committee for including us today.

I am Dr. Sally Flagler, chair of the Early Childhood Interest Group at NASP. I have more than 25 years experience providing school psychological services to young children in public school settings. Dr. Mary Beth Klotz, NASP Director of IDEA Projects and Technical Assistance is also here with me today.

1. General Issues: Why measure

Philosophically, NASP endorses evaluation procedures that are tailored to answer specific questions, individually appropriate to the child and family, meet legal and procedural guidelines, and produce results that lead to data-based interventions. The goal is to intervene in the most unobtrusive way to minimize the effects of a possible developmental delay.

NASP strongly supports a collaborative process that includes families, caregivers and the multidisciplinary team as an integral part of any assessment of children of any age. Materials and methods must be appropriate to a child’s behavioral presentation and level of development. As part of this collaboration parents must understand the evaluation process and the results of that evaluation. When parents are involved with the process and understand the outcomes of the evaluation they are better able to be an effective part of their child’s treatment and advocacy.

While methods and materials may differ with age, these basic philosophies are relevant and valid for all children.

Training of school psychologists revolves heavily around evidence-based practices, an inherent basis for both appropriate assessment and intervention. Psychologists working in schools and with families are taught how to review and conduct research to determine program effectiveness but also how to monitor progress and adjust interventions as needed. School psychologists can aid caregivers (school-based and non-school-based) and parents in selecting and implementing interventions, judging their effectiveness, and helping parents and caregivers understand this information. School psychologists also can facilitate home-school-community collaboration and provide outreach to daycare and preschool centers in a non-school setting.

A. What are the most important benefits of such assessment?

Evaluations that include the parent and the perspectives of other professionals on the team lead to a better picture of the child with respect to strengths and needs. Appropriate assessment should recognize both. Research has shown that early intervention with young children with disabilities or with those who are at-risk for developmental difficulties benefits both children and families and accrues long-term cost savings to both
school districts and society. Early intervention has the potential to positively impact future academic success and deter children from substance abuse and juvenile delinquency (NASP, 2003). Intervention services for children's psychological and developmental difficulties are essential, beneficial, and cost-effective (Barnett, 1993; Dawson & Osterling, 1997; Schweinhart, Barnes, Weikart, Barnett, & Epstein, 1993). Young children who demonstrate difficulties in early development may or may not be at risk for having a disability; however it is not in the best interest of the child to “wait and see” or hope that the child will grow out of the problem. Therefore, screening, evaluation, enhanced learning opportunities, and possible intervention services should be provided (National Joint Committee on Learning Disabilities, 2006). Early developmental difficulties, if untreated, result in exacerbated academic, behavioral, and social difficulties in the future and increased cost to the nation (Coleman, Buysse, & Nietzel, 2006; Fuchs, Mock, Morgan, & Young, C.L., 2003; Graner, Paggella-Luby & Fritschmann, 2005). Moreover, appropriate assessment and early interventions can support healthy learning and development, even if a child turns out not to have a disability and makes adequate progress with time.

B. What are the most important risks associated with such assessment?

Evidence from research and practice in early childhood assessment indicates that issues of technical adequacy are more difficult to address with young children who have little test-taking experience, short attention spans, and whose development is rapid and variable (Greenwood, Luze & Carta, 2002). Therefore, standardized assessment procedures should be used with great caution in educational decision-making because such tools are inherently less accurate and less predictive when used with young children (Meisels & Atkins-Burnett, 2000).

Because categorical identification of infants, toddlers, and young children is ineffective in most cases for meeting the special needs of young children, assessment of infants and young children requires specialized training and skills beyond those required for the assessment of older children (Mowder, 1996).

C. What are appropriate uses of assessment results?

Assessment results should lead to necessary services to meet the needs of the child and to appropriate interventions designed to address or solve identified weaknesses. Universal screening at key points of the school year of more discrete skills, such as general vocabulary development or specified pre-reading skills, might be used to evaluate the effectiveness of preschool programs at ages 3-5.

D. To whom should assessment results be reported?

Assessment results must be reported to the parent or caregiver of the child. Appropriate practice would result in an integrated report that addresses the whole child and incorporates the results from each member of the assessment team (e.g. speech/language, gross and fine motor, cognitive etc.).

2. Outcomes,Domains,Functions:What to measure

NASP supports early childhood assessment practices that allow for accurate and fair identification of the developmental needs of infants, preschoolers, and young children and facilitate interventions that involve parents and other caregivers. Sound early childhood assessments must involve a multidisciplinary team and the parents or caregivers, and include multiple sources of information, multiple assessment approaches, and be conducted in multiple settings and across time in order to yield a comprehensive understanding of young children’s skills and needs (NASP 2005, Neisworth & Bagnato, 2000).

A. What domains/outcomes/functions best predict children’s later development and learning outcomes?

NASP, along with the other organizations in the National Joint Committee on Learning Disabilities (2006), recommend that evaluation of the child’s status and needs should depend on an integrated assessment of the child’s functioning in the following domains: cognition, communication, emergent literacy, motor functions, and social-emotional adjustment.
Functional skills that predict later development and learning outcomes include skills in language, problem solving, and socialization. Vocabulary development, facility with language skills and the ability to play with the sounds of words (phonemic skills) are believed to be strongly related to later success in reading (Good & Kaminski, 1996). Rapid picture naming, alliteration and rhyming have been validated as indicators for early preschool literacy (McConnell, Priest, Davis and McEvoy, 2002). Other critical skills for school success are the ability to engage and persist in challenging tasks and to reason and solve problems (Zelazo, Carter & Reznick, 1997). Problem solving skills in young children involve visual exploration, object manipulation and memory (Bauer et al., 1999). The capacity of preschool age children to develop positive social relationships and effectively communicate emotions that also are strongly related to success in elementary school and beyond (Bowman, Donovan, Burns, 2000; Shonkoff & Phillips, 2000). Monitoring the development of these skills can ensure whether children are on a developmental trajectory toward school readiness (Bauer, Schwade, Wewerka & Delaney 1999; Zelazo et al., 1997).

**B. What domains/outcomes/functions can be assessed most reliably and validly in this age group?**

There is a dearth of research based on what may predict future outcomes in young children, although many at-risk factors appear to relate to later learning problems in children (Coleman, et. al., 2006). Recent practices involve the use of a developmental checklists or scales that describe behaviors to be mastered within a certain age range. Results from these checklists can be used as benchmarks for appropriate development. Research has documented that a number of emotional and social factors do result in poor academic performance, behavior problems, dropout rates and increased special education referrals (Guralnick, 1998).

Gibbs & Teti (1991) point out that most infant-toddler assessments are very poor predictors of later cognitive functioning. Recent research suggests that general outcome measurement (GOM) facilitates the measurement of skill growth overtime (Fuchs & Deno 1991; Shinn 1989). GOM requires frequent monitoring of skills that represent critical and valued goals of the educational or developmental process. These data can be used to monitor and evaluate progress of individual and groups of children. GOM has the potential to be used in screening, identifying children in need of additional instruction, designing intervention and evaluating the effects of instruction (Hojnoksi & Missall, 2006).

**3. Assessment Instruments: How to measure**

A promising emerging practice in this area is the Response to Intervention (RTI) approach to assessment. This approach is being used more and more widely at the K-12 level to measure behavioral and academic progress. The RTI methodology may be appropriate for implementation at the early childhood level, since many precursor skills of school readiness are learned in preschool. RTI can be viewed as a potential mechanism to improve preschool curriculum, teacher training and school readiness (McCabe, 2006). Furthermore, RTI with its characteristic use of different levels of instructional intensity, collaborative problem-solving, early response, and data to inform instruction and monitor progress has potential applicability with young children (Coleman, et al., 2006).

NASP recognizes that further research and pilot studies on the use and applicability of an RTI approach with young children will need to be conducted prior to large scale implementation at the early childhood level.

**A. What are the most important considerations or criteria to use in designing or selecting assessment instruments for young children?**

Assessment of all children must be scientifically based, multidimensional, and relevant to the questions being asked. Assessments must be inclusive of the family, home environment, and educational setting as well as the child. They must be nondiscriminatory in terms of ethnicity, gender, native language, family or socioeconomic status. Trained, qualified personnel must use the assessments selected and should be competent relevant to the language/culture of the child and family being assessed. (NASP, 2005).

**B. For what domains/outcomes/functions do we NOT have useful, valid, reliable assessment tools at this time?**
Difficulties with the use of standardized testing procedures to assess young children are numerous. Evidence from research and practice in early childhood assessment indicates that issues of technical adequacy are more difficult to address with young children who have little test-taking experience, short attention spans, and whose development is rapid and variable (Greenwood, Luze & Carta, 2002; NASP 2005). Therefore, standardized assessment procedures should be used with great caution in education decision-making because such tools are inherently less accurate and less predictive when used with young children (Meisels & Atkins-Burnett, 2000; NASP 2005).

C. What do you see as the relative merits of direct assessment vs. assessment based on ongoing observation of children in their natural environments?

The gathering of information needs to be done over time, using a variety of methods and techniques, and taking its focus and impetus from the child’s behaviors, not demanding that a child adhere to a prescribed set of procedures and materials.

D. Where do you stand on the issue of administering all children all instruments and items vs. some form of sampling?

NASP is very clear that administering all children all instruments and all items is inappropriate and unethical. Professionals evaluating children, especially young children, need to carefully select the instrument that is known to be reliable and valid for the purpose for which it is being used. One-size does not fit all in assessment. Engaging in such behavior violates testing best practices and test guidelines.

Sampling items from a test or from within a scale is questionable practice. How one assesses a young child depends upon the purpose of the evaluation. The instruments selected must be appropriate to the purpose of the evaluation and the characteristics of the child being evaluated. Assessment instruments must be used in the manner in which they are intended to be used. Young children’s skills and behavior are best assessed through a process that includes screening, examination for the presence of risk indicators and protective factors, systematic observations over time and in a variety of settings, and, if indicated, a comprehensive evaluation (NJCLD, 2006). A comprehensive evaluation includes the use of multiple instruments and procedures that are culturally sensitive, such as norm and criterion referenced tests, teacher/parent rating scales, and developmental checklists along with the other data and history gathered by the multidisciplinary team.

Conclusion

National awareness of the importance of high quality care for young children, as well as emphasis on school readiness and the pre-kindergarten movement all stress the importance of prevention and early intervention with young children. Quality assessment is critical to this process.

Researchers and organizations like NASP have advocated in the past 8-10 years for revisions in how young children are assessed. All have emphasized the importance of a combination of assessment procedures that allow for flexibility, parent involvement, naturalistic settings, and foundations of authentic evaluations which match a child’s interests and developmental status. The basic philosophy of all these best practice guidelines, which NASP promotes, has been to integrate the importance of a developmental perspective with the central role of the family. In doing so, it espouses the ideas of valid, reliable, and equable evaluation procedures to all children across diverse settings and cultures.

Certain barriers to appropriate assessment and intervention for young children exist and will need to be addressed. Pediatricians and other primary care providers have divergent views of when intervention is necessary, even with potential risk factors evident. Many educators have not seen the need and benefit of providing early intervention services at school sites, and even when preschools are a part of the campus, they are not always a part of the school environment. There is difficulty in providing comprehensive and consistent professional development opportunities emphasizing alternative assessment procedures. Time for personnel in schools to provide ongoing home and daycare interventions is often not in the working budget of many school systems and community support services for any extensive period of time, which is what this type of assessment process takes. There are significant obstacles involved in conducting empirical research in non-clinical settings and it is extremely difficult to control for potential contaminating variables. There is
limited mental health support for all children, but particularly for young at-risk children from culturally
diverse backgrounds and low income families. The increasing diversity of school populations, with cultural
differences, language issues, and economic concerns, hampers effective strategies that professionals know are sound, valid and reliable.

Organizations like NASP are working not just to promote best practice relevant to assessment and intervention for all children, but also to help lower these barriers to implementation of helpful services. The recommendations of this forum and study will help to provide ongoing support for what is most efficacious for families and their children and also provide other professionals with guidance on what is appropriate for young children in terms of assessment and interventions.

We appreciate the work of the committee and look forward to your recommendations as a result of this forum and the study on Developmental Outcomes and Assessments for Young Children.
References Provided by
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Additional Resources


