Icons

This icon represents a new topic in the text. This is a visual cue for you to answer any questions about the previous section before moving along to the next one.

This icon is used to identify an exercise that involves in-class practice and feedback.

This icon is used to identify a specially designed activity that requires active class participation.

This icon is used to identify a section that is accompanied by a video.
Icons

This icon is used to identify a section where the participants should add items to their “Do’s and Don’ts” list.

This icon is used to identify an exercise that involves a role-playing scenario.

This icon is used to identify the use of a transparency related to the material in this section.

This icon is used to identify a key point in the material.
Child care professionals observe and screen children so they can facilitate the growth and development of **every child** in their program, detect early signs of developmental delay or disability, and identify signs of child abuse and neglect.

**Observation** is when a child care worker recognizes and notes an identifiable performance or behavior and uses instruments such as checklists, anecdotal records and running records. The instruments are used to measure progress against a standard and to share results with assessment experts.

**Screening** means an instrument intended to identify and monitor normal development or possible developmental delay. Screening programs are not diagnostic, and are not based on whether a child has passed a certain curriculum.
Why are Observation and Screening Important?

The three main reasons child care programs observe and screen children are to:

• foster growth and development in every child
• detect early signs of developmental delay or disability
• identify signs of child abuse and neglect

These processes are also used to:

• support quality curriculum development
• help parents support growth and development at home
• allow timely referral for early intervention services
• provide a common reference point and basis for interaction between parents, program staff, and other professionals
• Early interventions is a system of services that helps children who have a developmental disability or delay.
Reasons child care programs observe and screen children.

1. Observation and screening foster growth and development in every child by determining the child’s developmental age-appropriate level and by using the information to develop:

- inside and outside learning spaces
- personal care routines
- communication and interaction practices
- learning activities
- program policies and procedures
2. Observation and screening can detect early signs of developmental delay or disability when child care staff members are trained to identify and document signs of typical or atypical growth and development.
2. Observation and screening can detect early signs of developmental delay or disability when child care staff members are trained to identify and document signs of typical or atypical growth and development.
*Atypical means the same thing as not typical or not expected.
3. Observation and screening can help child care professionals identify the signs of child abuse and neglect. Every adult in Florida is required by law to report any suspected abuse or neglect and can do so anonymously. However, people who work with children are, by law, Mandatory reporters. This means they must identify themselves when they report suspected child abuse or neglect. Failure to report suspected abuse or neglect is a felony of the third degree in Florida.
Key Point

The three main reasons child care programs observe and screen children are to foster growth and development in every child, detect early signs of developmental delay or disability and identify signs of child abuse and neglect.
4. Observation and screening support quality curriculum development by focusing learning goals and objectives, lesson plans, and teaching strategies on the development and implementation of activities that 

__________________________ strengthen the child’s skills.

5. Observation and screening can help parents support their child’s growth and development at home by 

increasing the volume and ___________________________ of information available to them.

6. Observation and screening allow ________________ referral for timely intervention. The ___________________________ signs of developmental delay or earlier disability are identified, the ___________________________ the outcome for the child.

Page 5
Behavioral Observation and Screening
Observation and Screening Overview

Observation and screening provide an opportunity for communication between parents, staff, and child development specialists because they include written evidence of a child’s growth and development over time.

**Documented evidence** refers to written data collected by the program. For example, there may be a file note stating when a child could stand on one foot.
Key Point

Observation and screening provide an opportunity for communication between parents, staff, and child development specialists because they include written evidence of a child’s growth and development over time.
Observation

Observation is an ongoing process conducted by child care providers and others to document a child’s growth and development.

During an observation session, a trained adult monitors a child as he or she demonstrates identified skills or abilities within a developmental domain.

Observation sessions should be performed by a familiar person in the child’s natural environment at a time when he or she is at his or her best.

Results are carefully documented following set guidelines and written procedures.
• Developmental domains categories children’s skills and abilities. They include physical health and motor development, cognitive development and general knowledge, language and communication, social and emotional and approaches to learning.
Natural environment refers to places the child would typically be, such as home, the child care program, school, a place of worship, or the homes of family and friends rather than a director’s office, doctor/therapist’s office, or similar places.
Benefits of Observation:

- facilitate _______________ development
- guide ___________ developmentally appropriate practices (DAP)
- assist in providing _______________ individualized care
- help share information with _______________ and others
- reveal _______________ signs of abuse and neglect
Developmentally appropriate practice is a research-based framework based on meeting children where they are individually, chronologically (i.e., by age) and culturally.

Individualized care refers to attention paid to a child that recognizes and adapts to his or her unique character and physical, emotional, and cognitive traits.
Key Point

Observation guides developmentally appropriate practice, facilitates individualized care, helps the program share important information with parents and others, and may help reveal signs of abuse and neglect.
Screening

Screening is an ongoing process conducted by child care providers and others to verify that a child is developing typically or identify early signs of delay or disability.

During a screening session, trained adults identify and measure specific skills and abilities as indicated by a screening instrument.

Screening takes place recurrently using an instrument that is proven to be valid, accurate, and reliable.

Family members are always involved in screening, sometimes as active participants.

Like observation, screening should take place in the child’s natural environment with familiar people, and performed when he or she is at his or her best.
Benefits of Screening:

- identify specific areas of concern
- determine if further assessment or evaluation may be necessary
- provide a basis for referral
- empower parents with information to make decisions
- present a basis for necessary and ongoing communication with parents and others
Key Point

Screening determines if children are developing typically, identifies early signs of delay or disability, and provides a basis for referral.
Assessment

Assessment is a process whereby an agency or organization gathers and reviews multiple sources of information about a child’s suspected or confirmed developmental delay or disability and uses data to improve a child’s outcomes.

Child care professionals in Florida refer families to the Children’s Forum’s central directory or the Florida Diagnostic and Learning Resource System’s Child Find.
Benefits of Assessment:

- empower parents
- improve a family’s ability to navigate a complex system of services
- result in a referral for evaluation so eligible children may receive benefits they are entitled to under the Individuals with Disabilities Act or IDEA, which is a Federal law.
The *Individuals with Disabilities Act (IDEA)* mandates that children with disabilities receive a free and public education (FAPE). IDEA Part B addresses children and youth (ages 3-22), while Part C is addresses infants and toddlers.
**Key Point:** Assessment can empower parents to help their child grow and develop; improve a family’s ability to navigate a complex system of services; and result in a referral for evaluation so eligible children may receive benefits they are entitled to under IDEA.
Assessment vs Evaluation

According to Children’s Medical Services (CMS)…

refers to:

“…ongoing procedures used by appropriate qualified personnel throughout the period of a child’s eligibility to identify the following: (A) the child’s unique strengths and needs and the services appropriate to meet those needs, and (B) the resources, priorities, and concerns of the family and the supports and services necessary to enhance the family’s capacity to meet the developmental needs of their infant or toddler with a disability.”

To summarize, evaluation is a process that ___________________________ a child’s eligibility for federal, state, and local programs and services.

determines
Key Point: Assessment is a process whereby an agency or organization gathers and reviews multiple sources of information about a child’s suspected or confirmed developmental delay or disability and uses data to improve a child’s outcomes.
Key Point: Evaluation is a process that determines a child’s eligibility for federal, state, and local programs and services.
Who Conducts Observation, Screening and Assessment Processes?

Your role as a child care professional:

- observation
- screening
- referral

In observation and screening processes, your main responsibility is to document the child’s skills and abilities fairly, objectively, and accurately, and work with families to refer children for further assessment and evaluation.

Remember, if data causes you to suspect child abuse or neglect, you must report it.
solicit responses to allow reflection, and then allow participants time to record their thoughts.

Which is least comfortable?

solicit responses to allow reflection, and then allow participants time to record their thoughts.
children with special needs will not get the help they need, thus they will not have the chance to reach their full potential.

If you were the parent of a child with special needs, how important would it be to know about your child’s condition as early as possible?

it is very important for parents to know about their child’s condition as early as possible. It is critical for the child to be observed, screened, and referred as seen as possible.
Key Point: Child care professionals observe and screen children, and should work with families to make referrals.
### Activity: Is this Observation, Screening, Assessment, or Evaluation?

For each scenario, place an “X” in the box that correctly identifies what action occurring.

<table>
<thead>
<tr>
<th>Scenario</th>
<th>Observation</th>
<th>Screening</th>
<th>Assessment</th>
<th>Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. After reading a child’s file, a trained adult asks the child to perform specific tasks. The adult confirms the child has a developmental disability and therefore qualifies for programs and services by federal law.</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>2. A trained adult watches a child for a half hour as she interacts with other children in the program. The adult documents the child’s typical growth and development in the Social-Emotional Developmental Domain in the child’s file, writes a note to the parents, and uses the information to plan future activities.</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. After reading a child’s file, a trained adult asks the child to perform specific tasks. The data indicates the child may have a developmental delay or disability, and could benefit from early intervention. The adult refers the family to a medical professional for diagnosis.</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>4. A trained adult watches a child for a half hour as she interacts with other children in the program. The adult documents the child’s atypical growth and development as called for in a tool’s Social-Emotional Developmental Domain section, and makes plans to speak to a supervisor about a possible developmental delay or disability in this domain.</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>
Key Point: Observation, screening, assessment, and evaluation are interrelated processes.
### Activity: The Child Care Professional’s Role in Observation, Screening, Assessment, and Evaluation

For each statement, identify whether or not this is a role of a child care professional.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Is this a role of a child care professional?</th>
</tr>
</thead>
<tbody>
<tr>
<td>✔</td>
<td></td>
<td>1. Name the developmental domains and cite examples of related skills and abilities.</td>
</tr>
<tr>
<td>✔</td>
<td>✔</td>
<td>2. Assess a child for delay or disability.</td>
</tr>
<tr>
<td>✔</td>
<td>✔</td>
<td>4. Diagnose a disability.</td>
</tr>
<tr>
<td>✔</td>
<td>✔</td>
<td>5. Provide documentary evidence of observation and screening.</td>
</tr>
<tr>
<td>✔</td>
<td>✔</td>
<td>6. Make a referral for evaluation.</td>
</tr>
<tr>
<td>✔</td>
<td>✔</td>
<td>7. Work with families who receive benefits under The Individuals with Disabilities Act (IDEA).</td>
</tr>
<tr>
<td>✔</td>
<td>✔</td>
<td>8. Use developmental milestone charts to confirm a suspicion of delay.</td>
</tr>
<tr>
<td>✔</td>
<td>✔</td>
<td>9. Provide a natural environment.</td>
</tr>
<tr>
<td>✔</td>
<td>✔</td>
<td>10. Use the word abnormal instead of atypical.</td>
</tr>
<tr>
<td>✔</td>
<td>✔</td>
<td>11. Use developmentally appropriate practice for every child in the program.</td>
</tr>
<tr>
<td>✔</td>
<td>✔</td>
<td>12. Determine a child’s initial and continuing eligibility for services related to early intervention.</td>
</tr>
</tbody>
</table>
Child care programs should be support families by observing and screening children through an ongoing systematic process.
Behavioral Observation and Screening in Child Care

Module 2: The Principles of Observation and Screening
A guideline is a general course of action taken to achieve a desired result.

A best practice is a specific action taken by experts in the field to achieve a desired result.
Guidelines for Observers and Screeners

Four guidelines for observers and screeners of children:

1. Be ________________.
2. Be ___________________ and _____________________.
3. Be ___________________ and _____________________.
4. Be ___________________.

Page 19
Guideline 1: Be Informed

The first guideline is to be informed. Effective child care professionals know the typical and atypical patterns of child growth and development, are familiar with the child being observed or screened, and understand the program’s observation and screening policies and tools. They:

- review appropriate general developmental information
- study the child’s file
- read the instructions for the observation or screening tool
**Observation and Screening Tools** are specific items that are used to guide an observation and screening session. This term may refer to documents, materials, and equipment, or any combination of these items. Depending on the purpose of the observation or screening, tools may be used, purchased, or created by the child care program.
Best Practice #1: Review appropriate general information immediately prior to an observation or screening session. This includes:

- developmental domains and milestones

Resources:

Developmental Domains

- Florida Department of Education

Developmental Milestone Charts

- Centers for Disease Control and Prevention
  www.cdc.gov/ncbddd/actearly/milestones/index.html

- National Institutes of Health

- information about the child’s abilities and unique needs
Best Practice #2: Study the child’s _____________________________. Look at:

- the results of previous observation and screening sessions
- ____________________________ recorded by staff members
- all documentation provided by family members
- samples of the child’s ____________________________

Use developmentally appropriate practice (__________________________) when observing and screening a child to:

- show sensitivity toward chronological, individual, social and cultural experiences
- help him/her behave naturally during an observation or screening session
Reflect, Think, and Act:

Imagine yourself screening two children, one of whom recently enrolled in your program. You have asked them both to complete a developmentally appropriate puzzle for you. The child you know loves puzzles, and finishes his quickly and skillfully. The child who recently enrolled stares at his puzzle, frowning. He makes no attempt to piece the puzzle together and seems relieved when it is removed.

Think of three factors for each child that might have produced his behavior, not including physical conditions. Notice how your thoughts are influenced by this child-centered approach to observation. This awareness can help you provide individualized care and observe and screen children with professionalism.

<table>
<thead>
<tr>
<th>Child 1</th>
<th>Child 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Good Fine Motor skills</td>
<td>1. Fine Motor Skills not</td>
</tr>
<tr>
<td></td>
<td>developed yet</td>
</tr>
<tr>
<td>2. Subjected to putting</td>
<td>2. Never had the opportunity</td>
</tr>
<tr>
<td>puzzles together</td>
<td>to put puzzles together</td>
</tr>
<tr>
<td>3. Found success in doing</td>
<td>3. Frustrated with lack of</td>
</tr>
<tr>
<td>puzzles</td>
<td>success</td>
</tr>
</tbody>
</table>
Best Practice #3: Know how to use the observation or screening tool before attempting to use it. Be sure to:

- **read** the instructions before the session begins
- attend observation and screening training opportunities
- keep up with changes in policy and procedure
- **never** interrupt a screening session to read an instruction or ask a question about the tool
Key Point

Effective child care professionals know the typical and atypical patterns of child growth and development. They are familiar with the child and understand the program’s observation and screening policies and tools.
Guideline 2: Be Objective and Accurate

The second guideline is to be **objective** and **accurate**. Effective child care professionals create documentation that can be used by others to help children grow and develop to their full potential. They:

- ensure observation and screening results are objective
- verify results do not reflect subjective feelings
- set aside personal beliefs and consider only facts

- document **all** relevant information
- make sure documentation correct and complete
**Objectivity** involves the ability to set aside personal beliefs, values, opinions and biases, and consider only facts.

**Subjectivity** involves the application of one’s point of view when determining a course of thought or action.
## Activity: Objective or Subjective?

<table>
<thead>
<tr>
<th>Observation</th>
<th>Objective</th>
<th>Subjective</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. six years of age</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>2. nice</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>3. left-handed</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>4. obese</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>5. happy</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>6. pretty</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>
Best Practice #1: Ensure observation and screening results do not reflect personal feelings. Before an observation or screening session begins:

- Take a moment to reflect on their own feelings.
- Prepare to focus on the facts produced during the session.
- Disregard any presumptions.
A *presumption* is a belief about something or someone formed before experience shows it is true. For example, one may presume a child will perform a certain task with ease, only to learn through screening this is not an accurate assumption.
Halo Effect is a judgment error we make when we allow an overall impression of a person to influence the way we interpret his or her actions. Effective child care professionals are aware of the Halo Effect and they ensure it does not happen during an observation or screening session.

Best Practice #2: Set aside personal beliefs and consider only ________________________.

Use developmentally appropriate practice (_______________________________) for each child, follow the _________________________________, and honor a professional code of _________________________________.

Resources:

- NAEYC Code of Ethics
  www.naeyc.org/files/naeyc/file/positions/PSETH05.pdf

Best Practice #3: Document all _________________________________ information. Relevancy is determined by the observation or screening tool. Behavior not relevant to the current session may be documented later in another type of record. As a mandatory reporter, it is critical that you can recognize the physical and behavioral indicators of abuse and neglect, and report them objectively and accurately.
Behavioral Observation and Screening

Best Practice #4: Ensure documentation is __correct________________________ and
_______________________________. Here’s how:

• complete documentation as soon as possible
• proofread for content errors
• check for writing and mathematical errors
• wait two or three days, then repeat the process

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Key Point

Objective, accurate child care professionals create documentation coworkers and other professionals can use to help children grow and develop to their full potential.
Guideline 3: Be Honest and Fair

The third guideline is to be __________________________________________________________________________ and
________________________________________________________________________________________. Effective child care professionals observe children,
conduct screenings, and document all relevant observations in good faith. They:

• document children’s development over time

• observe or screen when children are at their __________________________________________________________________________

• conduct sessions in the child’s natural setting with familiar staff
• never observe or screen with the intent of confirming a suspicion
*In good faith* is a moral concept. It means to work with the sincere intention of doing the right thing, with honesty and integrity, and to perform the work at hand with the best effort possible.
Best Practice #1: Document children’s development over time

Bear in mind:

• individual children can take more or less time developing than peers
• they can move forward, regress, and then move forward again
• children may skip a behavior or skill as they move forward
• sometimes, children just have a bad day

Best Practice #2: Observe and screen when children are at their best.
In all children, the surest way to tell if children are at their best is to know their individual physical and mental health trends and patterns. To tell if a typical child is feeling well, look for the three A’s of health:

- Appetite
- Appearance
- Activity

H.A.L.T.

H.A.L.T. stands for

- Hungry
- Angry/Anxious
- Lonesome
- Tired
**In good faith** is a moral concept. It means to work with the sincere intention of doing the right thing, with honesty and integrity, and to perform the work at hand with the best effort possible.
Best Practice #3: Conduct sessions in the child’s natural setting with familiar staff. Children are most likely to demonstrate their skills:

- with a person they know
- in a familiar place
- using materials they have seen before
Best Practice #4: **never** observe or screen with the intent of confirming a suspicion of delay, disability, abuse or neglect. Instead:

- **watch** for developmental milestones
- **document** them as instructed
- **take action** **required** by their program's written policies and procedures
Key Point

Honest and fair child care professionals observe children, conduct screenings, and document all relevant observations in good faith.
Guideline 4: Be Focused

The fourth guideline presented in this course is to be focused. Effective child care professionals dedicate themselves to the observation or screening session and give each child their full attention. They:

- allow enough time
- observe or screen one child at a time
- pay attention to small differences and details
- work methodically and thoughtfully
Methodically means in an organized, systematic, and deliberate way.
Best Practice #1: Allow enough time. Schedule time to:

- review appropriate general information
- study the child’s file
- read the instructions for the observation or screening tool
- gather materials
- organize space
- conduct the session
- review their notes
- properly document the file
Reflect, Think, and Act:

Think about a time when you were so hurried that you forgot something important, or did not see or hear something you should have. Make a list of key words that describe your feelings at that time.

frustrated

upset

discouraged
Best Practice #2: Observe or screen __________________________ child at a time. To sharpen focus and concentration:

- schedule individual sessions for __________________________ child
- do not allow attention to be drawn away by other children
- staff members should work to accommodate a child’s session

________________________ the schedule to allow each session to be conducted properly

Best Practice #3: Pay attention to __________________________ differences and details, because it is in those one can see:

- emerging trends and patterns of growth and development
- the earliest signs of delay or disability
* subtle signs of abuse or neglect

*If signs of child abuse or neglect are observed, you must, by law, report it to the Abuse Hotline.*
Best Practice #4: Work methodically and thoughtfully. To work methodically, professionals are organized, systematic, and deliberate. To work thoughtfully, professionals think about what is happening carefully, using all of their knowledge, skills, and abilities to identify and document only useful information.
Reflect, Think, and Act:

Make a list of three things that can distract you when you are observing or screening a child.

1. noise level in the classroom

2. child not actively involved

3. child tired, frustrated, or upset
Key Point

Focused child care professionals dedicate themselves to the observation or screening session, and give each child their full attention.
Selecting and Using Screening Instruments

Module 1 stated:

- observation, screening, assessment, and evaluation are interrelated
- child care programs should support families by observing and screening children through an ________________________________, systematic process
- providers should ______________________________ families though these processes

Module 2 showed how effective practitioners:

- prepare to observe or screen a child
- create documentation coworkers and ______________________________ can use
- conduct screenings and document observations in good faith
- give each child their full attention during sessions

Module 3 presents detailed information on:

- selecting screening instruments
- guidelines and best practices
- specific ______________________________ you can take to help families

ongoing  help guide  other professionals  actions
Reflect, Think, and Act:

Let’s say you are the parent of a child who was recently screened at a child care center. Your provider has just shared a series of screening results with you, and recommends an assessment. At this point, what are some of the questions you might ask?

will this assessment provide help for my child?
will my child be more successful and improve?
what as a parent, can I do to help?

How important would it be to you to have a child care professional who could provide detailed information about the screening process, the guidelines and best practices for implementation that were used, and specific actions you can take to help your child right now?

very important
As a parent, I’m looking for help with my child.
Selecting Screening Instruments

1. Quality screening instruments are easy to use. When a screening tool is easy to use, staff and parents understand it and the results it produces. They should be able to read the materials in their familiar language, and follow the instructions without much guidance, use materials, create usable documentation efficiently.

2. Quality screening instruments are accurate. When a screening instrument is accurate, its results are proven to be true and correct. Accuracy is strongly correlated to an instrument’s validity. Before a quality instrument is released by its manufacturer to be used with children, experts test it. They study:
   - the content of the screen, or what is included or excluded
   - how children of different backgrounds respond to the instrument
   - how the instrument functions in various program types
   - whether or not the results can be replicated over people and time
   - if data collected by the instrument is consistent
**Validity** refers to a screening instrument’s soundness and legitimacy.

**Correlated** is a term used in screening. It means related.

**Replicated** is a term used in screening. It means repeated.
3. Quality screening instruments are affordable. When a program is thinking about buying a screening instrument, it should consider its price. If the price of the instrument and any supplemental items (such as materials or updates) cannot be supported by a program’s budget, it should be rejected. Think about:

- the program’s mission and goals
- the needs of the children, families, and staff
- current financial priorities and long-term plans
- the impact of the purchase on the program’s sustainability
**Sustainability** is a term used in business. It means continued operations.
4. Quality screening instruments are readily available. A screening instrument should be easily obtained from its manufacturer.

Agencies and organizations also provide lists of instruments and links. They may also be obtained from publishers of educational materials.
5. Screening instruments are sensitive in regards to ethnicity, culture, and linguistics. Screening instruments should not be biased against any group.

*Linguistics* refers to the type of language used (e.g., English, Spanish, etc.), and to the meaning and complexity of individual words in context.
6. Quality screening instruments are reliable. They always produce the same results in similar situations. People who test screening instruments sometimes refer to this trait as repeatability. Repeatability is highly desirable in any testing instrument, including ones used for screening.

7. Quality screening instruments have specific component. These usually include such items as:

- a record keeping system
- documents to record basic information
- scoring and interpretation guides

8. Quality screening instruments are endorsed by individuals, agencies, and organizations that are respected within the early education or early intervention communities. This indicates the screening instrument is trusted by professionals. Sometimes, a list of trusted instruments is developed by an agency or organization, such as the ones by the American Academy of Pediatrics and the Centers for Disease Control and Prevention.
9. Quality screening instruments using ________________________________ should be user-friendly, meet accessibility requirements, and fit the program’s needs. User-friendly technology is appropriate for the ________________________________ of the people using it. Technology that meets accessibility requirements complies with the requirements of the Americans with Disabilities Act (______________________________). Technology that fits the program’s needs helps the ________________________________ document screening results accurately and efficiently.
Child care professionals ask the right questions about a tool before using it with a child, including:

- What does the instrument screen?
- What is the target age range?
- What languages are available?
- Does the screener need to be specially trained?
- How many items are screened?
- How long does it take to administer?
- How is it implemented and scored?
Reflect, Think, and Act:

Screening instruments should be easy to use, accurate, affordable, readily available, sensitive, and reliable. The components should be suitable for the program and the families it serves. It should be appropriately endorsed and make use of technologies that are used by the program.

If you are the director or owner/operator of a program, ask yourself: Do my screening instruments meet these quality standards? If not, what can I do to resolve my concerns?

change the screening instruments that I am nw using

If you are not the director or owner/operator of a program, ask yourself: What will I do if I am asked to use an instrument that does not meet these quality standards?

talk to my superior and vent my concerns about the instrument being used
Key Point

Child care professionals select screening tools based on specific quality considerations to ensure they will meet the needs of the children, their families, and the program.
Guidelines for Implementation

When using a screening instrument, child care professionals follow guidelines during implementation so that results will be accurate and usable. *Using the Developmental Screening, Assessment, and Evaluation: Key Elements for Individualizing Curricula in Early Head Start Programs*, a publication of the Task Force on Screening and Assessment of the National Early Childhood Technical Assistance System (NECTAS) in collaboration with ZERO TO THREE, contains ten guidelines you should follow when screening children.

Resources:

- *Using the Developmental Screening, Assessment, and Evaluation: Key Elements for Individualizing Curricula in Early Head Start Programs*
  
1. Screening, assessment, and evaluation should be viewed as services— as part of the intervention— and not only as means of identification and measurement.
2. Processes, procedures, and instruments intended for screening, assessment, and evaluation should only be used for their specific purposes.
3. Multiple sources of information should be included in screening, assessment and evaluation.
4. Developmental screening, assessment, and evaluation should take place on a recurrent or periodic basis.
5. Screening should be viewed as only one path to further assessment or evaluation.
6. Screening, assessment, and evaluation procedures should be reliable and valid.
7. Family members should be an integral part of screening, assessment, and evaluation process.
8. Screening, assessment, and evaluation should be conducted in natural, non-threatening setting and involve tasks that are relevant to the child and family.
9. As tools, procedures, and processes intend for screening, assessment, and evaluation must be culturally sensitive.
10. Those who screen, assess and evaluate young children should be well trained.
Key Point

Child care professionals follow guidelines and best practices during observation and screening sessions so results will be usable.
Involving Families in the Process

For screening to achieve its maximum benefit, family involvement is necessary. Families provide important documentation, such as:

* permission to screen
  - enrollment information
  - results of previous screenings
  - health records

* Families may share information about the child that could impact screening results, such as:
  - family dynamics
  - health issues, including premature birth
  - the child’s routines and behaviors at home
  - issues impacting the child and other concerns
  - possible strategies, if further action is necessary
Ideally, the role of families in the screening process is to:

- be fully aware of the screening program and understand its purpose
- consider screening as a positive service
- give __________________________ for their children to participate
- provide information that could facilitate the interpretation of results
- participate in the observation and screening process appropriately
- meet with staff members in person to discuss screening results
- pursue intervention services when they may benefit the child

To guide families through its ongoing screening and observation process, a program should have:

- written __________________________ and procedures
- a plan for orienting families to the process
- a developmentally appropriate screening __________________________ for each child
- a system for documenting parental permission to screen
- a strategy for communicating results to the parents
- knowledge about how and when to make referrals, and to whom
Quality child care programs have written policies and procedures about their observation and screening process. They outline, at the minimum:

- an orientation process for parents
- methods of obtaining written parental permission
- planning for and scheduling sessions
- documenting results

- **confidentiality**
- sharing results with others appropriately
- communicating results to parents
- making **referrals**

**Confidentiality** refers to keeping personal information private.
Quality child care programs have a plan for orienting families to the observation and screening process. Families should know their role during implementation and the:

- differences between observation and screening
- __________________________ for observing and screening
- types of screening tools used at the program
- method used to communicate results
- why, how, and to whom referrals are made

Quality programs have a developmentally appropriate screening schedule for each child, and they share it with the parents. The American Academy of Pediatrics recommends that children be screened at _____, _____, and _____ or _____ months; and more often if the child is at risk of developmental disability or delay.

Screenings are also conducted to __________________________ a child’s progress in gaining skills, they may be completed more frequently to guide classroom planning.

Quality programs have a strategy for communicating results to the parents. It is best if families are given the chance to discuss the results of every screening session at a confidential meeting. This:

- strengthens the partnership between provider and parent
- allows time for everyone to __________________________ questions
- present the results in a professional manner

___________________________ questions
Key Point

Child care professionals think of families as partners in the observation and screening processes.
Reflect, Think, and Act:

Child care professionals involve families in the observation and screening process because it facilitates a partnership that benefits the child. Name at least three ways a child benefits when his or her family works in partnership with a child care professional.

1. **Consistency for the child when family and child care professionals work together.**

2. The family and child care professionals can compare notes to see what works best for the child.

3. The more people involved with the child should benefit the child greatly.
## Activity: While At Work

There are a series of scenarios describing you at work. You will be selecting screening tools, asking the right questions, following guidelines, or involving families in the process. Read each scenario and determine what duty you are performing.

### Duty:
1. I am selecting screening tools.
2. I am asking the right questions.
3. I am following guidelines and best practices.
4. I am involving families.

<table>
<thead>
<tr>
<th>Duty</th>
<th>Scenarios</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>A. You answer questions as you share results.</td>
</tr>
<tr>
<td>3</td>
<td>B. You are trained to conduct screening and observation sessions.</td>
</tr>
<tr>
<td>1</td>
<td>C. You assess the program’s current use of technology.</td>
</tr>
<tr>
<td>3</td>
<td>D. You conduct screening sessions in natural settings.</td>
</tr>
<tr>
<td>4</td>
<td>E. You encourage parents to contact you with follow-up questions.</td>
</tr>
<tr>
<td>2</td>
<td>F. You find out what languages are available.</td>
</tr>
<tr>
<td>2</td>
<td>G. You know the tool’s target age range.</td>
</tr>
<tr>
<td>2</td>
<td>H. You learn how many items are screened.</td>
</tr>
<tr>
<td>1</td>
<td>I. You look for accuracy, reliability, and sensitivity.</td>
</tr>
<tr>
<td>3</td>
<td>J. You only use instruments for their specified purposes.</td>
</tr>
<tr>
<td>1</td>
<td>K. You perform research to find suitable endorsements.</td>
</tr>
<tr>
<td>4</td>
<td>L. You schedule confidential meetings to discuss results.</td>
</tr>
</tbody>
</table>
Observation Methods

Common observation methods used in child care settings:

1. A checklist is a list of skills and abilities to be observed. When an observer sees the child demonstrate one, he or she places a mark next to the item. The date the observation was made is often recorded, but usually nothing else. Use a checklist when the goal is to note the presence or absence of skills and abilities.

Observation Method: Checklist

<table>
<thead>
<tr>
<th>Milestone</th>
<th>Observed?</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Watches the path of something as it falls</td>
<td>X</td>
<td>Emma had no interest in finding the toy under the blanket. She was more interested in watching me.</td>
</tr>
<tr>
<td>Looks for things she tells you hide</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Plays peek-a-boo</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Puts things in her mouth</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Moves things from one hand to the other</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Picks up things like cereal or between thumb and index finger</td>
<td>X</td>
<td>Beginning to grasp objects with entire hand rather than fingers.</td>
</tr>
</tbody>
</table>

Interpretation/Conclusion:

Emma is on target for many cognitive skills. Provide more activities hiding objects to build her skills in looking for them. She needs more experiences picking things up using her fingers.
2. An anecdotal record is a narrative account of an event written shortly after it occurred. It tells what a child did, when he did it, how he did it, and what happened afterward. It does not contain references to emotions, feelings, or other details that cannot be measured. Use an anecdotal record to write about the development of a skill or ability.

### Observation Method: Anecdotal Record

<table>
<thead>
<tr>
<th>Name of Child:</th>
<th>Jeremiah</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child’s Birthdate:</td>
<td>07/01/20xx (child is 24 months old)</td>
</tr>
<tr>
<td>Observation Date:</td>
<td>02/12/20xx</td>
</tr>
<tr>
<td>Observer’s Name:</td>
<td>Eliza</td>
</tr>
<tr>
<td>Target Domain:</td>
<td>Approaches to Learning</td>
</tr>
</tbody>
</table>

**Instructions:** After observing a child(ren) or teacher, summarize what occurred. Be objective.

**Interpretation/Conclusion:**

A few minutes after his mom left, Jeremiah explored the shape sorter for the first time. Jeremiah picked up a shape sorter another child had recently abandoned. He shook it, and the pieces inside made noises. He began shaking it harder and faster, stopping occasionally to look inside the holes. He made one piece fall out, which made him laugh. After a few more seconds of shaking the shape sorter, he abandoned it to play with a truck.

**Interpretation/Conclusion:**

Jeremiah showed eagerness and curiosity as he explored the shape sorter for the first time. No concerns at this time.
3. A running record is an account of what a child is doing as it happens. Running records are also used to document how children are responding to their environment. For example, children’s actions are recorded as they move between chosen activities. Use a running record to track a child’s choice of activities or behaviors over a short period of time.

**Observation Method: Running Record**

<table>
<thead>
<tr>
<th>Time</th>
<th>Behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td>3:03</td>
<td>Troy pulled himself to his feet in front of the mirror by holding onto the pull up bar.</td>
</tr>
<tr>
<td>3:05</td>
<td>Troy let go of the bar with one hand.</td>
</tr>
<tr>
<td>3:06</td>
<td>Troy took the other hand off the bar.</td>
</tr>
<tr>
<td>3:07</td>
<td>Still standing. Wobbling.</td>
</tr>
<tr>
<td>3:09</td>
<td>Troy sat down abruptly and began to cry. He held his hands out to Mary, who want to him.</td>
</tr>
</tbody>
</table>

**Interpretation/Conclusion:**

Troy is able to stand holding on and is experiencing letting go. He is able to balance himself for a few seconds. He is preparing to start walking. Make sure he has time during the day to play with the pull up bar and encourage walking while holding on. During this session, Troy demonstrated typical development in the target domain.
4. A frequency count records how often a behavior happens. It can be used in almost any aspect of the program that involves human behavior, whether it occurs in a child, a staff member, an entire classroom, a group of staff, or any of these combined. Use this method to identify behaviors to be encouraged and those which may need to be addressed or accommodated.

### Observation Method: Frequency Count (Example 1)

<table>
<thead>
<tr>
<th>Child’s Name(s)</th>
<th>Frequency</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shawn</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Connie</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heather</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rob</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Interpretation/Conclusion:**
Shawn has difficulty sharing with his peers. Use role-playing and direct instruction to guide sharing experiences. Provide more supported opportunities for Shawn to share materials.

### Observation Method: Frequency Count (Example 2)

<table>
<thead>
<tr>
<th>Daily Schedule</th>
<th>Frequency</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Circle Time</td>
<td></td>
<td>Occurred when selecting a book to read.</td>
</tr>
<tr>
<td>Outside Time</td>
<td></td>
<td>Occurred when other children wanted to play on the same equipment.</td>
</tr>
<tr>
<td>Center Time</td>
<td></td>
<td>Occurred when another child wanted to use the paints at the same time.</td>
</tr>
<tr>
<td>Nap Time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transition from one activity to another</td>
<td></td>
<td>Occurred every time Shawn moved from one activity to another.</td>
</tr>
</tbody>
</table>

**Interpretation/Conclusion:**
Shawn has difficulty transition from one activity to another as well as interacting with peers. Use a warning system prior to transitions. Provide more opportunities for sharing and use role playing to practice.
5. Conversations are ______________ accounts of what children said while being interviewed by a provider. Many times, this is done phonetically. Non-verbal communication, or body language, is also recorded. Transcribe a child’s conversations with both peers and adults to document their ability to translate their thoughts into words, and to document development in the Language and Communication, Social and Emotional, and Approaches to Learning domains.

### Observation Method: Conversation

<table>
<thead>
<tr>
<th>Name of Child:</th>
<th>Samuel</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child’s Birthdate:</td>
<td>April 6, 20xx (child is 2 years old)</td>
</tr>
<tr>
<td>Observation Date:</td>
<td>April 14, 20xx</td>
</tr>
<tr>
<td>Observer’s Name:</td>
<td>Nicholas</td>
</tr>
<tr>
<td>Target Domain:</td>
<td>Language and Communication/Social and Emotional</td>
</tr>
</tbody>
</table>

#### Instructions: Document exactly what was said during the observation.

<table>
<thead>
<tr>
<th>Who Spoke</th>
<th>What Was Said</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assistant teacher</td>
<td>Let's read a book.</td>
<td></td>
</tr>
<tr>
<td>Samuel</td>
<td>No.</td>
<td></td>
</tr>
<tr>
<td>Assistant teacher</td>
<td>C’mon. Let’s read this one about Spot. You like Spot, don’t you?</td>
<td>Said in a loud voice.</td>
</tr>
<tr>
<td>Samuel</td>
<td>No, moon night.</td>
<td>He walked to the bookshelf and picked up Goodnight Moon.</td>
</tr>
<tr>
<td>Assistant teacher</td>
<td>Oh! You want to read Goodnight Moon! OK, we can do that.</td>
<td></td>
</tr>
<tr>
<td>Samuel</td>
<td>We can do that.</td>
<td>Smiling.</td>
</tr>
<tr>
<td>Assistant teacher</td>
<td>Yes, we can do that. OK, this is Goodnight Moon, by Margaret Wise Brown and Clement Hurd.</td>
<td></td>
</tr>
<tr>
<td>Samuel</td>
<td>Night, moon!</td>
<td>Clapping.</td>
</tr>
<tr>
<td>Assistant teacher</td>
<td>Yes. Ok, here we go...</td>
<td></td>
</tr>
<tr>
<td>Samuel</td>
<td>Moon! Moon! Moon!</td>
<td>Clapping his hands and smiling.</td>
</tr>
<tr>
<td>Assistant teacher</td>
<td>Yes, this is the moon book. I’ll read, and you let me know when you see the moon, OK?</td>
<td></td>
</tr>
<tr>
<td>Samuel</td>
<td>Kay.</td>
<td>Pointed to the moon.</td>
</tr>
</tbody>
</table>
**Phonetically** refers to the way words sound, rather than how they are spelled. For example, you might record that a child said, “Cookie peas,” as opposed to writing, “Cookie, please.”
6. A *time sample* records what a child chooses to do during a given time period, which is usually a half hour. When a child abandons one activity and begins another, the time is noted. Use time samples to document children’s attention spans, social interactions, or to see how equipment and materials meet their needs.

### Observation Method: Time Sample

<table>
<thead>
<tr>
<th>Name of Child:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child’s Birthdate:</td>
</tr>
<tr>
<td>Observation Date:</td>
</tr>
<tr>
<td>Observer’s Name:</td>
</tr>
<tr>
<td>Observation Time:</td>
</tr>
<tr>
<td>Target Behavior:</td>
</tr>
</tbody>
</table>

**Instructions:** Document what activity the child(ren) is doing during each interval.

<table>
<thead>
<tr>
<th>Activities Available</th>
<th>Time (at 10-minute intervals)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>9:30</td>
</tr>
<tr>
<td>Dramatic Play Center</td>
<td></td>
</tr>
<tr>
<td>Discovery/Science Center</td>
<td></td>
</tr>
<tr>
<td>Small Group Activity</td>
<td>X</td>
</tr>
<tr>
<td>Book/Construction Center</td>
<td></td>
</tr>
<tr>
<td>Writing Center</td>
<td></td>
</tr>
<tr>
<td>Block/Manipulative Center</td>
<td></td>
</tr>
</tbody>
</table>

**Interpretation:**
Wyatt continues to show interest in the hamster, often interrupting play to check on them. He asks to

---

**Example 1:**

<table>
<thead>
<tr>
<th>Name of Child: Wyatt</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child’s Birthdate: 02/23/20XX</td>
</tr>
<tr>
<td>Observation Date: 02/23/20XX</td>
</tr>
<tr>
<td>Observer’s Name: Tasha</td>
</tr>
<tr>
<td>Observation Time: Free Choice Center Time (9:30 – 10:30 am)</td>
</tr>
<tr>
<td>Target Behavior: Increasing interest in a variety of learning centers to support various developmental skills</td>
</tr>
</tbody>
</table>

**Activities Available:**

<table>
<thead>
<tr>
<th>Activities Available</th>
<th>Time (at 10-minute intervals)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>9:30</td>
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<tr>
<td>Dramatic Play Center</td>
<td></td>
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<tr>
<td>Discovery/Science Center</td>
<td></td>
</tr>
<tr>
<td>Small Group Activity</td>
<td>X</td>
</tr>
<tr>
<td>Book/Construction Center</td>
<td></td>
</tr>
<tr>
<td>Writing Center</td>
<td></td>
</tr>
<tr>
<td>Block/Manipulative Center</td>
<td></td>
</tr>
</tbody>
</table>

**Example 2:**

<table>
<thead>
<tr>
<th>Classroom: 3 Year Olds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Observation Date: 02/23/20XX</td>
</tr>
<tr>
<td>Observer’s Name: Ms. Smith</td>
</tr>
<tr>
<td>Observation Time: Free Choice Center Time (9:30 – 10:30 am)</td>
</tr>
<tr>
<td>Target Behavior: Social Interactions</td>
</tr>
</tbody>
</table>

**Activities Available:**

<table>
<thead>
<tr>
<th>Activities Available</th>
<th>Time (at 10-minute intervals)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>9:30</td>
</tr>
<tr>
<td>Dramatic Play Center</td>
<td></td>
</tr>
<tr>
<td>Discovery/Science Center</td>
<td></td>
</tr>
<tr>
<td>Small Group Activity</td>
<td>X</td>
</tr>
<tr>
<td>Book/Construction Center</td>
<td></td>
</tr>
<tr>
<td>Writing Center</td>
<td></td>
</tr>
<tr>
<td>Block/Manipulative Center</td>
<td></td>
</tr>
</tbody>
</table>

**Interpretation:**
Wyatt continues to show interest in the hamster, often interrupting play to check on them. He asks to

---

**Example 2:**

<table>
<thead>
<tr>
<th>Classroom: 3 Year Olds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Observation Date: 02/23/20XX</td>
</tr>
<tr>
<td>Observer’s Name: Ms. Smith</td>
</tr>
<tr>
<td>Observation Time: Free Choice Center Time (9:30 – 10:30 am)</td>
</tr>
<tr>
<td>Target Behavior: Social Interactions</td>
</tr>
</tbody>
</table>

**Activities Available:**

<table>
<thead>
<tr>
<th>Activities Available</th>
<th>Time (at 10-minute intervals)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>9:30</td>
</tr>
<tr>
<td>Dramatic Play Center</td>
<td></td>
</tr>
<tr>
<td>Discovery/Science Center</td>
<td></td>
</tr>
<tr>
<td>Small Group Activity</td>
<td>X</td>
</tr>
<tr>
<td>Book/Construction Center</td>
<td></td>
</tr>
<tr>
<td>Writing Center</td>
<td></td>
</tr>
<tr>
<td>Block/Manipulative Center</td>
<td></td>
</tr>
</tbody>
</table>

**Interpretation:**
Wyatt continues to show interest in the hamster, often interrupting play to check on them. He asks to

---
7. Standardized tests are used to document a child’s ability to compare and contrast, solve a problem, classify objects, put things in sequential order, arrive at conclusions, and other skills. Standardized tests have specific procedures for administering, scoring, and interpreting the results. Typically, standardized tests are norm-referenced. Use standardized tests to document the development of a child compared to other children of the same age.

Observation Method: Standardized Tests

The following are examples of standardized tests used in early childhood environments. Information about standardized tests can be found by searching the Internet and visiting websites of companies who produce the test.

**The Ages and Stages Questionnaire (ASQ)**
- Company: Brookes Publishing Company
- Ages: 4 months to 60 months
- The Ages and Stages Questionnaire system is a low-cost, reliable way to screen infants and young children for developmental delays during the first 5 years of life.

**Battelle Developmental Inventory, Second Edition (BDI-2)**
- Company: Riverside Publishing Company
- Ages: Birth to 7 years, 11 months
- The Battelle Developmental Inventory is a developmental assessment for young children.

**Early Screening Inventory-Revised (ESI-R)**
- Company: Pearson Early Learning
- Ages: 3 to 6 years.
- The Early Screening Inventory-Revised is a brief developmental screening instrument individually administered to children from 3 to 6 years.
Norm-referenced means the results are used to compare the skills of the child to typically developing peers.

Quantify means to assess something's numerical value. This is a highly subjective process and is often used to gather an observer's judgements, based on expertise.
8. A **rating scale** is used to measure a behavior, skill, or ability based on a series of quality points or a continuum. If you've ever been asked to rate a service or product "on a scale of one to ten," then you have used a rating scale to communicate your thoughts. Every number you could have chosen represented a quality point. Use rating scales to quantify a child's performance of a skill or a set of skills or see where a behavior or skill is on a developmental continuum. Rating scales can also be used to rate environments on their developmental appropriateness.

## Observation Method: Rating Scale

<table>
<thead>
<tr>
<th>Observation Date:</th>
<th>October 16, 20xx</th>
</tr>
</thead>
<tbody>
<tr>
<td>Observer's Name:</td>
<td>Diane</td>
</tr>
<tr>
<td>Target Domain:</td>
<td>Social and Emotional — Social Interactions</td>
</tr>
</tbody>
</table>

**Instructions:** Observe children interacting with other children, and mark the box that best reflects each child's development in the target domain.

<table>
<thead>
<tr>
<th>Name of Child(ren)</th>
<th>Smiles at people</th>
<th>Cries some facial expressions</th>
<th>Responds to other people's emotions</th>
<th>Stays with familiar adults</th>
<th>Plays games like &quot;pat-a-cake&quot; or &quot;peek-a-boo&quot;</th>
<th>Plays mainly beside other children</th>
<th>Shows empathy for friends</th>
<th>Cooperates with other children by taking turns</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sally</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Joshua</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allan</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nicole</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Debby</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Cindy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>John</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

**Milestone Information** was provided by the Centers for Disease Control and Prevention, Access Date 2/11/2014, [http://www.cdc.gov/ncbddd/actearly/milestones/index.html](http://www.cdc.gov/ncbddd/actearly/milestones/index.html)

**Interpretation/Conclusion:**

All of the children in this classroom are three years old. Most of the children are on target for their age level in social interaction development. Sally needs more experiences and encouragement to play with other children rather than beside them.
9. A work sample is a __________ created by a child that becomes documentation of the development of a skill. The work sample can be two dimensional, such as a drawing or writing sample, or three dimensional, such as a sculpture. It could be a photograph or a video of a child building a block tower, or a recording of one singing a song or telling a story. Use a work sample to allow others to observe children or their work for themselves.

Observation Method: Work Sample

<table>
<thead>
<tr>
<th>Name of Child:</th>
<th>Tom</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child’s Birthdate:</td>
<td>03/17/20xx (child is 30 months old)</td>
</tr>
<tr>
<td>Observation Date:</td>
<td>09/10/20xx</td>
</tr>
<tr>
<td>Observer’s Name:</td>
<td>Pat</td>
</tr>
<tr>
<td>Target Domain:</td>
<td>Language and Communication — Emergent Writing</td>
</tr>
</tbody>
</table>

Instructions: Capture a work sample from a child (keep the sample, take a photo of the sample, scan or copy the sample, take video of the work, etc.).
10. Documentation refers to everything in a child's file, but that word can have a special meaning when it is used in reference to child observation. Then, documentation refers to records that help identify a child who may be at risk of maltreatment, delay, disability, or to relay a suspicion of child abuse or neglect.

When you suspect abuse or neglect, document and report it immediately, following your lawful duties. A child's life may be at stake.

There are multiple ways to report suspicions of child abuse and/or neglect. Child care professionals can:

- call the Abuse Hotline (1-800-96Abuse or 1-800-962-2873) or call through the TDD line
- report online through the Abuse Hotline website at https://reportabuse.dcf.state.fl.us/
- fax the information to the Abuse Hotline at www.dcf.state.fl.us/programs/abuse/docs/faxreport.pdf

---

**Observation Method: Documentation**

**Name of Child:**

**Child's Birthdate:**

**Observation Date:**

**Observation Time:**

**Observer's Name:**

**Instructions:** Document exactly what was said during the observation.

Chris came to school today very quiet. While he was reaching for a puzzle, his shirt sleeve moved and I noticed fingerprint marks on his upper arm above his right elbow. When I asked him to lift his sleeves, he pulled down his shirt sleeve quickly and went back to doing his puzzle. I took him to see the director, who lifted his sleeves and we both saw three fingerprint marks on his right arm above his elbow.

**Interpretation/Conclusion:**

My director and I called the Abuse Hotline to report what we observed because this is not a typical bruise we would expect to see.
Activity: Which Method?

Select the tool you would use in each scenario, following the guidance provided in this module.

1. Anecdotal Record
2. Checklist
3. Conversations
4. Documentation
5. Frequency Count
6. Rating Scale
7. Running Record
8. Standardized Tests
9. Time Sample
10. Work Sample

<table>
<thead>
<tr>
<th>Method</th>
<th>Which method would you use to...</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>note the presence or absence of demonstrated skills and abilities?</td>
</tr>
<tr>
<td>1</td>
<td>write about the development of a skill or ability after it has occurred?</td>
</tr>
<tr>
<td>7</td>
<td>write about what is happening while you are observing?</td>
</tr>
<tr>
<td>5</td>
<td>identify how often behaviors to be addressed or accommodated?</td>
</tr>
<tr>
<td>3</td>
<td>document children’s ability to translate their thoughts into words?</td>
</tr>
<tr>
<td>9</td>
<td>document children’s attention span?</td>
</tr>
<tr>
<td>8</td>
<td>compare a child’s development to other children of the same age?</td>
</tr>
<tr>
<td>6</td>
<td>quantify a child’s performance of a skill or a set of skills?</td>
</tr>
<tr>
<td>10</td>
<td>observe a child’s skill by using a product they have created?</td>
</tr>
<tr>
<td>4</td>
<td>identify a child who may be at risk of delay or disability?</td>
</tr>
<tr>
<td>4</td>
<td>relay a suspicion of child abuse or neglect?</td>
</tr>
</tbody>
</table>
Key Point

Child care professionals choose their methods of observation based upon the data type they need to collect.
During the observation the child manipulated the clay by rolling it into small balls and then rolled it around the table. The child then made the clay into a long tube shaped and rolled it around the table. The child then pounded the ball of clay using one hand and then both hands.
<table>
<thead>
<tr>
<th>Task</th>
<th>Yes or No</th>
<th>Date Observed</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrates a dominant hand consistently.</td>
<td>Yes</td>
<td>2/5</td>
<td>right hand dominant</td>
</tr>
<tr>
<td>Rolls clay.</td>
<td>Yes</td>
<td>2/5</td>
<td></td>
</tr>
<tr>
<td>Pounds clay.</td>
<td>Yes</td>
<td>2/5</td>
<td></td>
</tr>
<tr>
<td>Squeezes clay.</td>
<td>No</td>
<td>2/5</td>
<td>Do not observe the child squeezing clay.</td>
</tr>
<tr>
<td>Pulls clay.</td>
<td>No</td>
<td>2/5</td>
<td>Did not observe the child pulling clay.</td>
</tr>
<tr>
<td>Manipulates clay into shape.</td>
<td>Yes</td>
<td>2/5</td>
<td>child made the clay into long tubes or snake shapes</td>
</tr>
</tbody>
</table>
Key Point

Child care professionals conduct the observations in an informed, objective, honest, fair and focused manner.
Key Point

Child care professionals use the internet to find information about observation methods and tools used to perform observations.
Behavioral Observation and Screening

Module 5: Children at Risk
Observation, Screening, and At-Risk Children

Child care professionals do:

- Not diagnose
- Identify and document indicators
- Report them as required by law
- Observe and screen regularly

Page 61
Reflect, Think, and Act:

Licensed doctors are the only professionals who can diagnose the signs of delay and disability. The Department of Children and Family's child abuse investigators, working with law enforcement officials, are the only professionals who can verify the signs of abuse and neglect and take appropriate legal action. Think about your role in supporting these professionals as they carry out their duties. Record at least three actions you can take to help them assist a child whose well-being may be at risk.

1. Be sure to report cases of child abuse and neglect in order to protect children.

2. Be supportive of a child who is in a stressful situation. Stability is important at this point.

3. Observe the child and document the information that would be beneficial to a professional.
Key Point

Child care professionals can provide other professionals with information that can help a child at risk.
Child care professionals speak and write in ways that help them communicate with other professionals and with parents. This is especially important when the documentation they create may be used by another professional to arrive at a ________________ for disability or begin an ________________ for possible abuse or neglect. They:

• use ________________ language

• use terms related to their profession and at-risk children expertly

• construct concisely-written sentences with care
At Risk is a phrase used after a noun to describe a condition or situation of vulnerability or of being in danger.

At-Risk is an adjective used immediately before a noun (a person or a thing) that is vulnerable or in danger. (Note hyphenation.)

People-First Language is a method of sentence construction that places people before any condition they have.
### Activity: Professional Terms

Match each term with its definition.

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Documented Evidence</th>
<th>In Good Faith</th>
<th>Natural Environment</th>
</tr>
</thead>
<tbody>
<tr>
<td>At Risk</td>
<td>Developmental Domains</td>
<td>Individualized Care</td>
<td>Observation</td>
</tr>
<tr>
<td>Atypical</td>
<td>Developmental Milestones</td>
<td>The Individuals with Disabilities Education Act (IDEA)</td>
<td>Observation and Screening Tools</td>
</tr>
<tr>
<td>Confidentiality</td>
<td>Developmentally Appropriate Practice</td>
<td>Mandatory Reporters</td>
<td>People-First Language</td>
</tr>
<tr>
<td>Evaluation</td>
<td>Early Intervention</td>
<td></td>
<td>Screening</td>
</tr>
<tr>
<td>TERM</td>
<td>DEFINITION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>People-first Language</td>
<td>1. A method of sentence construction that places people before any condition they have.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. A phrase used to describe a condition or situation of vulnerability or of being in danger.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>At Risk</td>
<td>3. A process that determines a child’s eligibility for federal, state, and local programs and services.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evaluation</td>
<td>4. A process whereby an agency or organization gathers and reviews multiple sources of information about a child’s suspected or confirmed developmental delay or disability, and uses data to improve a child’s outcomes.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assessment</td>
<td>5. A research-based framework centered on meeting children where they are individually, chronologically (i.e., by age), and culturally.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DAP</td>
<td>6. A system of services that help children who have a developmental disability or delay.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Early Intervention</td>
<td>7. An ongoing process in which child care professionals recognize and document identifiable developmental milestones as they appear, using tools such as checklists, anecdotal records, and running records.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Observation</td>
<td>8. An ongoing process in which child care professionals use specialized observation and documentation tools to identify, document, and monitor typical development or possible developmental delay.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Screening</td>
<td>9. Mandates that children with disabilities receive a free and public education (FAPE). IDEA Part B addresses children and youth (ages 3-22), while Part C addresses infants and toddlers.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individuals with Disabilities Act (IDEA)</td>
<td>10. Means the same thing as not typical or not expected.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Atypical</td>
<td><strong>Continued on next slide</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Developmental Milestones</td>
<td>11. Observable behaviors, traits, skills, or abilities that typically appear at specific age ranges.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>--------------------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mandatory Reporter</td>
<td>12. People who must, by law, report suspicions of child abuse or neglect.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individualized Care</td>
<td>13. Refers to attention paid to a child that recognizes and adapts to his or her unique character and physical, emotional, and cognitive traits.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Confidentiality</td>
<td>14. Refers to keeping personal information private.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Natural Environment</td>
<td>15. Refers to places the child would typically be, such as home, the child care program, school, a place of worship, or the homes of family and friends, rather than a director’s office, doctor/therapist’s office, or similar places.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Documented Evidence</td>
<td>16. Refers to written data collected by the program.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Observation and Screening Tools</td>
<td>17. Specific items that are used to guide an observation or screening, including documents, materials, and equipment, or any combination of these items.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Developmental Domains</td>
<td>18. These categorize children’s skills and abilities.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>In Good Faith</td>
<td>19. To work with the sincere intention of doing the right thing, with honesty and integrity, and to perform the work at hand with the best effort possible.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Reflect, Think, and Act:

When you are working with people who are providing you with information or a service, how do you judge their professionalism?

- Are they helpful?
- Are they looking out for the child?
- Are they factual?
- Is their attitude positive?
<table>
<thead>
<tr>
<th>What types of behaviors make you skeptical?</th>
<th>Which ones earn your trust?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opinionated</td>
<td>Organized</td>
</tr>
<tr>
<td>Lacks professionalism</td>
<td>Child oriented</td>
</tr>
<tr>
<td>Dislikes children</td>
<td>Well informed</td>
</tr>
</tbody>
</table>

Page 64
Key Point

Child care professionals use terms related to their profession to at-risk children expertly and when creating documentation, they carefully construct concisely-written sentences.
Who is at Risk?

According to the CDC, children who are at the highest risk for developmental delay or disability tend to be:

- male
- living in _____________________________

Genetics and _____________________________ play a role in putting children at risk for a developmental delay or disability.

The risk factors for child abuse and neglect fall into three categories: child, parent and family, and societal. Children who are at risk for developmental delay or disability tend to:

- have parents who live in poverty, did not finish high school, abuse alcohol or other drugs, and/or do not have _____________________________ relationships
- be born prematurely, have a chronic illness or disability, and/or possess a characteristic identified by a parent as _____________________________
- live in communities that have high rates of poverty and violence and/or a _____________________________ of abuse and neglect

poverty
physical environment
supportive
undesirable
acceptance
Early Signs of Developmental Delay

A developmental delay occurs when a child does not display the skills and abilities typically seen in peers in the same age range. Delays can occur in any developmental domain, but the most common ones occur in the __Language and Communication__ and __Social and emotional__ domains.

Developmental Milestone Charts

- Centers for Disease Control and Prevention
  www.cdc.gov/ncbddd/actearly/milestones/index.html
- National Institutes of Health

Many children can overcome a developmental delay with classroom interventions. However, if several different types of screening methods conducted over time indicate the child is not making progress, talk to the parents about __assessment__ and evaluation following the guidelines presented in Module 3.

Recall that child care professionals in Florida refer families to the Children’s Forum’s __Central Directory__ or the Florida Diagnostic and Learning Resource System’s __Child Find__. 
Key Point

A developmental delay occurs when a child does not display the skills and abilities typically seen in peers in the same age group.
Key Point

Child care professionals in Florida refer families to the Children’s Forum’s Central Directory and the Florida Diagnostic and Learning Resource System’s Child Find when they feel intervention may benefit the child.

Page 66
Early Signs of Developmental Disability

A developmental disability is a chronic condition that is substantially limits major life activities in adulthood, and impacts a child’s abilities to perform activities in one or more developmental domain. Some common developmental disabilities are:

- Autism
- Down syndrome
- cognitive/intellectual

Autism is a group of neurodevelopmental disorders characterized by social impairments, communication difficulties, and restricted and repetitive patterns of behavior.

Infants (birth to 18 months of age) with Autism:

- may avoid gazing directly into the eyes of their parents
- when spoken to, may not babble in response
- may not smile in response to a smile

Toddlers (18 to 36 months of age) with Autism:

- may not point to an object of interest or follow someone’s point
- may not look to a trusted adult for help
- may flap or wave their arms, or rock back and forth
- may become fixated on an activity or object
- can be prone to tantrums
Neurodevelopmental disorders affect the growth of nerves, nerve tissue, and the central nervous system.

Down syndrome is a genetic disorder characterized by distinct physical traits and intellectual impairments.

Children with Down syndrome share a number of physical characteristics, including:

- a small head in proportion to his or her body
- flattened facial features
- a small mouth and ears
- eyes that slant upward and may be rounded
- broad hands, a single crease in their palms, and short fingers
Genetic disorders are conditions that are due to an abnormality in the way a body’s cells are structured. If a disorder is genetic, it is present at birth, even if it is not diagnosed at that time.

Distinct physical traits refers to the similar facial and body features that are shared by many people with Down syndrome.

Intellectual impairments means that people with Down syndrome may have a difficult time understanding and processing information.
Cognitive or intellectual disabilities may be diagnosed in children based on the way they process and use self-help information and perform skills.

Children who have an intellectual disability may have difficulties:

- caring for themselves
- understanding health and safety issues
- communicating with others
- learning necessary life skills (eating, toileting, etc.)
- directing their own activities

**Cognitive abilities** are intellectual processes that can be measured on standardized tests. Also known as intellectual functioning.

**Self-help skills** are a wide variety of abilities that are useful in everyday life. Also known as adaptive behavior or adaptive skills.
<table>
<thead>
<tr>
<th>DISORDER</th>
<th>DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cognitive Disabilities</td>
<td>1. Disabilities that affects self-help skills and the way the brain processes information.</td>
</tr>
<tr>
<td>Phenylketonuria (PKU)</td>
<td>2. A disorder characterized by delays in motor development and seizures, it often appears in conjunction with a behavioral disorder.</td>
</tr>
<tr>
<td>Bipolar disorder</td>
<td>3. A disorder characterized by extreme shifts in mood and energy.</td>
</tr>
<tr>
<td>ADHD</td>
<td>4. A disorder characterized by impulsivity, inattention, and in some cases, hyperactivity.</td>
</tr>
<tr>
<td>Cerebral Palsy</td>
<td>5. A disorder that affects body movement and muscle coordination.</td>
</tr>
<tr>
<td>Down Syndrome</td>
<td>6. A genetic disorder characterized by distinct physical traits and intellectual impairments.</td>
</tr>
<tr>
<td>Autism Spectrum Disorder</td>
<td>7. A group of disorders characterized by social and communication impairments, and restricted and repetitive patterns of behavior.</td>
</tr>
<tr>
<td>Fragile X Syndrome</td>
<td>8. A syndrome characterized by intellectual disability and behavior disorders, more prevalent and severe in males.</td>
</tr>
<tr>
<td>Fetal Alcohol Syndrome</td>
<td>9. A syndrome characterized deformities in the joints, fingers, and limbs; atypical behavior; learning disorders; and cognitive impairment.</td>
</tr>
</tbody>
</table>
Key Point

It is important for child care professionals to be familiar with common developmental disabilities that may affect children’s in their care.
Early Signs of Abuse and Neglect

If you would like to talk to a trained counselor about how the issue child abuse and neglect affects you, you can call the Florida Coalition Against Domestic Violence at 1-800-500-1119 or the Florida Council Against Sexual Violence at 1-888-956-7273.

Child abuse is defined by Florida law as any non-accidental injury, sexual battery, or injury to the intellectual or psychological capacity of a child by the parent, adult household member, or other person responsible for the child’s welfare. Abuse falls into three categories: ________________________________, ________________________________, and ________________________________.

The signs of child abuse fall into two categories:

Physical Behavioral

Physical signs are observable in the appearance of a child.

Behavioral signs are observable in the way a child acts.

Remember, these are signs that a child may be a victim of abuse or neglect. Only a qualified professional can determine if child abuse or neglect is occurring. Your job as a child care professional is to report suspicions of abuse and/or neglect to the DCF Abuse Hotline.

Physical Behavioral

Physical signs of child abuse include bruises, welts, burns, lacerations, abrasions, fractures, wounds and other injuries. Be alert for ones that tend to occur in the same place or repeatedly, and for which there is no plausible explanation.

Behavioral signs include reluctance to go home, wariness of adults, strong startle response, depression, poor memory and concentration, and behaviors that are not age-appropriate.

For example, the child may be aggressive or passive, seek attention indiscriminately, be overly affectionate, or withdraw from others.
Key Point

Child abuse can be physical, sexual, emotional and children may display physical and behavioral indicators of such maltreatment.
Child neglect is defined by Florida law as failure to provide things necessary to sustain life, such as adequate food, clothing, shelter, health care, hygiene, and supervision. Neglect also includes situations in which the child is deprived of emotional support, love and attention, which causes a disorder called Failure to Thrive.

The signs of neglect fall into the same two categories: physical and behavioral. Physical signs of neglect include untreated medical conditions (major and minor), inadequate clothing, consistent hunger, and poor hygiene.
behavioral

__________________________ signs include fatigue, disinterest, stealing food, inability to trust, self-destructive behaviors, poor self-control, consistent absence or tardiness, or trying to take on adult responsibilities for other children.
Key Point

Child neglect is the failure to provide things necessary to sustain life, and children may display physical and behavioral indicators of such maltreatment.
REMEMBER

As a child care provider, it is your duty and your legal responsibility, according to Chapter 39 of the Florida Statutes, to report any suspected case of child abuse or neglect.
## Activity: Abuse or Neglect?

For each indicator, identify if it is a sign of abuse or neglect. Also, identify if it is a physical or behavioral indicator.

<table>
<thead>
<tr>
<th>Sign of</th>
<th>Type of Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Physical</td>
</tr>
<tr>
<td>Abuse</td>
<td></td>
</tr>
<tr>
<td>X</td>
<td>Age-Inappropriate Behaviors</td>
</tr>
<tr>
<td>X</td>
<td>Bruises and Welts</td>
</tr>
<tr>
<td>X</td>
<td>Burns</td>
</tr>
<tr>
<td></td>
<td>Consistent Absence or Tardiness</td>
</tr>
<tr>
<td></td>
<td>Consistent Hunger</td>
</tr>
<tr>
<td></td>
<td>Fatigue</td>
</tr>
<tr>
<td></td>
<td>Fractures</td>
</tr>
<tr>
<td></td>
<td>Inadequate Clothing</td>
</tr>
<tr>
<td>X</td>
<td>Lacerations and Abrasions</td>
</tr>
<tr>
<td></td>
<td>Poor Hygiene</td>
</tr>
<tr>
<td>X</td>
<td>Poor Memory and Concentration</td>
</tr>
<tr>
<td></td>
<td>Self-Destructive Behaviors</td>
</tr>
<tr>
<td></td>
<td>Stealing Food</td>
</tr>
<tr>
<td>X</td>
<td>Strong Startle Response</td>
</tr>
<tr>
<td></td>
<td>Untreated Medical Conditions</td>
</tr>
<tr>
<td></td>
<td>Wariness of Adults</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Key Point

Child care professionals know and must report the physical and behavioral signs of child abuse and neglect.
Helping Children with Disabilities

To use observation and screening to help children with developmental delays or disabilities, child care professionals:

- observe and ____________________________ regularly
- ____________________________ for signs and changes
- ____________________________ professionally, over time, using a variety of methods
- are familiar with the Central Directory and Child Find
- ____________________________ when appropriate
- provide appropriate support during sessions

Child care providers have specific responsibilities under the Americans with Disabilities Act (ADA), a federal law that prohibits discrimination of people who are disabled. Specifically, they must:

- make ____________________________ modifications in policies, procedures, and practices
- remedy barriers to mobility and communication
- provide auxiliary aids and services necessary to communicate with children with disabilities

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Child care professionals can also make a substantial contribution toward the progress of children who receive benefits under the Individuals with Disabilities Education Act, a federal law that guarantees a free and public education to every child. This is best done by interacting with others who are helping a child with disabilities through a team approach. Offer to:

- share results of your observation and screening sessions
- provide expertise related to the child’s activities at the program
- be on the child’s ________________________ team
Key Point

Child care professionals improve the outcomes for children receiving benefits under the ADA and IDEA by sharing their screening results, preferably in person.
Helping Victims of Abuse or Neglect

To help children who are victims of abuse or neglect by observing and screening them:

- observe regularly for signs of abuse or neglect
- ______________________________________________________________________ for changes in behavior
- ______________________________________________________________________ professionally and immediately
- be familiar with the Florida Abuse Hotline
- provide appropriate support during sessions

Be aware that some developmental delays and disabilities can __________________________ the signs of abuse and neglect. For example, children with Autism may bang their heads, leaving bruises. Children with a disability that is impacting motor development may fall easily, and have abrasions or lacerations. A child with a cognitive impairment might be overly or inappropriately affectionate. The best way to discern the differences between delays, disabilities, abuse and neglect is to observe and screen children often and know what is typical for each individual.
Key Point

Observation is the best way to identify the earliest signs of abuse and neglect.
Behavioral Observation and Screening in Child Care

Module 6: Referral Process and Resources
Sharing Results with Parents

When the results of screening and observation sessions suggest assessment or evaluation might benefit the child, apply these best practices in this order:

Best Practice #1: ___________________________ carefully for the meeting.

- Schedule a specific time to discuss results.
- Provide the results as soon as possible.
- Hold the meeting where you can maintain confidentiality.
- Gather copies of the key documents.
- Just before the meeting, review the materials.
- Reflect on what you need to say and the best way to say it.

Prepare
Proactive means to address concerns or problems.
Best Practice #2: Begin the meeting with a brief overview of the terms observation and screening. Define the terms observation and screening. State that these are routine processes in quality programs. Explain why the program observes and screens enrolled children. Talk about when and how the program conducts observation and screening sessions. Describe how the program uses the data to help children. Respond to questions.

Best Practice #3: Present a blank sample of the specific tool or tools that were used.

Best Practice #4: Present the child’s results in writing.

Emphasize the child’s current strengths and skills. Explain areas in which their child might benefit from classroom interventions or further assessment. Tell parents that the results of screening tools used by only one screener cannot be used to determine the status of a child’s development. Relate your desire and willingness to assist and collaborate with the parents in deciding how to proceed.
Best Practice #5: Be an ______________ listener.

- Listen very closely to what parents say.
- Think before responding.
- Ensure everyone has a chance to speak without interruption.
- Ask respectful questions.
- Check for understanding.
- Watch facial expressions and non-verbal responses.

Best Practice #6: Keep the meeting ____________________________.

- Remember, this is an opportunity to share information.
- Focus on what you know is true, according to the results.
- Be calm and focused, and help parents to do the same.

Best Practice #7: Talk about the program’s ____________________________.

- Relate the program’s relationship to organizations that perform assessment and evaluation, and how the program provides vital information to them.
- Describe IDEA Parts B and C, if applicable, and how the program might assist a child who qualifies for benefits.

Best Practice #8: Make an appropriate referral and provide ____________________________.

- Encourage the parents to make the first call.
- Show them how all of the information they need has been provided.
- Explain the benefits of the family in seeking services themselves.
- Clarify how the program can best participate.
- Ask parents to sign a release of information form.
- Check for understanding before continuing.
Key Point

When the results of screening and observation sessions suggest a referral for assessment or evaluation might benefit a child, the program’s role is to supply appropriate information, resources, and support to the families while continuing to provide individualized care.
Reflect, Think, and Act:

Reflect on how you can control your own emotions and maintain professionalism if parents demonstrate one of these after hearing the results of a screening:

- Fear/Doubt
- Denial
- Sadness
- Helplessness
- Anger

List three ways you can help yourself stay calm when someone else is displaying a strong emotion. Ensure that your response is both professional and considerate of a person who may be feeling a significant amount of stress.

1. **Try not to take the conversation personal**

2. **Keep a positive attitude**

3. **Remember that you are looking out for a child - what is best for them?**
Key Point

If parents display a strong emotion when results are shared, the best way to support them is to stay calm, focus on the facts, and be compassionate.
Once you have shared the results of a screening with parents, take the following steps:

- Provide individualized, developmentally appropriate care
- Supply parents with information
- Participate in the child’s intervention team
- Be the parent’s knowledgeable partner
Key Point

As families move through the assessment or evaluation processes, adjust the child’s learning experiences as new information emerges, and be willing to share your expertise (as long as you have written parental consent).
Resources

Referrals from child care providers should be made to the following organizations:

- Florida Diagnostic and Learning Resource System (FDLRS)
- Children’s Forum’s Central Directory
- Florida Office of Early Learning Child Care Resource & Referral Network (CCR&R)
- Child Find

Remember to search the Internet for information you need. When you find information, ask yourself three questions before using it as a resource:

- Is this information provided by an expert?
- Can this information be verified by another source?
- Is this the most current information available on this subject?
Key Point

Child care professionals rely on local, state, and federal agencies and professional organizations to help them assist parents appropriately and responsibly.
Activity: Make a Referral?

Read the following scenarios and determine the correct course of action.

<table>
<thead>
<tr>
<th>Encourage Family to Refer</th>
<th>Report Suspicion to Abuse Hotline</th>
<th>Do Neither</th>
<th>Scenario</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
<td></td>
<td>You are screening a 10-month-old. You have conducted four screenings over the past three weeks. You find that the child does not engage in play.</td>
</tr>
<tr>
<td></td>
<td>X</td>
<td></td>
<td>You are screening a 14-month-old child for the first time, and despite your coaxing, he crawls to you instead of walking.</td>
</tr>
<tr>
<td>X</td>
<td></td>
<td>X</td>
<td>You are screening a child who has multiple injuries in several stages of healing and who appears depressed and anxious.</td>
</tr>
<tr>
<td>X</td>
<td></td>
<td></td>
<td>You are screening a four-year-old who tells you her mother hit her on the back. You look at the child’s back and see a bruise.</td>
</tr>
<tr>
<td>X</td>
<td></td>
<td></td>
<td>You are screening a six-month-old child who does not acknowledge your presence in any way.</td>
</tr>
</tbody>
</table>
Key Point

After reviewing screening results, a child care professional may encourage the family to refer a child, report suspicions of abuse or neglect, or do neither of these.