

DEC Recommended Practices in Assessment:

PROGRAM APPRAISAL SCALE

based on 2001 DEC Recommended Practices

Prepared for the Division for Early Childhood, Council for Exceptional Children
by

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(through collaboration with focus group members)

- Rate your service program’s status on each of the indicators below. Use (+) for “typical practice”; use (+ -) for “not yet reliably practiced”; use (-) for “seldom if ever practiced.” If you are rating your pre or inservice training program, your ratings will refer to “definitely included in training content” (+); “not reliably included” (+ -); “not included” (-). Enter the date in the first column for your initial ratings. Use the second column for a reappraisal.
- Add the values to determine the program total score, then calculate the percentage.
- Circle those indicators that are your priority objectives for improvement.

Professionals and families collaborate in planning and implementing assessment.

		Date	Date
		_____	_____
.....			
A1.	Professionals provide families with easy access by phone or other means for arranging initial screening and other activities.		
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A2.	Professionals ensure a single point of contact for families throughout the assessment process.		
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A3.	Families receive a written statement of program philosophy regarding family participation in assessment planning and activities.		
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A4.	Professionals meet and collaborate with families to discuss family preferences and reach consensus about the process, methods, materials, and situations of assessment that will meet the child's needs best.		
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A5.	Professionals solicit information from families regarding the child's interests, abilities, and special needs.		
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A6.	Professionals review, with parental consent, agency information about the child and family.		
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A7.	Professionals and families identify team members and the team assessment style to fit best the needs and goals of the child and family.		
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A8.	Families participate actively in assessment procedures.		

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..... A9.	Families choose their roles in the assessment of their children (e.g., assistant, facilitator, observer, assessor).		
..... A10.	With each family's agreement, professionals help families identify their resources, concerns and priorities related to their child's development.		
..... A11.	Professionals, families, and other regular caregivers work as equal team members for purposes of assessment (i.e., give equal priority to family/caregiver's observations and reports, discuss assessment results, reach consensus about the child's needs and programs).		
..... A12.	Pro gram administrators encourage the use of assessment procedures that ensure consultation and collaboration among families and professionals (e.g., the whole team discusses qualitative and quantitative information and negotiate consensus to make decisions).		

Assessment is individualized and appropriate for the child and family.

..... A13.	Professionals use multiple measures to assess child status, progress, and program impact and outcomes (e.g., developmental observations, criterion/curriculum-based, interviews, informed clinical opinion, and curriculum-compatible norm-referenced scales).		
..... A14.	Professionals choose materials and procedures that accommodate the child's sensory, physical, responsive, and temperamental differences.		
..... A15.	Professionals rely on materials that capture the child's authentic behaviors in routine circumstances.		
..... A16.	Professionals seek information directly from families and other regular caregivers using materials and procedures that the families themselves can manage to design IFSP/IEP goals and activities.		
..... A17.	Professionals assess children in contexts that are familiar to the child.		
..... A18.	Professionals gather information from multiple sources (e.g., families, professional team members, agencies, service providers, other regular caregivers).		
..... A19.	Professionals assess the child's strengths and needs across all developmental and behavioral dimensions.		

Assessment provides useful information for intervention.

..... A20.	Families and professionals assess the presence and extent of atypical child behavior that may be a barrier to intervention and progress.		
..... A21.	Professionals use functional analysis of behavior to assess the form and function of challenging behaviors.		
..... A22.	Program supervisors, in concert with the EI/ECSE team, use only those measures that have high treatment validity (i.e., that link assessment, individual program planning, and progress evaluation).		

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..... A23.	Professionals assess not only immediate mastery of a skill, but also whether the child can demonstrate the skill consistently across other settings and with other people.		
..... A24.	Professionals appraise the level of support that a child requires in order to perform a task.		
..... A25.	Professionals choose and use scales with sufficient item density to detect even small increments of progress (especially important for children with more severe disabilities).		
..... A26.	Professionals and families rely on curriculum-based assessment as the foundation or “mutual language” for team assessments.		
..... A27.	Professionals conduct longitudinal, repeated assessments in order to examine previous assumptions about the child, and to modify the ongoing program.		
..... A28.	Professionals report assessment results in a manner that is immediately useful for planning program goals and objectives.		

Professionals share information in respectful and useful ways.

..... A29.	Professionals report assessment results so that they are understandable and useful for families.		
..... A30.	Professionals report strengths as well as priorities for promoting optimal development.		
..... A31.	Professionals report limitations of assessments (e.g., questions of rapport, cultural bias, and sensory/response requirements).		
..... A32.	Professionals write reports that contain findings and interpretations regarding the interrelatedness of developmental areas (e.g., how the child's limitations have affected development; how the child has learned to compensate).		
..... A33.	Professionals organize reports by developmental/functional domains or concerns rather than by assessment device.		
..... A34.	Families have adequate time to review reports, ask questions, or express concerns before the team uses the information for decision making.		
..... A35.	Family members may invite other individuals to evaluation meetings or meetings to discuss children's performance or progress.		

Professionals meet legal and procedural requirements and meet recommended practice guidelines.

..... A36.	Professionals inform families about state EI/ECSE rules and regulations regarding assessment.		
..... A37.	Professionals, when required by regulations to apply a diagnosis, employ measures and classification systems that are designed and developmentally appropriate for infants and young children.		
..... A38.	Psychologists rely on authentic measures of early problem-solving skills (instead of traditional intelligence tests) that link directly to program content and goals and that sample skills in natural, rather than contrived, circumstances (e.g., play-based).		
..... A39.	Professionals, when appropriate, choose only those norm-referenced measures that are developed, field-validated, standardized, and normed with children similar to the child being assessed.		
..... A40.	Professionals monitor child progress based on past performance as the referent rather than on group norms.		
..... A41.	Professionals defer a definitive diagnosis until evaluation of the child's response to a tailored set of interventions.		
..... A42.	Program administrators provide supervisory support for team members to enable them to maintain ethical standards and recommended practices.		
..... A43.	Professionals and families conduct an ongoing (formative) review of the child's progress at least every 90 days in order to modify instructional and therapeutic strategies.		
..... A44.	Professionals and families assess and redesign outcomes to meet the ever changing needs of the child and family.		
..... A45.	Professionals and families assess the child's progress on a yearly (summative) basis to modify the child's goal-plan.		

TOTAL SCORE

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(+ is 1 pt, + - is 1/2 pt) $\frac{\text{your total score}}{45 \text{ (total possible)}} \times 100$

PERCENT

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