EI/ECSE Standard 4
Component 4.4
Overview & Speaker Notes

Intended Audience:

Overview for Facilitators:
ECPC has developed an anchor presentation for each of the Initial Practice-Based Professional Preparation Standards for Early Interventionists/Early Childhood Special Educators (EI/ECSE). The components under each standard are presented separately. The materials are designed for an in-service professional development (PD) program but can be used in a pre-service teacher preparation course. This resource will increase professionals’ ability to address each of the EI/ECSE standard and components. Additional materials for each standard can be found on the ECPC Website: Curriculum Module | The Early Childhood Personnel Center (ecpcta.org)

Speaker Notes
The speaker notes provide a narrative and activities for each slide. You will see speaker notes for most of the slides within the slide deck. The notes provide additional details about the information on a particular slide, including the context for the information and key points. The notes are a guide, and speakers should feel free to modify these as needed. Please note the following:

- The narrative is a sample script for the presenter. Although you may read it verbatim, speaker notes are intended as a guide for the presenter, and you may modify them as needed.

Materials Required for face to face
1. Share the outline with timelines for the training (build in breaks)
2. Conduct an opening activity (introductions/ice breaker)
3. Computers or tablets with internet access for participants (if possible)
4. Handouts
5. Projector with audio capable for playing video with speakers
6. Presentation slides with speaker notes
7. Develop an evaluation tool for all attendees (e.g., continuous improvement activity)

Materials Required for virtual
1. Distribute the link to the online platform in advance
2. Share the outline with timelines for the training (build in breaks)
3. Conduct an opening activity (introductions/ice breaker)
4. Determine how participants will receive handouts and materials, on the cloud, using a storage platform (e.g., dropbox, google, etc.)
5. Platform to share presentation (e.g., zoom, teams, etc.) with polling questions prepared in advance and breakout room capability
6. Upload or send handouts in advance or through platform (insert through chat)
7. Download videos ahead of time to prepare for low bandwidth from slide deck
8. Share screen capability (be sure to enable sound for videos)
9. Develop an evaluation tool for all attendees (e.g., continuous improvement activity)

Objectives for Standard 4, Component 4.4:
After participating in this professional learning opportunity, participants will be able to:
• Describe the assessment process used to determine eligibility for services.
• Describe a collaborative assessment process using multiple sources of data to develop IFSP/IEP outcomes.
• Describe the assessment process and types of data to collect and review during progress monitoring of intervention and instruction.
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Assessment Processes
Initial Practice-Based Professional Preparation Standards Early Interventionists/Early Childhood Special Educators
4.4

Standard 4
Candidates know and understand the purposes of assessment in relation to ethical and legal considerations. Candidates choose developmentally, linguistically, and culturally appropriate tools and methods that are responsive to the characteristics of the young child, family, and program. Using evidence-based practices, candidates develop or select as well as administer informal measures, and select and administer formal measures in partnership with families and other professionals. They analyze, interpret, document, and share assessment information using a strengths-based approach with families and other professionals for eligibility determination, outcome/goal development, planning instruction and intervention, monitoring progress, and reporting.

Component: 4.4
• Candidates, in collaboration with families and other team members, use assessment data to determine eligibility, develop child and family-based outcomes/goals, plan for interventions and instruction, and monitor progress to determine efficacy of programming.

Objectives
• Describe the assessment process used to determine eligibility for services.
• Describe a collaborative assessment process using multiple sources of data to develop IFSP/IEP outcomes.
• Describe the assessment process and types of data to collect and review during progress monitoring of intervention and instruction.
**Slide 5**

**Data-Driven Practice**

Effective practices always include the use of systematic data collection for eligibility, planning, and evaluation.

**Data-based Practice** is essential to support positive change. Effective practices use systematic data collection on child progress in order to track child progress. Data are also collected to examine the success of the intervention program as a whole.

**Slide 6**

**Data Based Decision Making**

The image shows five rectangles connected by a continuous arrow: the top rectangle is labeled “gathering information”, the next is labeled “documenting”, the next rectangle which is on the bottom right is called “analyzing”. The next rectangle is to the left on the bottom of the circle which is “planning” and the final rectangle, which connects to the first at the end of the circle, is called “Implementing”.

Best-practice methods use Data Based Decision Making, which ensure that data is continually gathered and documented in a transparent, secure and collaborative manner – is analyzed using an operationalized and objective approach, and used for ongoing planning and intervention implementation. Data continuously informs what aspects of planning and implementation needs to be modified or improved, and documents progress at the each level: of the Child/family, program, and service provision systems.

**Slide 7**

**Collecting and Analyzing Eligibility Data**

Eligibility: An interdisciplinary process of comprehensively assessing the individual developmental and functional capabilities of young children in such a way to generate a profile of normative scores; to compare the scores to state criterion for developmental delay and to form a basis for entry into services.
Each state determines the percentage/standard deviation of delay that will be used to establish eligibility. States also establish the list of physical or mental conditions that may result in developmental delay. States may choose to serve children at risk for disabilities in their eligibility definition.

https://www.ecfr.gov/current/title-34/subtitle-B/chapter-III/part-303#303.21

These uses of informed clinical opinion help ensure that each eligibility decision is made after considering aspects of the whole child and family.

Informed clinical opinion is used by early intervention professionals in the evaluation and assessment process in order to make a recommendation as to initial and continuing eligibility for services under Part C and as a basis for planning services to meet child and family needs. Informed clinical opinion makes use of qualitative and quantitative information to assist in forming a determination regarding difficult-to-measure aspects of current developmental status and the potential need for early intervention. (NECTAC notes #28, 2012)

ICO may be used as an independent basis to establish a child’s eligibility even when other instruments do not establish eligibility; however, in no event may informed clinical opinion be used to negate the results of evaluation instruments used to establish eligibility.
**Part C Eligibility:**
**Informed Clinical Opinion, Continued**
- Qualified providers consider:
  - Interview information from family members
  - Evaluations of the child
  - Observations of the child
  - Reports received from other agencies and individuals involved with the child

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**Eligibility determination: Part B**
- For a child to be eligible for Part B services, the child must (1) have a disability (i.e., meet eligibility requirements) and (2) be in need of special education and related services.
- A team of qualified professionals and the parent of the child shall make the determination of eligibility and determine the educational needs of the child.

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**Eligibility: What Kind of Data is Needed?**
- Data to create a functional profile of strengths, limitations, and instructional support needs to initiate the process of individualized program planning
- Data that can identify "hidden" strengths in functional capabilities via alternate and universal designs

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**Eligibility: Where Does the Data Come From?**
- Assessment tools that can be scored using developmental age scores or standard scores for each of the developmental domains
  - Norm-referenced
  - Criterion-based
  - Judgement-based
- Includes convergent data from multiple perspectives (family, educators, cross-disciplinary professionals)

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https://ectacenter.org/topics/earlyid/partbelig.asp

For a child to be eligible for Part B services, the child must (1) have a disability (i.e., meet eligibility requirements) and (2) be in need of special education and related services. A team of qualified professionals and the parent of the child shall make the determination of eligibility and determine the educational needs of the child.

Data needs to support eligibility process – generates scores that indicate percentage or standard deviation from the norm.
Plan Ahead for Authentic Assessment

When gathering information to determine eligibility:
• Use multiple methods to gather information
  • Formal Instruments
  • Observations
  • Interviews
• Assess in multiple settings
• Include multiple sources

Want to create a broad picture that is holistic.
When planning assessment methods you need to gather all the information you need to determine eligibility AND functional goals for IEP/IFSP. You do not want to have to go back and reassess after a determination has been made. Even if the family is not eligible or chooses not to participate assessment information can still be used to inform parents/educators.

Collecting and Sharing Assessment Data Across Disciplines

• Communicate early/often about assessment planning/processes – always including family
• Collaboratively administer assessments when possible
• Collaboratively create assessment summaries that integrate data from each discipline
• Team members create a system to collect and share data that is useful for all and target identified outcomes

Activity

• Review and discuss the assessment tools and processes used for Part C and or Part B/619 eligibility in your state
• How do you collaborate across disciplines to collect and share assessment data with families? What barriers have you encountered to full collaboration?

Intervention/Program Planning and Progress Monitoring

• The use of convergent sources of data to create individualized plans for young children with developmental delays/disabilities across everyday settings and daily routines
• Ongoing data collection is used continuously to support child progress towards collaboratively identified outcomes
Intervention/Program Planning and Progress Monitoring: What Kind of Data is Needed?
- Identifies functional, measurable, and within-reach outcomes and objectives across settings
- Grounded in children’s current level of performance
- Informs match of intervention/instruction to children’s needs, interests and preferences as well as family priorities
- Documents changes in performance over time

Intervention/Program Planning and Progress Monitoring: Where Does the Data Come From?
- Criterion/curriculum-based measures
- Judgment-based and/or ecological measures
- Families, educators and EI providers can use these measures to target and connect interventions across discipline-specific goals
- Serve as a “road map” to assess at regular intervals

Assessment Results and Planning Goals/Objectives
- Assessment results create a picture of the child’s development within and across domains
- Provides details about how skills differ from typically developing children

Developmental Sequences
- Early developmental capacities emerge in predictable sequences
- Each domain supports development in all other domains
- Attainable goals are planned with these sequences in mind

Some examples of these measures are Rti, ABAS-II, The Carolina Curriculum, HELP strands. Some need-specific examples: Early Start Denver Model for ASD, Pyramid Model/PBIS, others

Can incorporate curriculum addressing specific sensory, motor, social-emotional or cognitive differences as well as global development

Attainable goals and objectives can be identified within developmental sequences that well-informed practitioners understand. For example, if a child with Cerebral Palsy is not yet pulling to stand, we would not yet create a goal for walking, even though that is an important long-range goal. We would instead create within-reach goals and objectives to support strength and balance before we set goals for independent walking.

Similarly, if a child with autism is not yet engaging in consistent face-to-face interactions or using non-verbal gestures,
we would create objectives to support the child’s ability to engage in face to face interactions and to share attention with another, so that he will be motivated to use non-verbal gestures – so that he can steadily progress towards the long-term goal of verbal language.

**Slide 22**

**Functional Goals and Inclusion**
- Based on assessment data, what skills will the child need to acquire, to optimize relationships and participation across settings using a developmentally appropriate lens?
- What supports will the child need to develop those skills?
- How will the child’s environment need to be modified to attain those skills?

**Slide 23**

**Assistive Technology (AT)**
- Assessment data should include the need for AT across settings though:
  - Ecological assessments
  - AT assessments
  - Family-provided information
- Should address the question “how can this child be participating more/more independently?”

**Slide 24**

**Identifying Short-Term Goals**
- Need to acknowledge long-term goals and “connect the dots” to those within-reach targets
- EI/ECSE providers bring developmental knowledge to families
- Collaborating with families to create attainable and measurable goals ensures success
- Outcome statements include language about adult support and use of AT across settings

*Facilitator may want to discuss types of assistive technology, or ask group what types of assistive technology their programs access*
Facilitator supports discussion around the fact that the Team collaboratively used data from the family, from observations conducted across disciplines – and the use of a normed assessment tool e.g., the DAEYC-2. Over the first months, the Primary provider (OT) administered the Ounce to help the family and other members of Robert’s team monitor his progress.

Support discussion that additional assessment data was needed 8 months later to inform how best to support his physical development, and a normed measure was used – the Gross Motor Function Measure (GMFM). This data helped the Team understand his motor skills and what he was already doing, and what he needed support with moving forward – since the family was concerned that he was not yet walking. This data was helpful and, in combination with the PT’s observation that he needed orthoses to improve his stability resulted in a new outcome e.g., Robert will walk around the house by himself.

At 16 months the MacArthur-Bates Communication Development Inventories (MCDI) were used, as well as the Early Milestone Scale, 2nd Ed. (ELMS), which let the family/team know that he needed support with expressive language moving forward. Although the goals were not listed, there would need to be a new goal. Ask the group what goal might be appropriate for Robert given this new data,
and how would it be developed with the family/team?

After the development of the IFSP/IEP goals comes a very important part of the assessment process: Progress monitoring. Even if an educational program is using formal formative assessment to monitor progress, providers and educators will always need to create individualized forms to collect data about a child’s progress.

For example, you may be supporting a young child with autism to engage in social interactions with peers at school. You are supporting him to initiate interactions when he is interested in each activity and have been inviting peers to initiate play with him.

How would you go about measuring his progress with social initiations? Support discussion about ways to gather data in the context of everyday routines, then click one more time to show data collection methods.

Facilitator can conclude by asking the group if they can think of a time that a small success was shared with a family member, and the impact of that on services for that child over time. Discuss the power of incremental positive change as a way of eventually achieving long-term goals – especially for children with complex needs.
References and Resources

- Standard 4: Assessment Processes | The Early Childhood Personnel Center (ecpct.org)

https://ecpcta.org/curriculum-module/standard-4-assessment-processes/