Research Synthesis

Research Synthesis on Screening and Assessing Social-Emotional Competence

Tweety Yates[1], Michaelene M. Ostrosky[1], Gregory A. Cheatham[2], Angel Fettig[1], LaShorage Shaffer[1] and Rosa Milagros Santos[1]

Center on the Social Emotional Foundations for Early Learning

[1] University of Illinois at Urbana-Champaign

[2] Arizona State University

2008

The development of social-emotional competence during the early childhood years is an important foundation for children's later success. The National Academy of Sciences reported that 60% of children enter school with the cognitive skills needed to be successful, but only 40% have the social-emotional skills needed to succeed in kindergarten. Research has clearly shown that children's emotional and behavioral adjustment is important for their chances of early school success, yet the emphasis on cognitive and academic preparedness often overshadows the importance of children's social-emotional development (Raver, 2002). When children feel good about themselves; are able to develop positive relationships with others; and know how to identify, express, and manage their emotions, they are more likely to be ready to learn and succeed.

Because there is evidence that the trajectory of a child's social-emotional development can be changed, early identification of children with social-emotional needs is critical (Shonkoff & Phillips, 2000). Screening and assessing infants, toddlers, and young children not only helps identify social-emotional needs, but also helps providers better understand each child in their care. This, in turn, leads to more responsive interaction and instruction, which then leads to stronger relationships with all children. With this in mind, it is important for programs and practitioners to critically examine their assessment practices, including screening and assessing social-emotional competence. This is also important because programs serving children under IDEA are now required to report child outcomes

The Center on the Social and Emotional Foundations for Early Learning

Child Care Bureau

Office of Head Start

related to social-emotional and behavioral competence.

This synthesis provides information for early care and education providers on using evidence-based practices in screening and assessing the social-emotional competence of infants, toddlers, and young children. The synthesis is organized around common questions related to screening and assessing social-emotional competence. We begin with a discussion of what is meant by social-emotional competence, and then describe general issues and challenges around screening and assessment (see Box 1 for key terms). We then discuss the roles of families, culture, and language in screening and assessing social-emotional competence, and end with a list of resources and some examples of social and emotional screening and assessment tools.

What is Social-Emotional Competence?

The Center on the Social Emotional Foundations for Early Learning (CSEFEL) defines social-emotional development as the developing capacity of the child from birth through 5 years of age to form close and secure adult and peer relationships; experience, regulate, and express emotions in socially and culturally appropriate ways; and explore the environment and learn—all in the context of family, community, and culture. Caregivers promote healthy development by working to support social-emotional wellness in all young children, and make every effort to prevent the occurrence or escalation of social-emotional problems in children at risk, identifying and working to remediate problems that surface, and, when necessary, referring children and their families to appropriate services (Center on the Social Emotional Foundations for Early Learning, 2008).

Important developmental foundations of social-emotional competence begin at birth. Early experiences influence how infants, toddlers, and young children begin to understand, control, and master their world and how they form perceptions of self. For example, infants initially express their wants and needs by crying, smiling, and turning toward or away from what they like or dislike. When these needs are consistently and lovingly met, infants are more easily comforted, pay more attention to what is going on around them, are more open to exploring their environments, are better able to calm themselves and regulate their emotions, learn that they can affect others through their actions, and begin to develop secure attachments to their caregivers.

The emergence of these social-emotional skills helps children feel more confident and competent in developing relationships, building friendships, resolving conflicts, persisting when faced with challenges, coping with anger and frustrations, and managing emotions (Parlakian, 2003; Shonkoff & Phillips, 2000). A young child who is able to relate to others, is motivated to learn, and can calm him- or herself or be calmed by others will be ready to learn and experience success in school and in life.

What Are Some of the Challenges When Screening and Assessing Social-Emotional Competence

Screening and assessing young children are important components of high-quality early childhood programs and are used to understand and support infants, toddlers, and young children's development, to determine curricula and individual learning objectives, and to evaluate program effectiveness. The process of screening and assessing social-emotional competence parallels the process recommended for screening and assessing other developmental areas. For example, using valid and reliable screening and assessment tools, gathering information across multiple environments and sources, and cultural sensitivity are all important considerations when screening and assessing infants, toddlers, and young children (McLean, Wolery, & Bailey, 2004; Perry, Kaufmann, & Knitzer, 2007; Squires & Bricker, 2007).

In addition to general issues around screening and assessing infants, toddlers, and young children, there are several challenges specific to screening and assessing social-emotional competence that should be considered:

- Individuals may differ in whether they view certain behaviors as acceptable and expected of young children. For example, one teacher or parent may view rough and tumble play as normal or typical behavior for a 4-year-old, while another adult may see this as aggressive behavior. The intensity and duration of a behavior, the

---

Box 1. Definition of Key Terms

- **Screening**—a process of identifying children who may need a more comprehensive evaluation
- **Assessment**—a dynamic process of systematically gathering information from multiple sources and settings, collected over numerous points in time, and reflecting a wide range of child experiences
- **Validity**—the extent to which a screening or assessment tool measures what it is supposed to measure
- **Reliability**—confidence in a screening or assessment tool to produce the same results for the same child if the test were administered more than once or by different examiners
- **Evaluation**—procedures used to determine initial and continuing eligibility for early intervention/special education services
- **Curriculum-Based Assessment**—a process for assessing a child's abilities on a predetermined sequence of objectives; used to link assessment, intervention, and evaluation
- **Norm-Referenced Assessment**—compares a child's performance with that of similar children who have taken the same test

developmental age of the child, and the expectations of the environment typically determine whether a behavior is viewed as acceptable or unacceptable (Squires & Bricker, 2007).

- The subjective nature of many of the available social-emotional screening and assessment tools makes it difficult to quantify and measure social-emotional behaviors (Squires & Bricker, 2007). For example, the amount of crying by an infant that is considered to be "too much" or "atypical" is not defined on standard social-emotional tools. Likewise, the length of time or intensity of a temper tantrum that causes it to be labeled "a social-emotional problem" is often not specified on standard social-emotional assessment tools.

- The limited number of social-emotional items on certain screening and assessment tools may overlook the complexity of developing social-emotional skills. For example, a child who is able to regulate his/her emotions might demonstrate skills such as being able to recognize his/her emotions, monitor his/her emotions, stop him- or herself from reacting in inappropriate ways to strong emotions, calm him- or herself, express his/her emotions to others, understand others' emotions, and follow cultural expectations around expressions of emotion (Denham, 1998).

- Social-emotional skills are interrelated with other developmental domains (Dodge, Rudick, & Berke, 2006; Squires & Bricker, 2007). For example, an infant who is frightened might crawl to his teacher for reassurance. Being mobile (motor skill) supports this child in the development of emotional regulation (social-emotional skill). An example of why this might be a challenge is the child with limited expressive language skills who might use hitting as a means to communicate his/her needs. This behavior could be interpreted as aggression on a social-emotional assessment tool, yet after observing the child in his/her child care center, the hitting might be seen as a way for him/her to get his/her needs met.

- Obtaining assessment information from a variety of sources, across a variety of settings, and using a variety of methods is recommended in screening and assessing social-emotional competence. However, because of discrepancies across settings and sources, each piece of information may present a slightly different picture and should be carefully and cautiously interpreted (Merrell, 2001). For example, early care and education providers at a Head Start program or a child care setting may be concerned that a preschooler does not know his/her teachers' names after two months in school. Upon further investigation, they realize that the child attends both child care and a Head Start program on a daily basis, and interacts with more than 40 children and 6 adults.

- While partnering with professionals in the health care system may be challenging, it is an important partnership in the successful early identification of social-emotional problems in infants, toddlers, and young children. Since a large number of children receive health care from medical professionals, this group can be instrumental in detecting social-emotional concerns (Kaufmann & Hepburn, 2007; Squires & Bricker, 2007). Well-baby checkups are ideal contexts for screening the social-emotional development of infants, toddlers, and young children.

- The developmental characteristics of young children, their cultural backgrounds, and other contextual factors can also make screening and assessing social-emotional competence challenging (Dichtelmiller & Ensler, 2004). For example, if an infant or toddler has a difficult time interacting with unfamiliar adults, it may be hard to gather accurate assessment results if the adult conducting the assessment is a stranger to the child.

- Many early care and education providers, as well as medical professionals, are often not well prepared to understand, identify, assess, and address the social-emotional competence of infants, toddlers, and young children (Hemmeter, Santos, & Ostrosky, 2008). This often leads to early indicators going unnoticed, which can potentially allow minor problems to escalate into more serious problems for young children (Eggbeer, Mann, & Gilkerson, 2003; Kaufmann & Hepburn, 2007; Squires & Bricker, 2007). Given the importance of promoting social-emotional competence and preventing challenging behavioral issues in the early years, professional development opportunities may be necessary to broaden and strengthen the skills of providers (Lee & Ostrosky, 2008).

How Should Families be Involved in Screening and Assessing Their Children's Social-Emotional Competence?

Screening and assessment should be a shared experience between early care and education providers and families (DEC, 2007). This is especially important considering that the emergence of social-emotional competence occurs within the context of a child's family, community, and cultural expectations (Parlakian, 2003). Families interact with their children daily and see their children's abilities in a range of contexts and with a variety of individuals. Family members usually know their child better than other members of the assessment team and often have unique knowledge about their child that is not always available to others. Additionally, because children might exhibit different skills during screening and assessment than when they are in other contexts, family members are a critical bridge to helping team members better

understand their child. Including family members' knowledge of their child can enhance the reliability and validity of the screening and assessment process (Squires, 1996). Some of the benefits of family involvement in screening and assessing social-emotional competence are listed below:

1. *Utilizing families' knowledge as a source of information about their children's social-emotional skills is valuable to the assessment process.* Parents can be accurate assessors of young children's development, especially when they are asked to make judgments about behaviors their children currently exhibit, such as self-regulation at home (Bricker & Squires, 1989; Diamond & Squires, 1993; Henderson & Meisels, 1994). This finding also holds true for families from diverse backgrounds (Banks, 1997). Studies have indicated that families are reliable in completing screening tools and developmental checklists of their child's behaviors (Carter & Briggs-Gowan, 2000; Squires, Bricker, & Towmbly, 2002).

2. *Involving families in the assessment process can lead to a better understanding of the child's social-emotional skills.* Information gathered from families when assessing infants, toddlers, and young children allows for a more complete picture of the child and can also serve as a validity check for members of the assessment team. Observing and gathering information within the home or other natural environments, or during interactions with primary caregivers, can lead to a better understanding of the child's interpersonal skills, personality, temperament, communication abilities, and attachment with adults. In addition, partnering with families acknowledges that they have important information to share and that their perspective is valued.

3. *Encouraging families to be active members on assessment teams can help them learn about their child's social-emotional strengths and needs.* Families play a major role in fostering their child's social-emotional competence. When families take an active role in the assessment process, it increases their knowledge and understanding of their own child's social-emotional competence. Families who are well informed are better able to support their children's social-emotional growth and development at home, in early care and education settings, and in the community. Additionally, well-informed parents feel more confident and competent, and are more likely to be more active team players.

4. *Increasing families' presence and participation in the assessment process can help children establish trust and rapport with members of the assessment team.* Infants, toddlers, and young children's feelings of safety and security are key to accurately assessing their social-emotional competence; therefore, having caregivers or familiar adults nearby who support feelings of comfort can enhance assessment outcomes.

How Can Professionals Encourage Family Involvement When Assessing the Social-Emotional Competence of Their Infants, Toddlers, and Young Children?

The following strategies and suggestions can be used to encourage the involvement of family participation in the screening and assessment process (Blue-Banning, Summers, Frankland, Nelson, & Beegle, 2004; Boone & Crais, 2002):

- Explain each step of the process using written and verbal communication. Talk to families about the importance of social-emotional competence and why

screening and assessing these skills is important. Describe the types of skills and activities that will be observed and measured.

- Provide the family with roles, choices, and options for how they can be involved at every stage of the screening and assessment process. For example, family members might try to elicit particular behaviors from their child, collect information about their child's behavior at home, perform some of the screening and assessment items, or they might simply confirm that the assessment was representative of their child's social-emotional competence.

- Be flexible and accept the type of participation family members feel comfortable providing. Individual family preferences and styles should be taken into account. For example, in some cultures parents do not "play" with children, so asking a mother to sit on the floor and sing or do a finger play with her child may feel awkward and unnatural, especially when an unfamiliar adult is observing the interaction.

- Establish mutual respect between families and professionals by being nonjudgmental, valuing different cultural backgrounds, and being on time for meetings.

- Promote a sense of equality between professionals and family members and an environment where the validity of families' points of view is encouraged and acknowledged.

- Schedule the screening and assessment at a location and time that is convenient and comfortable for the child and family.

- Present screening and assessment results in family-friendly formats. Whether information is shared during or after an assessment, it is important to share it in a way that is useful and meaningful to families and promotes feelings of competence and confidence.

- Share information in an objective and nonjudgmental manner. For example, avoid conveying information such as "Timmy bites other children all day." Instead, share

specific data to support your observations such as "Three times today Timmy bit one of the other toddlers in his class. All three times, the biting occurred when a child tried to sit close to him."

- Avoid blame. Discussions around a child's challenging behavior can often cause adults to blame others—professionals blame parents and vice versa. It is critical to work together and build supportive, trusting relationships in order to provide the best services for infants, toddlers, and young children.
- Provide follow-up after allowing families time to review the assessment results. Provide opportunities for family members to ask questions and express any concerns they might have. Create a safe environment where family members feel that their input and questions are valued.

How Does Culture Impact the Screening and Assessment of Social-Emotional Skills?

Young children's development and therefore competencies are intertwined with culture (Rogoff, 2003). Constructs such as temperament and attachment, which are often taken for granted, are culturally based, and can often lead professionals to misunderstand some children's behaviors. For example, children who appear overly quiet or overly active may be reflecting their families' cultural values (Bricker, Davis, & Squires, 2004). Similarly, children from different cultural backgrounds may engage in different communication styles and communication routines at home than are expected in large-group contexts, such as a child care setting or an Early Head Start classroom (Cazden, 2001; Kalyanpur, 1998).

Children's culture also can impact their achievement of developmental milestones in the eyes of professionals. For example, think about a child who comes from a culture that values expression of emotions as opposed to a child who comes from a culture where

emotional openness is not considered a desired quality and children are encouraged to keep their feelings within themselves (Huang & Isaacs, 2007). Early care and education professionals' encouragement to "Use your words" may be met with children's resistance. In an environment where children are encouraged to express their emotions, as well as on an assessment tool that evaluates competence in expressing emotions, the second child might be seen as not having yet met that milestone. Even developmental milestones, such as toilet training, can be influenced by culture (Carlson & Harwood, 2000). Researchers have found that children from culturally and linguistically diverse backgrounds are more likely to be both under and over referred for special education assessment (Artiles, Harry, Reschley, & Chin, 2002). One reason for this might be professionals' misinterpretation of children's culture-based behaviors as weaknesses or even disability where middle-class, mainstream children's development is considered the norm for all children (Kalyanpur, 1998).

How Does English Language Ability Impact Social-Emotional Screening and Assessment?

Children's linguistic abilities can also impact the outcomes of social-emotional assessment. Children who attend programs in which their home language is not used and who do not yet have high levels of English proficiency may show delays in social-emotional development (Chang et al., 2007; Tabors, 2008). Children for whom English is a second language may engage in behaviors that appear "atypical" to professionals (i.e., not giving eye contact to an adult when responding to a question). Research indicates that children from diverse cultural backgrounds may engage in more or fewer challenging behaviors than their mainstream peers (Crosnoe, 2004; Dawson & Williams, 2008). Some children may engage in

challenging behaviors to get their needs met when their communication abilities are limited (i.e., grabbing toys from peers instead of asking for a turn). Bilingual children often have communication skills in one language that they do not demonstrate in another language (Cobo-Lewis, Pearson, Eilers, & Umbel, 2002), which may result in difficulty expressing themselves in English compared to their home language. Other children may exhibit difficulties with peer play due to English proficiency, yet their comfort and proficiency in their home language maybe strong (Lee & Walsh, 2003). Children's social-emotional competence is often linked to language ability (Shonkoff & Phillips, 2000); therefore, assessing social-emotional competence without considering communication abilities may be problematic and result in inaccurate findings.

When a child is in the process of acquiring a first language, the effect of acquiring a second language on his/her development can be quite complex. Assessment procedures for young children who are linguistically diverse must by necessity be different from typical assessment procedures (Lund & Duchan, 1993; Mattes & Omark, 1991; Roseberry-McKibbin, 1994).

What Can Be Done to Make Social-Emotional Screening and Assessment Relevant to Families from Diverse Backgrounds?

It is important to develop cultural competence in order to effectively screen and assess infants, toddlers, and young children from culturally and linguistically diverse backgrounds (c.f., Lynch & Hanson, 2004). A significant challenge is the lack of assessment tools that are appropriate for young culturally diverse children, particularly English language learners (NAEYC, 2005; NAEYC/ NAECS/SDE, 2003). McLean (2005, p. 28-29) recommends the following strategies when planning and conducting screenings and assessments for culturally and linguistically diverse children:

- Complete an assessment of language proficiency and dominance before planning further assessment. Language proficiency refers to the child's fluency and competence in using a particular language. Language dominance refers to the language that the child prefers to speak.
- Require that professionals who share an understanding and knowledge about the child's cultural group and speak the child's home language or dialect conduct formal testing.
- Conduct formal testing with the assistance of an interpreter or translator and a cultural guide who works in conjunction with the assessment team in administering and interpreting screenings and assessments.
- Examine assessment tools for cultural bias. Modifications can be made so that items are culturally appropriate; however, this may invalidate the scoring of the instrument. In this case, the test can be used as a descriptive measure rather than for reporting scores.
- Use informal methods in addition to formal methods of assessment, such as observations, interviews of family members and caregivers, and play-based assessments conducted in comfortable, familiar settings.

Numerous challenges exist in screening and assessing the social-emotional competence of children from culturally and linguistically diverse backgrounds. Emphasis should be placed on viewing children's home behaviors (including language) as adaptive to the environments in which they live (e.g., a child engages in minimal eye contact with adults as a sign of respect). Professionals should recognize that some children might need to develop a new repertoire of social-emotional skills in order to successfully manage their day across different settings (Cheatham & Santos, 2005). For example, some children may need to learn to respect their peers' personal space during group

activities, or children may need to learn to speak louder or be more assertive during group games. Children's home language and culture-based behaviors should be viewed as *strengths* upon which additional skills can be built.

How Do We Know Which Tools to Use to Screen and Assess Social Emotional Competence?

There are many commercially available social-emotional screening and assessment tools. Some of the tools are specific to social-emotional development, while others are broader tools that include a social-emotional component. In addition, several curricula have assessment components that include social-emotional competence. Different tools are available for different purposes of screening and assessment (see Box 2). While different states and programs have specific requirements for screening and assessing infants, toddlers, and young children, standardized/norm-referenced assessments are generally used for screening and diagnostic/eligibility purposes, and alternative forms of assessments such as curriculum-based and observational data are used for program planning and monitoring progress.

Examples of some of the available tools for assessing social-emotional competence are included in Table 1. It is important to thoughtfully examine tools in order to choose ones that are most appropriate for the *purpose* for which they are being used, as well as for the individual needs of the children and families served by programs. For example, many norm-referenced assessment tools have not included in their norming population children who are culturally and linguistically diverse. In addition, instruments may not have been normed on a population of children but instead rely on developmental milestones taken from other assessment tools or research involving primarily children from Euro-

American middle-class backgrounds (Bailey & Nabors, 1996). Even assessment tools that have been normed on children from diverse populations still may not be a good match for a particular child being assessed. For example, a toddler may not be able to control his/her behavior to meet the demands of the assessment situation because he/she is unable to sit still and attend for the length of time required by the assessment. Whenever possible, it is important to make the screening and assessment process match the child as opposed to making the child fit the assessment. To help guide the examination and selection of screening and assessment tools, several web resources have been provided in the reference section of this paper.

Are There Alternatives to Standardized Tools for Screening and Assessing Social-Emotional Competence?

The effective screening and assessment of children's social-emotional competence requires more than an understanding of the basic characteristics of social-emotional development and the selection of assessment tools. Obtaining assessment information from a variety of sources, across a variety of settings, and using a variety of methods is recommended practice and increases the accuracy of the screening and assessment results (Sandall, Hemmeter, Smith & McLean,

2005). Listed below are several considerations for gathering sources of information when screening and assessing social-emotional competence:

- *Work as teams to assess infants, toddlers, and young children.* Gathering assessment data from a variety of professionals, including mental health providers, pediatricians, and family members across multiple settings, is an effective practice in assessing social-emotional competence (Bagnato & Neisworth, 1985; Donahue, Falk, & Provet, 2007; Fenichel & Meisels, 1999).
- *Use of a variety of sources* for gathering screening and assessment information around social-emotional competence:
  - *Curriculum-Based Assessment.* This assessment process compares children's performance to a predetermined set of criteria (McLean, 2004). Curriculum-based assessment provides a direct link between assessment and intervention (Bagnato, Neisworth, & Munson, 1997). A child's social-emotional competence can be compared to a predetermined set of social-emotional skills, usually ordered from simple to more complex tasks. Using this process, professionals identify an infant, toddler, or young child's strengths as well as needs. This information can then be used as the basis for planning daily routines, interactions, activities, and interventions (McLean, 2004). See Table 2 for sample curriculum-based assessments.
  - *Environmental Assessment.* Having comprehensive and reliable information about how social and physical environments support or interfere with children's ability to be successful is another essential piece of information when assessing social-emotional competence. Environmental assessments allow early childhood providers to refrain from looking at social-emotional concerns as residing only within the child, and instead understand them as occurring within a broader social and physical context within natural environments (Merrell, 2001).
  - *Transdisciplinary Play-Based Assessment.* This team-based approach to assessing children's skills, including social-emotional competence (Linder, 1993), requires professionals and family members to observe infants, toddlers, and young children during play activities. This is an informal way to involve parents as assessors as well as observe parent-child interactions and relationships.
  - *Observation.* Observation is one of the most valuable tools in screening and assessing the social-emotional competence of infants, toddlers, and young children. Not only do ongoing observations reinforce screening and assessment results, they also allow for more accurate interpretation and understanding of the transactional nature of children in their natural environments (Donahue, Falk, & Provet, 2007). It is very difficult to understand a child's behavior without knowing the context; observations provide this critical information. Observation can reveal the uniqueness of each child, including temperament, regulation of emotions, and preferred mode of communication and expression (Jablon, Dombro, & Dichtelmiller, 2007). Systematic, ongoing observations also supply information that is useful in monitoring children's progress. Therefore when gathering information such as how a child relates to his/her peers or how a child solves conflicts, it is important to observe the child in his/her natural environments.
  - *Interview.* Interviews with various caregivers allow for the development of relationships across providers and a mutual understanding of the child's social-emotional strengths and needs in different settings. Interviews can also support self-reflection of practice, which is an important component of screening and assessing social-emotional competence. Early care and education providers should "assess" their interactions and relationships with children as well as the daily routines, schedules, rules, and environments.
  - *Functional Behavior Assessments (FBA).* Rather than trying to elicit predetermined behaviors through specific tasks, functional assessment takes a different approach by looking at the way individual children accomplish certain tasks or functions (Dichtelmiller & Ensler, 2004). For example, a caregiver might observe how the infants in his/her care communicate with adults. One infant might reach out whenever an adult is nearby, while another infant might make sounds or cry to get the adult's attention. This assessment process encourages observation of the different ways in which individual children accomplish tasks. There are no predetermined responses. FBA is used to understand the purpose or function of a specific behavior exhibited by a child and is typically conducted when a child's behavior is interfering with his/her performance and ability to participate in daily routines and activities. The process involves collecting information through observation, interview, and record review (e.g., medical records, diagnostic reports). Such information provides insight about a child's behavior as well as how the behavior is influenced by environmental factors and events (Fox & Duda, 2003).

How Do We Use Social-Emotional Screening and Assessment Information?

Meaningful screening and assessment information should inform what we do on a day-to-day basis with infants, toddlers, and young children (Bricker & Squires, 2004; McConnell, 2000). How we use this information should be based on the purpose of the screening or assessment process (e.g., diagnostic, ongoing monitoring, program evaluation). One of the primary reasons for the initial and ongoing screening and assessment of young children's social-emotional competence is to use the information gathered to guide curricula and planning decisions, to develop goals and individualized plans for children, and to determine program effectiveness. Based on a review of the screening and assessment information, goals for strengthening a child's social-emotional competence are selected, and multiple learning opportunities are then embedded into daily interactions and routines using purposefully selected materials and activities (Dichtelmiller & Ensler, 2004; Pretti-Frontczak & Bricker, 2004). For example, when assessing a 3-year-old we learn that she has difficulty regulating her emotions and that she has limited words for talking about feelings. We take this information and intentionally plan to provide more opportunities across her daily routines to teach this child vocabulary to describe feelings (sad, mad, lonely, yucky, etc.) as well as help her begin to identify and manage her feelings, which will in turn help her to regulate her emotions. Without linking screening, assessment, intervention, and intentional teaching, the results and outcomes will not be meaningful or useful in supporting children's social-emotional competence. Early identification will not be useful if follow-up and support are not provided.

Summary

Given the importance of early identification and intervention in changing the trajectory of a young child's social-emotional development (Shonkoff & Phillips, 2000), the need to re-examine existing screening and assessment practices around social-emotional competence is critical. It is necessary for us to implement a systems approach in order to ensure better outcomes and success for infants, toddlers, young children, and their caregivers. Why we assess, how we assess, where we assess, the tools we select, and how this information is used should be carefully examined. Our screening and assessment processes should increase children's sense of pride, competence, and confidence and lead to positive social-emotional outcomes as well as academic benefits for all infants, toddlers, and young children (Hyson, 2004).

When discussing future directions for promoting social-emotional competence, Siperstein and Favazza (2008) refer to an idea offered by Frances Horowitz in the late 1980s (Horowitz, 1989, 2000): creating programs that place children "at promise" instead of "at risk." We might look at the concept of "at promise" as a means of using screening and assessment to help us not only identify children with social-emotional needs, but also learn more about each child's strengths (characteristics and early experiences), which in turn should guide our day-to-day practices in promoting social-emotional competence and preventing later social-emotional challenges.

References

Achenbach, T. M. (1991). Integrative guide for the 1991 CBCL/4-18, YSR, and TRF profiles. Burlington, VT: University of Vermont, Department of Psychiatry.

Achenbach, T. M., & Rescorla, L.A. (2001). Manual for ASEBA school-age forms & profiles. Burlington, VT: University of Vermont, Research Center for Children, Youth, & Families.

Artiles, A. J., Harry, B., Reschley, D. J., & Chin, P.C. (2002). Over-identification of students of color in special education: A critical overview. *Multicultural Perspectives*, *4*(1), 3-10.

Bagnato, S. J. (1984). Team congruence in developmental diagnosis and intervention: Comparing clinical judgment and child performance measures. *School Psychology Review, 13*(1), 7-16.

Bagnato, S. J., & Neisworth, J. T. (1985). Efficacy of interdisciplinary assessment and treatment for infants and preschoolers with congenital and acquired brain injury. *Analysis and Intervention in Developmental Disabilities, 5*, 107-128.

Bagnato, S. J. & Murphy, J. P. (1989). Validity of curriculum-based scales with young neurodevelopmentally disabled children: Implications for team assessment. *Early Education and Development, 1*(1), 50-63.

Bagnato, S. J., Neisworth, J. T., & Munson, S. M. (1997). Linking assessment and early intervention: An authentic curriculum-based approach. Baltimore: Paul H. Brookes.

Bagnato, S. J., Neisworth, J. T., Salvia, J., & Hunt, F. (1999). Temperament and atypical behavior scale (TABS): TABS Screener. Baltimore: Paul H Brookes Publishing Co Inc.

Bailey & Nabors (1996). Tests and test development. In M. McLean, D. B. Bailey, & M. Wolery (Eds.), *Assessing infants and preschoolers*

with special needs (pp. 23-45). Englewood Cliffs, NJ: Merrill.

Banks, S. R. (1997). Caregiver and professional perceptions of assessment practices and validity for American Indian/Alaska Native families. *Journal of American Indian Education, 37*(1), 16-44.

Berman, S., Miller, A. C. Rosen, C., & Bicchieri, S. (2000). Assessment training and team functioning for treating children with disabilities. *Archives of Physical Medicine and Rehabilitation, 81*(5), 628-633.

Blue-Banning, M., Summers, J. A., Frankland, H. C., Nelson, L. L., & Beegle, G. (2004). Dimensions of family and professional partnership: Constructive guidelines for collaboration. *Exceptional Children, 70*, 167-184.

Bondurant-Utz, J. (2002). *A practical guide to assessing infants and preschoolers with special needs.* Columbus: Merrill.

Boone, H. A., & Crais, E. (2002). Strategies for achieving family-driven assessment and intervention planning. In M. M. Ostrosky & E. Horn (Eds.), *Assessment: Gathering meaningful information. Young Exceptional Children Monograph Series No. 3* (2-11). Longmont, CO: Sopris West.

Bricker, D., & Pretti-Frontczak, K. (1996). Assessment, evaluation, and programming system for infants and children (AEPS). Baltimore, MA: Paul Brooks Publishing.

Bricker, D., Davis, M. S., & Squires, J. (2004). Mental health screening in young children. *Infants and Young Children, 17*(2), 129-144.

Bricker, D., & Squires, J. (1989). The effectiveness of parental screening of at-risk infants: The Infant Monitoring Questionnaires. *Topics in Early Childhood Special Education, 9*, 67-85.

Brigance, A. H. (1991). Brigance diagnostic inventory of early development—revised. North Billerica, Mass.: Curriculum Associates.

Briggs-Gowan, M. J., & Carter, A. S. (2005). Brief infant-toddler social and emotional assessment (BITSEA) manual, version 2.0. New Haven, CT: Yale University.

Caldarella, P., & Merrell, K. W. (1997). Common dimensions of social skills of children and adolescents: A taxonomy of positive behaviors. *School Psychology Review, 26*, 265-279.

Carlson, V. J., & Harwood, R. L. (2000). Understanding and negotiating cultural differences concerning early developmental competence: The six raisin solution. *ZERO TO THREE Bulletin of the National Center for Infants, Toddlers, and Families*, 20(3), 19-24.

Carter, A., & Briggs-Gowan, M. (2000). *Infant-Toddler Social and Emotional Assessment (ITSEA) Manual, version 1.0*. New Haven, CT: The Connecticut Early Development Project.

Cazden, C. B. (2001). *Classroom discourse: The language of teaching and learning*. Boston: Allyn & Bacon.

Center on the Social Emotional Foundations for Early Larning (2008). Handout 1.2 Definition of Social Emotional Development. *CSEFEL Infant-Toddler Module 1*. Retrieved September 6, 2008 from http://www.vanderbilt.edu/csefel/inftodd/mod1/1.2.pdf.

Chan, S. (1998). Families with Asian roots. In E. W. Lynch & M. J. Hanson (Eds.), *Developing cross-cultural competence* (pp.209-250). Baltimore: Paul H. Brookes.

Chang, F., Crawford, G., Early, D., Bryant, D., Howes, D., & Burchinal, M. et al. (2007). Spanish-speaking children's social and language development in pre-kindergarten classrooms. *Early Education and Development, 18*, 243-269.

Cheatham, G. A., & Santos, R. M. (2005). A-B-C's of bridging home and school expectations for children and families of diverse backgrounds. *Young Exceptional Children, 8*, 3-11.

Cobo-Lewis, A. B., Pearson, B. Z., Eilers, R. E., & Umbel, V. C. (2002). Effects of bilingualism and bilingual education on oral and written Spanish skills: A multifactor study of standardized test outcomes. In D. K. Oller & E. Eilers (Eds.), *Language and literacy in bilingual children*. (pp. 3-21). Clevedon, England: Multilingual Matters.

Cook, P. (1994). Chronic illness beliefs and the role of social networks among Chinese, Indian, and Angloceltic Canadians. *Journal of Cross Cultural Psychology, 25*, 452-465.

Crosnoe, R. (2004). Double disadvantage or signs of resilience? The elementary school contexts of children from Mexican immigrant families. *American Educational Research Journal, 42*, 269-303.

Dawson, B. A., & Williams, S. A. (2008). The impact of language status as an acculturative stressor on internalizing and externalizing behaviors among Latino/a children: A longitudinal analysis from school entry through third grade. *Journal of Youth and Adolescence, 37*, 399-411.

Denham, S. (1998). *Emotional development in young children*. New York: Guilford Press.

Diamond, K., & Squires, J. (1993). The role of parental report in the screening and assessment of young children. *Journal of Early Intervention, 17*(2), 107-115.

Dichtelmiller, M.L., & Ensler, L. (2004). Infant Toddler Assessment. *Young Children*, 30-33.

Dodge, D. T., Rudick, S., & Berke, K. (2006). The creative curriculum for infants, toddlers, and twos, (2nd ed) Washington, DC: Teaching Strategies, Inc.

Dodge, D. T., Colker, L. J., & Heroman, C. (2002). The creative curriculum for preschool (4th ed.). Washington, DC: Teaching Strategies, Inc.

Donahue, P., Falk, B., & Provet, A.G. (2007). Promoting social-emotional development in young children: Mental health supports in early childhood environments. In Perry, D.F., Kaufmann, R.K., & Knitzer, J (Eds.), *Social and emotional health in early childhood: Building bridges between services and systems.* (pp. 281-312). Baltimore: Paul H. Brookes.

Eggbeer, L., Mann, T., & Gilkerson, L. (2003). Preparing infant-family practitioners: A work in progress. *Zero to Three, 24*(1), 35-40.

Farver, J. A., & Lee-Shin, Y. (2000). Acculturation and Korean-American children's social and play behavior. *Social Development, 9*(3), 316-336.

Fox & Duda (2003). Assessing the Function of Their Behavior. *What Works Brief Series 9.*

Glover, M. E., Preminger, J. L., & Sanford, A. R. (1988). *The Early Learning Accomplishment Profile for Developmentally Young Children: Birth to 36 months.* Lewisville, NC: Kaplan Press.

Glover, M. E., Preminger, J. L., & Sanford, A. R. (1995). *The Early Learning Accomplishment Profile for Developmentally Young Children: Birth to 36 months manual (rev. ed.).* Lewisville, NC: Kaplan Press.

Gresham, F. M., & Elliott, S. N. (1990). *Social skills rating system (SSRS).* Minneapolis, MN: NCS Pearson , Inc.

Harry, B., Allen, N., & McLaughlin, M. (1995). Communication versus compliance: African-American parents' involvement in special education. *Exceptional Children, 61*, 364-377.

Hemmeter, M. L., Santos, R. M., & Ostrosky, M. M. (2008). Preparing early childhood educators to address young children's social-emotional development and challenging behavior: A survey of higher education programs in nine states. *Journal of Early Intervention, 30*, 321-340.

Henderson, L., & Meisels, S. (1994). Parental involvement in the developmental screening of their young child: A multiple source perspective. *Journal of Early Intervention, 18*(2), 141-154.

Horowitz, F.D. (1989). The concept of risk: A re-evaluation. Invited address at the Biennial Meeting of the Society for Research in Child Development, KansasCity, MO.

Horowitz, Frances Degen (2000). Child development and the PITS: Simple questions, complex answers, and developmental theory. *Child Development, 71*, 1-10.Hreski, W., Burton, S., Miguel, S., Sherbenou, R. (1994). *Developmental Observation Checklist System.* Austin, TX.

Huang, L. N., & Isaacs, M.R. (2007). Early childhood mental health: A focus on culture and context. In F. Perry, R. K. Kaufmann, & J. Knitzer (Eds.), *Social and emotional health in early childhood: Building bridges between services and systems.* (pp. 37-59). Baltimore: Paul H. Brookes.

Hyson, M. (2004). *The emotional development of young children*. New York: Teachers College Press.

Jablon, J. R., Dombro, A. L., & Dichtelmiller, M. (2007). *The power of observation for birth through eight*. 2nd ed. Washington, DC: NAEYC.

Meisels, S. J., Jablon, J. R., Marsden, D. B., Dichtelmiller, M. L., & Dorfman, A. B. (1994). *The work sampling system*. Ann Arbor, MI: Rebus Planning Associates.

Dichtelmiller, M. L., Jablon, J. R., Dorfman, A. B., Marsden, D. B., & Meisels, S. J. (1997). *Work Sampling in the classroom: A teacher's manual.* Ann Arbor, MI: Rebus.

Jellinek, M. S., Murphy, J. M., & Robinson, J., Feins, A., Lamb, S., & Fenton, T. (1988). Pediatric symptom checklist: Screening school-age children for psychosocial dysfunction. *J Pediatr, 112*, 2, 201-9.

Johnson-Martin, N., Attermeier, S. M., & Hacker, B. J. (1990). The Carolina Curriculum for preschoolers with special needs. Baltimore, MD: Paul H Brookes.

Kalyanpur, M. (1998). The challenge of cultural blindness: Implications for family-focused service delivery. *Journal of Child and Family Studies, 7*, 317-332.

Kaufmann, R.K., & Hepburn, K.S. (2007). Early childhood mental health services and supports through a systems approach. In Perry, D.F., Kaufmann, R.K., & Knitzer, J (Eds.), *Social and emotional health in early childhood: Building bridges between services and systems.* (pp. 63-96). Baltimore: Paul H. Brookes.

Kerr, M. M., & Nelson, C. M. (1989). *Strategies for managing behavior problems in the classroom* (2nd ed.). Columbus, OH: Merrill.

LeBuffe, P. A., & Naglieri, J. A. (1999). *DECA: Devereux Early Childhood Assessment.* Lewisville, NC: Kaplan Press.

Lee, S. Y., & Ostrosky, M. M. (under review). Addressing social emotional development and challenging behavior: A survey of professional development providers in nine states.

Lee, K. & Walsh, D. J. (2003). Not the United Colors of Benetton: Language, culture, and peers. *Journal of Research in Childhood Education, 17*, 201-218.

Linder, T. W. (1993). *Transdisciplinary play-based assessment* (Rev. ed.). Baltimore: Paul H. Brookes.

Lo, L. (2005). Barriers to successful partnerships with Chinese-speaking parents of children with disabilities in urban schools. *Multiple Voices for Ethnically Diverse Exceptional Learners, 8*(1), 84-95.

Lund, N. and Duchan, J. (1993). *Assessing children's language in naturalistic contexts*. Englewood Cliffs, New Jersey: Prentice Hall.

Lynch, E. W., & Hanson, M. J. (2004). *Developing cross-cultural competence: A guide for working with young children and their families.* Baltimore: Paul H. Brookes.

Powell, G., Mackrain, M., LeBuffe, P. (2007). *Devereux Early Childhood assessment for Infants and Toddlers (DECA-IT).*Kaplan Early Learning Corporation, Lewisville, NC.

Mattes, L. & Omark, D. (1991). Speech language assessment for the bilingual handicapped. Oceanside, CA: Academic Communications Associates.

McConnell, S. R. (2000). Assessment in early intervention and early childhood special education: Building on the past to

project into our future. *Topics in Early Childhood Special Education, 19,* 43-48.

McLean, M. (2002). Conducting child assessments. In S. A. Fowler, R. M. Santos & R. M. Corso (Eds.), *Appropriate screening, assessment, and family information gathering* (pp. 23-32). Longmont, CO: Sopris West.

McLean, M. (2005). Using curriculum-based assessment to determine eligibility: Time for a paradigm shift? *Journal of Early Intervention, 28(*1), 23-27.

McLean, M., Bailey, D. B., & Wolery, M. (2004) *Assessing infants and preschoolers with special needs.* Upper Saddle River, NJ: Pearson Merrill Prentice Hall.

McLean, M. & Crais, B. (2004). Procedural considerations in assessing infants and preschoolers with disabilities. In McLean, M., M. Wolery & D. Bailey (Eds.) *Assessing infants and preschoolers with special needs.* Upper Saddle River, NJ: Pearson Merrill Prentice Hall, pp45-70.

Mehan, H., Hertweck, A., & Meihls, J. L. (1986). *Handicapping the handicapped: Decision making in students' educational careers.* Stanford, CA: Stanford University.

Meisels, S. J. 2001. Fusing assessment and intervention: Changing parents' and providers' views of young children. *Zero to Three 21* (4): 4-10.

Meisels, S., & Fenichel, E. (1999). *New visions for the developmental assessment of infants and young children.* Washington, DC: Zero to Three.

Merrell, K. W. (1999). *Behavioral, social, and emotional assessment of children and adolescents.* Mahwah, NJ: Lawrence Erlbaum Associates, Inc.

Merrell, K. W. (2000). Informant report: Rating scale measures. In E. S. Shapiro & T. R. Kratochwill (Eds.), *Conducting school-based assessment of child and*

adolescent behaviors (pp. 203-234). New York: Guilford.

Merrell, K. W. (2001). Assessment of children's social skills: Recent developments, best practices, and new directions. *Exceptionality, 9*(1&2), 3-18.

Merrell, K. W. (2002). *School Social Behavior Scales, 2nd Edition.* Assessment-Intervention Resources. Baltimore, MD: Brookes Publishing.

Merrell, K. W., & Gimpel, G. A. (1998). *Social skills of children and adolescents: Conceptualization, assessment, treatment*. Mahwah, NJ: Lawrence Erlbaum Associates, Inc.

National Association for the Education of Young Children. (2005). *Screening and Assessment of Young English-Language Learners: Supplement to the NAEYC and NAECS/SDE Joint Position Statement on Early Childhood Curriculum, Assessment, and Program Evaluation.*

National Association for the Education of Young Children and the National Association of Early Childhood Specialists in State Departments of Education (2003). *Early childhood curriculum, assessment and program evaluation: Building an effective, accountable system in programs for children birth through age 8.*

Neisworth, J. T., & Bagnato, S. J. (2004). *The mismeasure of young children: The authentic assessment alternative. Infants and Young Children, 17*(3), 198-212.

Nelson, R. O., & Hayes, S. C. (Eds.). (1986). *Conceptual foundations of behavioral assessment.* New York: Guilford.

Odom, S. L., Schertz, H., Munson, L. J., & Brown, W. H. (2004). Assessing social competence. In M. McLean, M. Wolery, & D. B. Bailey (Eds.), *Assessing infants and preschoolers with special needs* (pp. 412-443). Upper Saddle River, NJ: Pearson Merrill Prentice Hall.

Overton, T. (2006). *Assessing learners with special needs: An applied approach.* Upper Saddle River, NJ: Pearson Merrill Prentice Hall.

Parks, S. (1994). *Hawaii Early Learning Profile (HELP Birth to 3). (HELP for Preschoolers).* Palo Alto, CA: VORT.

Parks, S., Furuno, S., O'Reilly, K. A., Inatsuka, T. T., Hoska, C. M., & Zeisloft-Falbey, B. (1994). *Hawaii early learning profile* (HELP). Palo Alto, Calif.: VORT.

Parlakian, R. (2003). *Before the ABCs: Promoting school readiness in infants and toddlers.* Washington, DC: Zero To Three.

Perry, D.F., Kaufmann, R.K., & Knitzer, J. (2007). Building bridges: Linking services, strategies and systems for young children and their families. In Perry, D.F., Kaufmann, R.K., & Knitzer, J (Eds.), *Social and emotional health in early childhood: Building bridges between services and systems.* (pp. 3-11). Baltimore: Paul H. Brookes.

Pretti-Frontczak, K, & Bricker, D. (2004). *An activity-based approach to early intervention.* Baltimore: Paul H. Brookes.

Raver, C. (2002). Emotions matter: Making the case for the role of young children's emotional development for early school readiness. *Social Policy Report of the Society for Research in Child Development,* 16 (3), 1-20.

Reynolds, C. R., & Kamphaus, R. W. (1992). *Behavior Assessment System for Children* Circle Pines, MN: American Guidance Service.

Rogoff, B. (2003). *The cultural nature of human development.* Oxford University.

Roseberry-McKibbin, C. (1994). Assessment and intervention for children with limited english proficiency and language disorders. *American Journal of Speech-Language Pathology, 3,* 77-88.

Sandall, S., Hemmeter, M.L., Smith, B. J., & McLean, M. E. (2005). *DEC recommended practices: A comprehensive guide.* Longmont, CO: Sopris West.

Santos, R. M., & McCollum, J. (2007). An investigation of Filipino mothers' perceptions of benefits and roles around parent-infant interaction. *Journal of Early Intervention*29(3), 243-261.

Schwalb, D. W., Schwalb, B. J., & Shoji, J. (1996). Japanese mothers' ideas about infants and temperament. In S. Harkness & C. M. Super (Eds.), *Parents' cultural belief systems: Their origins, expressions, and consequences* (pp. 161-191). New York, Guilford.

Shonkoff, J. P. & Phillips, D. A. (2000). *From Neurons to Neighborhoods: The Science of Early Childhood Development.* Washington, D.C., National Academy Press.

Siperstein, G. N., & Favazza, P.C. (2008). Placing Children "At Promise": In Future Directions for Promoting Social Competence (Chapter 15). In Brown, W. H., Odom, S. L., & McConnell, S. R. *Social Competence of Young Children.*

Sparrow, S.S., Balla, D.A., & Cicchetti, D.V. (1998). *Vineland Social-Emotional Early Childhood Scales (SEEC).* Circle Pines, MN: American Guidance Service.

Squires, J. (1996). Parent completed developmental interviews: A low cost strategy for child-find and screening. *Infants and Young Children, 9*(1), 16-28.

Squires, J., & Bricker, D. (2007). An activity-based approach to developing young children's social emotional competence. Baltimore: Paul H. Brookes.

Squires, J., Bricker, D., Twombly, L. (2002). *The Ages & Stages Questionnaires: A parent-completed, child-monitoring system for social-emotional behaviors.* Baltimore: Paul H. Brookes.

Tabors, P. O. (2008). *One child two languages: A guide for early childhood educators of children learning English as a second language.* Baltimore: Paul H. Brookes.

Tellier-Robinson, D. (2000). Involvement of Portuguese-speaking parents in the education of their special-needs children. *Bilingual Research Journal, 24*(3), 225-239.Travis, J. E. (1996). Meaningful assessment. *Clearing House, 69*(5), 308-312.

Dodge, D. T., & Colker, L. (1992). *Creative Curriculum for Early Childhood* (3rd ed). Washington, D.C.: Teaching Strategies.

Web Resources

Information about the reliability, validity, and practical utility of assessment instruments http://www.jgcp.ku.edu/Grants/ecrimgd.htm

Comparable sets of measures being developed for preschool children by the ECRI-MGD at the University of Minnesota http://ici2.umn.edu/ecri

Guidelines for selecting materials on child assessment. http://clas.uiuc.edu/review/ChildAssessment.pdf

TABLE 1: SAMPLE SCREENING AND ASSESSMENT TOOLS

Instrument Author/Publisher Publication Date	Ages	Purpose/Information	Administration	Validity/Reliability	Norm	Language
Ages & Stages Questionnaires: Social Emotional (ASQ-SE) Jane Squires, Diane Bricker, Elizabeth Twombly Brookes Publishing Inc. (2002) www.pbrookes.com	6-60 months	A parent-implemented child screening and ongoing monitoring system for social-emotional behaviors; young children at risk for social or emotional difficulties	15-20 minutes May be administered by parents or caregivers and scored by professionals.	Reliability is 94%; validity is between 75% and 89%	Over 3000 children across the 6-60 month age intervals and their families were investigated. Three-point scale of frequency ranging from "not true" to "often true."	English, Spanish
Behavior Assessment System for Children (BASC-II) Cecil R. Reynolds, Randy W. Kamphaus American Guidance (1992)	2-5 years	Assesses for behavior functioning and identification of behavior problems (aggression, hyperactivity, conduct problems), and developing intervention plans for children 2-21 years. Four-point scale of frequency ranging from "never" to "almost always."	15 minutes	Composite Scores: Internal Consistency – TRS = .87-.96, PRS = .85-.93; Test-retest – TRS = .84-.87, PRS = .81-.86; Interrater – TRS =.61-.81, PRS = .66-.84	309 4 to 5 year old children in public schools, private schools, and daycare centers in Western, Northern, Central, Southern, and Northeastern U.S.	English, Spanish
Brief Infant Toddler Social Emotional Assessment (BITSEA) Margaret Briggs-Gowan, Alice Carter Pearson Assessment Yale University (Fall 2005)	12-36 months	Family-centered screening tool that assesses emerging social-emotional development and monitors progress based on parent/caregiver input.	7-10 minutes	Internal Consistency = .65-.80 Interrater (mother/father) = .61-.68 Test-retest = .85-.87 Validity: Predictive = .71	National sample of 600 children. Clinical groups included language delayed, premature, and other diagnosed disorders	English, Spanish, French, Hebrew, and Dutch.
Child Behavior Checklist (CBCL) Thomas Achenbach, Rescovia, L.A. 2001 Thomas Achenbach (1991, 2001) Achenbach Rescorla	4-18 years	Assesses the behavioral and social competencies of child as reported by parents and measures behavior change over time. Three-point scale of frequency ranging from "not true" to "often true."	15-20 minutes	Internal Consistency = .78-.97 Test-retest = .95-1.00 Interrater = .96-.96 Criterion validity was assessed and found to be acceptable	Normative data obtained from parents of 1,300 children	English, Spanish, French
Devereux Early Childhood Assessment Program (DECA) Paul LeBuffe, Jack Naglieri Kaplan Press (1999)	2-5 years	Assessment instrument designed to assess positive and problem behavior.	15-20 minutes May be administered by parents or caregivers and scored by professionals.	None found	Normed on a representative, nationwide sample of 2,000 children in 28 states	English, Spanish

TABLE 1: SAMPLE SCREENING AND ASSESSMENT TOOLS

Instrument Author/Publisher Publication Date	Ages	Purpose/Information	Administration	Validity/Reliability	Norm	Language
Devereux Early Childhood Assessment for Infants and Toddlers (DECA-IT) Mary Mackrain, Paul LeBuffe, & Gregg Powell Kaplan Press (1999)	1 month – 36 months	Assessment of protective factors as well as a screening for potential risks in the social and emotional development of infants and toddlers.	15-20 minutes Parents/caregivers A person who has known the child for a minimum of 4 weeks	Internal Reliability = .80-.90 Median Reliability Parent raters = .87 Teacher raters = .90	Sample of 2,183 infants and toddlers between 4 weeks and 3 years (45% infants and 55% toddlers)	English, Spanish
Infant-Toddler Social Emotional Assessment (ITSEA) Alice Carter, Margaret Briggs-Gowan Pearson Assessment (Fall 2005)	12-36 months	A follow-up assessment of the BITSEA, to be used for in-depth analysis of social-emotional development and to guide intervention planning	25-30 minutes	Internal Consistency: Individual scales = .59-.84; 4 Broad Band Scales = .80-.90 Interrater (mother/father) = .58-.79 All ITSEA domain and CBCL (Achenbach, 1992) scales were correlated, but there was differentiation	National sample of 600 children. Clinical groups included language delayed, premature, and other diagnosed disorders	English, Spanish
Pediatric Symptom Checklist (PSC) Michael Jellinek, Michael Murphy, John Robinson Child Psychiatry, MA General Hospital (1998)	4-16 years	A psychosocial screening tool designed for early recognition of cognitive, emotional, and behavioral problems.	10-15 minutes Parent completed version of items ranging from never to often.	Test-retest = .84-.91 Validity: Specificity = .68 Sensitivity = .95	Children ages 4-16 years	English, Spanish, Chinese
School Social Behavior Scales, 2nd Edition Kenneth W. Merrell Assessment-Intervention Resources (2002)	5-18 years	Rating and behavior scales for screening and assessment to identify the social competence and antisocial behavior problems of children and youth for intervention planning.	5-10 minutes Completed by teachers and other school personnel	Internal Consistency = .96-.97 Test reliability: Social Competency = .84 Anti-Social Behavior = .91	Standardized with a national sample of 2,280 students in Grades K-12	English
Social Skills Improvement System (SSIS) – formally Social Skills Rating System (SSRS) Frank Gresham, Stephen Elliot Pearson Assessments (1990)	3-18 years	Screening tool that measures social skills and problem behaviors of children and adolescents as reported by teachers, parents, and students themselves. Provides support for the development of appropriate interventions	10-25 minutes for each questionnaire	Internal Consistency – Teacher = .93-.94; Parent = .87-.90; Student = .83 Problem Behavior – Teacher = .82-.86 Parent = .73-.87 Test-retest – Teacher = .85; Parent = .87; Student = .68 Problem Behavior – Teacher = .84; Parent = .65 Validity tests done for intercorrelations, content, construct, concurrent, and factor analysis	Standardized on a national sample of over 4,000	English, Spanish

TABLE 1: SAMPLE SCREENING AND ASSESSMENT TOOLS

Instrument Author/Publisher Publication Date	Ages	Purpose/Information	Administration	Validity/Reliability	Norm	Language
Temperament & Atypical Behavioral Scale (TABS) Stephen Bagnato, John Neisworth, John Salvia, Francis Hunt Brookes Publishing Inc. (1999)	11-71 months	Screening tool to identify critical temperament and self-regulation problems and determine services for special education eligibility, planning of education and treatment programs, monitoring child progress and program effectiveness	5 – 30 minutes Parents/ caregivers	Interrater and rating: .84.94 Internal consistency = .88-.95 High treatment and social validity	Normed on nearly 1,000 children with both typical and atypical development	English
Vineland Social-Emotional Early Childhood Scales (Vineland SEEC) Sara Sparrow, David Balla, Domenic Cicchetti Pearson Assessments	Birth – 5 years, 11 months	Based on the Vineland Adaptive Behavior Scales, this assessment tool measures early childhood social emotional development.	15 – 20 minutes Administered by Ph.D. in psychology or certified or licensed school psychologist or social worker.	Reliability: .80=.87 for subscales ,89-.97 for composite across six age groups Validity: not available	Standardization norms are based on the normative data used to develop the Vineland Adaptive Behavior Scales. The sample included 1,200 children from birth to 5 years, 11 months	English, Spanish

TABLE 2: SAMPLE CURRICULUM-BASED ASSESSMENTS

Instrument Author/Publisher Publication Date	Ages	Purpose/Information	Content	Type/Purpose Validation	General Comments Cultural Sensitivity Family Involvement
Assessment, Evaluation, and Programming System for Infants and Children (AEPS) Diane Bricker and Kristie Pretti-Frontczak (1996) Paul Brookes Publishing P.O. Box 10524 Baltimore, MD 800-638-3775 www.pbrookes.com	Vols.1-2 Birth to 3 years Vols. 3-4 3-6 years	• Easy to use child observation data recording form. Parallel assessment with Family Report forms • Use for one child or a group, in home or center-based naturalistic setting. • Each item scored with 0,1, or 2 • Activity-based assessment • Experienced and trained examiner—direct service providers and specialists • Easy to learn • 1-2 hours to administer	Fine motor Gross motor Cognitive Adaptive Social-communication Social	• Curriculum-based • Progress monitoring • Provides a second source for determining eligibility • Activity-based, developmentally appropriate instruction • Natural child activity basis ensures authenticity • Based on 20 years of research on intervention relevant to assessment • Continual field validation	• Includes emergent literacy • Instructions for collecting data and translating results into IFSP/IEP • Curriculum goals and objectives linked with assessment items • Includes activity-based interventions aligned with assessment • Helps formulate appropriate goals • Planning guide promotes family involvement • Family focused • Family interest survey and report form • Includes child progress record forms and summary data forms
Brigance Diagnostic Inventory of Early Development-Revised Albert Brigance Curriculum Associates (1991) 5 Esquire Road North Billerica, MA 01862-2589 800-225-0248 www.curriculumassociates.com	Birth to 7 years	• Data can be collected through naturalistic observation • Convenient for assessing children in or away from classroom setting • Simple recording method • Scoring pass/fail • Trained professionals • Volunteers or tutors, if trained to administer • Easy to learn • Administration time varies with number of areas tested	Perambulatory Fine/gross motor Social-emotional Readiness Self-help Basic reading skills Speech/ language Manuscript writing General knowledge Basic math	• Criterion-referenced • Diagnostic • Instructional guide • Monitor progress • Curriculum-compatible developmental measure • Tracking system • Low authenticity—flexible information gathering for less natural settings • Content validity clear and strong	• Contains supplementary materials needed for some assessments • Comprehensive and supplemental skill sequences serve as a curriculum guide • Correlates to Head Start Child Outcomes Framework • Tool for developing IEPs • Parent observations included • Easy to understand report of progress for teachers and parents • Resource for parents and professionals • Incorporates parent observations • Coded to Brigance Readiness test for kindergarten-age children

TABLE 2: SAMPLE CURRICULUM-BASED ASSESSMENTS

Instrument Author/Publisher Publication Date	Ages	Purpose/Information	Content	Type/Purpose Validation	General Comments Cultural Sensitivity Family Involvement
Carolina Curriculum for Infants and Toddlers with Special Needs (CCITSN) (1991) Carolina Curriculum for Preschoolers with Special Needs (CCPSN) (1990) Nancy Johnson-Martin, Kenneth Jens, Bonnie Hacker Susan Attermeier Paul Brookes Pub. P.O. Box 10524 Baltimore, MD 800-638-3775 www.pbrookes.com	Birth to 24 months 2-5 years	• Individual assessment log and developmental progress charts for 2-5 years and 12 months to 3 years • Offers great detail (task analysis, alternative activities) • Step-by-step guidance on set up, scoring, and charting results • Easy to implement	Cognition Communication Social Adaptation Fine and gross motor	• Curriculum-embedded • High in authenticity • Emphasizes naturally occurring tasks • Functional activities • Progress monitoring	• Curricular items include objectives, needed materials, teaching procedures, routine integration strategies, sensorimotor adaptations • Jargon-free language, uncomplicated format • Good data collection system • Curricular items that correspond to each child's special needs • Characteristics of specific disabilities • Adaptations for sensory/motor needs • Nondiscriminatory items • Family involvement stressed • Activities structured to involve families in assessment and instruction
Creative Curriculum Developmental Continuum Assessment ToolKit Creative Curriculum for Preschool, 3rd Edition Diane Trister Dodge, Laura J. Colker (1992) Teaching Strategies, Inc. 800-637-3652	3-5 years	• Designed for preschool and kindergarten center-based programs • Child development and learning checklist • Focuses on carefully organized circumstances to provide foundation for daily environmental interactions • Observation • Easy to understand	Social-emotional Cognitive Physical development	• Ongoing assessment • Curriculum • Curriculum-embedded • Center based	• Focus on environment, teaching and learning styles • Framework for decision making and focus on interest areas • Sequential steps of skills and concepts in all areas of development • Integrated learning across all teaching strategies/10 learning center modules • Child progress and planning sheets • Goals and objectives charts, etc. • Covers the Head Start outcome domains • Techniques offered to accommodate special needs • Incorporates family's role—parent involvement suggestions and home activities • Spanish version

TABLE 2: SAMPLE CURRICULUM-BASED ASSESSMENTS

Instrument Author/Publisher Publication Date	Ages	Purpose/Information	Content	Type/Purpose Validation	General Comments Cultural Sensitivity Family Involvement
(DOCS) Developmental Observation Checklist System Wayne Hreski, Steve Burton, Shirley Miguel, Rita Sherbenou (1994) PRO-ED, Inc. 8700 Shoal Creek Blvd. Austin, TX 800-897-3202 www.proedinc.com	Birth to 6 years	• Three-part inventory/checklist system: developmental, adjustment behavior, and parental stress and support • Parent/professional natural observations • Observation of daily behaviors • Quotients, NCE scores, age equivalents and percentiles	General development, adjustment behavior Parent stress and support Language, motor, social, and cognitive Assesses parent-child interaction; environmental impact; child adaptability; parent stress, support, and play skills	• Curriculum compatible: sequences and clusters of skills across domains fit with major curricula • Norm-referenced screening device • Standardized • Emphasis on naturally occurring tasks in natural settings • Standardized on 1,094 children in 30 states, 1989-1992	• Addressed through parent-report nature of DOCS questionnaire—relies on parent response and observations about child and family • One of first emergent curricula—compatible, authentic developmental assessment measures • Interdomain format operationalizes development as interactive • Lacks computer scoring
Hawaii Early Learning Profile (HELP) (Birth to 3) (1994) HELP for Preschoolers (1995) Stephanie Parks Vort Corp. P.O. Box 60880 Palo Alto, CA 94306 415-322-8282 www.vort.com	Birth to 3 years 3-6 years	• Completed in natural environment • Individual, group structured, observational in varied settings • Hierarchically structured developmental sequence • HELP charts and checklists • Used by physical, speech, occupational therapists; educators; psychologists; social workers; nurses; and classroom aides • Training video • Easy to use	Cognition Language Adaptive Gross/fine motor Social - emotional Three special needs strands: sign language, wheelchair, speech reading	• Curriculum-embedded • Instructional planning • Intervention • Progress Monitoring • Promotes activity-based • Widely used • No supporting data for program efficacy	• Cross disciplinary integrated approach • Comprehensive and developmentally sequenced • Covers 685 skills B-3 yrs • Used to identify need, track growth, develop objectives • Includes adaptations, play-based • Recommendations for special needs • Culturally sensitive family interview questions • Spanish version • Parent-home interventions • Family-directed assessment • Parent handouts on teaching concepts • Computer software for planning and reporting

TABLE 2: SAMPLE CURRICULUM-BASED ASSESSMENTS

Instrument Author/Publisher Publication Date	Ages	Purpose/Information	Content	Type/Purpose Validation	General Comments Cultural Sensitivity Family Involvement
Learning Accomplishment Profiles: Early LAP (E-LAP) LAP Revised (LAP-R) M. Elayne Glover, Jodi L. Preminger, & Anne R. Stanford (1995) Kaplan www.kaplanco.com	Birth to 3 years 3-6 years	• Profile for summative recording • Easy to use by teams • Observation format • Summative recording form • Scoring sheet tracks progress 4 times a year • Home- or center-based programs for individual or small group • Format invites multidisciplinary use • Low density of items—easy to use, not time consuming	Gross/fine motor Cognitive Social/ emotional Self-help Language	• Curriculum-embedded • Criterion-referenced assessment • Monitor progress • Instructional planning • Items less authentic—more psychometric • No documentation of field use or reliabilities • Norm referencing based on developmental literature	• Use to prepare and implement IEPs, student plans • Introduction of appropriate activities for home or center to support acquired or emerging skills • Class profiles, activity cards • Special family-centered materials not featured • Spanish edition • Caution—teaching to assessment—many items not useful • No adaptations • Expensive
Transdisciplinary Play-Based Assessment & Transdisciplinary Play-Based Intervention- R (TBPA/TPBI) Toni Linder (1993) Paul Brookes Publishing 800-638-3775 www.pbrookes.com	Infancy to 6 years	• Observation • Home- or center-based • Useful in arena settings • Worksheets, summary sheets, cumulative summary, final report	• Cognitive • Communication • Language • Sensorimotor • Social-emotional	• Curriculum-embedded • Foundation for program • Team-based assessment • Predominance of natural skills and activities • Few supporting data in program efficacy, widely used in many states	• Integrated approach to assessment and intervention through play, based on research • Flexible to use with children with or without disabilities • Training videos • Chapter for family participation • Concern with staging play situations
Work Sampling System (WSS) Judy R. Jablon, Dorothea B. Marsden, Samuel J. Meisels, Margo L. Dichtelmeiller (1994) Rebus Planning Associates 317 S. Division St. Ann Arbor, Michigan	Preschool (3-5) through 5th grade	• Developmental checklist for each level • Rates "proficient," "in process," or "not yet" • Easy to implement • Training workshops available	• Personal and social • Language and literacy • Mathematical thinking • Scientific thinking • Social studies • Art • Physical development	• Curriculum-compatible • Authentic assessment for portfolio development • Focus on developmentally appropriate curricular tasks • Research support internal reliability and criterion validity • Ongoing progress documentation	• Flexible design allows for individualization based on strengths and limitations • Well-organized • Facilitates adaptations

Source: *Linking Assessment & Early Intervention: An Authentic Curriculum-Based Approach,* by S.J. Bagnato, J. Neisworth, and S. Munson. 1997 (Reprinted June 2002).