| Case Study | Discussion and Resources |
|---|---|
| In this story, Tomas, his family, and early intervention (cross-disciplinary) team navigate challenges and demonstrate components of Standard 4 Assessment Processes:<br><br>• 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.<br><br>**Resources to support adult learning:**<br><br>• ECPC Curriculum Modules: Professional Standards<br><br>• Resources You Can Use for Pre- and In-service Professional Development (DEC Website)<br><br>• Supporting Explanations for Early Component | *The specific components of Assessment are listed as bulleted items below. Highlight in the story when professionals and caregivers navigate challenges and demonstrate these components. Reflect on your own and compare your findings with others in small groups.*<br><br>**Specific components include:**<br><br>• Understanding the purposes of formal and informal assessment, including ethical and legal considerations, and use this information to choose developmentally, culturally, and linguistically appropriate, valid, reliable tools and methods that are responsive to the characteristics of the young child, family, and program.<br><br>• Developing and administering informal assessments and/or select and use valid, reliable formal assessments using evidence-based practices, including technology, in partnership with families and other professionals.<br><br>• Analyzing, interpreting, documenting, and sharing assessment information using a strengths-based approach with families and other professionals.<br><br>• Using assessment data to determine eligibility, develop child and family-based outcomes/goals, plan for interventions and instruction, and monitor progress to determine the efficacy of programming in collaboration with team members. |

| Case Study | Discussion and Resources |
|---|---|
| **Tomas, His Family, and Important Adults**<br><br>Tomas (24 months of age) was born full-term, weighing approximately seven pounds. Tomas met all the typical developmental milestones at his well-child check-ups with the local pediatrician.<br><br>Tomas lives with his parents Maria and Harmon. Maria recently gave birth to Tomas' sister, Rosa. She is six months old. They recently relocated due to Harmon's work and do not have family living close by. Maria and Harmon are originally from Panama and Spanish is their first language. Harmon is bilingual, fluently speaking English and Spanish. Maria is developing conversational English skills. | Have you had the opportunity to support children and families that are Dual Language Learners (DLLs) ? What are some characteristics of the family noted in this case study that may impact the types of supports they need? Here are a few resources to support your knowledge and skills related to DLLs.<br>• Head Start – Welcoming and Supporting Dual Language Learners<br>• WIDA – The Early Years: Dual Language Learners<br>• Zero to Three – Taking Two Language to Preschool Supporting Children with are Dual Language Learners |
| **Childcare and Referral for Early Intervention Services**<br><br>The family recently put Tomas and Rosa into a childcare facility so that Maria could start school to study nursing. The childcare provider told Maria one day when she came to pick up Tomas that she was concerned about some of his behaviors. Specifically, he had started hitting his peers and grabbing toys from them. When they tried to get the toys back, he bites them.<br><br>The childcare provider recommended that the family schedule an appointment with their pediatrician to discuss his behaviors. She also said she would like to make a referral to the "local early intervention (EI) Part C provider." She indicated through early intervention the family could connect with a teacher that can help Tomas with his behaviors. Maria did not understand everything that the provider said and was not quite sure how to respond. She believed that the childcare provider had Tomas' best interest in mind; therefore, she said "OK" and left with Tomas. | Have you had experiences with childcare providers making referrals? Have you worked with childcare providers in their location to support children receiving EI services? Many children receive EI services in a facility or home-based childcare placement. If applicable to you, is the referral and service process challenging? What might make it easier?<br><br>Are you familiar with monitoring and screening process that helps providers in the community determine if a referral needs to be made? Explore these resources to learn more about:<br>• Monitoring child development<br>• Screening tools<br><br>Do you think this childcare provider handled the conversation with Maria appropriately?<br><br>What else might you recommend supporting the process? |
| **Intake Visit with the Service Coordinator**<br><br>Two days later a service coordinator, Marielle, called the home to follow up on the referral that had been made to their EI agency. Luckily, Harmon was home and talked | Are you familiar with the referral and intake process for Early Intervention in your location? If applicable, is the process used by your team culturally and linguistically |

with Marielle to schedule the appointment. She said she wanted to set up a meeting with Maria and Harmon in their home. Maria was a little thrown off about them coming to the home as she had not had visitors yet, but she agreed anyway, and they set up the meeting for the following Tuesday.

Marielle came to the home to conduct the intake the following Tuesday and met with Maria and Harmon. They sat in the living room to talk. Marielle noticed as soon as she started talking that Harmon translated the conversation from English into Spanish. She provided the family with a few handouts that were written in English. Maria barely glanced at the documents. Marielle did not see many toys in the home.

Tomas was present and as Marielle sat down, he approaches her and grabbed a folder out of the bag she had placed on the floor. Maria seemed embarrassed and apologized for his behavior. Marielle says that it's fine; but Tomas continues to grab and tried to get into her bag. Eventually, she took her bag out to her car and came back into the home. When she came back into the home, Maria had turned on the TV and Tomas was sitting quietly watching Cocomelon in Spanish. Marielle noticed that when songs started in the show, Tomas would move his arms up and down quickly in an odd way. He also let out a few high-pitched noises (e.g., ee—oo—ee) throughout the whole visit.

Marielle completed the intake paperwork with Maria and Harmon and shared that Tomas could be evaluated for services next week. She shared that if he was eligible then he may receive services such as a teacher, occupational therapist, physical therapist, or other professionals to help with behaviors and development.

To wrap up the visit, Marielle asked if they would like to have an interpreter present during the evaluation. Harmon consulted with Maria, and they agreed an interpreter might be helpful in the future. As Marielle was leaving, she thought, "I wonder if there are cultural adaptations that need to be made to the evaluation process for this family?"

appropriate and responsive to the characteristics of individual children and families?

What about the evaluation process? Imagine if you were the caregiver and you did not speak English. The whole process would likely be challenging for you!

Consider reviewing the federal and legal requirements for evaluation and assessment here.

Consider exploring norm-referenced tools that are recommended to be used for comprehensive, early intervention eligibility evaluations.

The eligibility evaluation is just a starting point, and the report documents the child's current skills at the time of the testing. After this evaluation, it is integral for teams to conduct further assessment to learn more about the child and family. Here are some assessment resources:
- Social-emotional assessment tools
- EI on the Fly Podcast
- ECPC Authentic Assessment
- New York State - Family Assessment in Early Intervention

What aspects of this family's culture may need to be considered to make sure that intervention and outcomes are equitable and relevant?

Consider exploring these resources on cultural responsiveness training to explore unconscious bias and support.

Children of color are often identified as having challenging behaviors, when the behavior is typical for their age, or they have not been redirected or taught appropriate behavior.

What is developmentally appropriate behavior for a two-year-old?

**Multidisciplinary Evaluation for Services**

The eligibility evaluation took place in the home with only Maria because Harmon had to work. Two providers conducted the evaluation, Rochelle, a speech-language pathologist, and Tonya, a developmental specialist. After a conversation with Marielle, both providers decided to prepare for the evaluation by learning about Panama and their culture. They considered additional activities that may be helpful during the evaluation process.

The team used the Developmental Assessment of Young Children (2nd Edition; DAYC-2) to evaluate children for EI services. For the child to qualify, he or she had "significant developmental delay" which is at least 2.0 standard deviations below the mean in one area or at least 1.4 standard deviations below the mean in two areas of development.

Rochelle conducted the family-driven interview while Tonya conducted the testing portion of the DAYC-2 on the floor with Tomas. She also spent time conducting an ecological observing him play in the living room, choosing toys to use on his own.

Maria reported that Tomas was a good baby, enjoyed being held, and liked his stuffed animals. He had started saying a few words around the age of 12 months (e.g., ball, mama, dada), but then by 18 months, he stopped using sounds/words all together. Maria reported that she has difficulty with the morning routine because Tomas does not like to put clothes on; he also does not like being in his car seat. Maria believes the transition to a new place, with a new baby, has been hard on everyone. She indicated when things change in Tomas' life, he has a difficult time.

Help Rochelle and Tonya identify modifications or adjustments they may make to the evaluation process to respect and include the family's culture!

What would you suggest?

Panama is a beautiful country that connects North and South America. Check out the link above and identify some aspects of Panamanian culture that may be relevant (e.g., they eat rice with most meals).

Based on what Maria shared about Tomas' development, can you identify potential priorities and needs of the child and family?

Can you name approaches designed to assess and identify priorities, supports, and goals of children and families within daily routines and activities? Consider learning more by exploring the links below:
- Routines-Based Interview (McWilliam)
- Functional Participation-Based Outcomes (Family Guided Routines Based Intervention)
- Ecomap
- Results Matter - What is Authentic Assessment?

**Eligibility Meeting**

Marielle, Rochelle, Tonya, their program supervisor, and Maria gathered the next week for the eligibility meeting. The team shared the results which indicated that Tomas was eligible in all developmental areas. He qualified for four different types of services. During this meeting the team reviewed how he scored on the DAYC-2. They shared

If applicable, on your team are eligibility meetings conducted concurrently with IFSP meetings or are they scheduled separately? Or are evaluations and eligibility meetings conducted together? How does your team structure these activities? What is your opinion about the best way to structure the number of activities (referral,

areas of strength (e.g., he likes to approach people) and areas where Tomas experienced challenges (e.g., following directions).

The team also suggested a psychologist join the team and conduct a separate, more comprehensive evaluation. When Maria and Harmon ask why the further evaluation was needed, Marielle (SC) said, "sometimes it's helpful to just get a full picture of development." Maria and Harmon were confused but did not ask any additional questions. After the meeting Marielle contacted the psychologist and scheduled the evaluation during a time the family suggested worked for them.

intake, evaluation, eligibility meeting, IFSP meeting, service delivery)?

All of these activities need to occur 45 days from the referral!

It seems that this team may believe a more comprehensive evaluation is needed to determine if the child has autism or another developmental disorder. Based on what is written in this story, what might be some changes the team could make to support families better as they start another evaluation process?

A helpful strategy is to embed the M-CHAT (Modified Checklist for Autism in Toddlers) into the eligibility evaluation process. This quick tool identifies areas of concern that may suggest a child has autism and it provides supporting evidence to share with families when you have conversations about additional evaluations.

## IFSP Meeting

Then, an IFSP meeting was scheduled and held with the family and the providers that may be serving Tomas. During this meeting the group decides that each provider will come to the home two times per month and to the childcare facility two times per month. Maria thinks, "Four visits a month!" That seems like a lot of support. Does Tomas really need that much?" Maria also wonders if the childcare provider will want these EI providers coming into the center. Is that even allowed?! She believes that the providers have likely had experiences with childcare providers before, so it must be fine. The IFSP outcomes were determined after the team reviewed the family-driven assessment. Maria had shared that she has difficulty with bath time, and she wishes he could tell her what he wants to eat. Additionally, she shared she doesn't know how to play with him, and this makes her sad. She wanted to know some ideas of how to help him to play.

- During bath time, Tomas will sit in the bathwater without trying to leave the tub for three minutes across three days in a row.

Are you familiar with how to write high quality IFSP outcomes for infants and toddlers? Here are a few resources to support you:
- ECTA – Enhancing Recognition of High Quality, Functional IFSP outcomes
- FIPP – Tips and Techniques for Developing Participation-Based IFSP Outcome Statements (Shelden & Rush, 2009)
- Quality in Individualized Family Service Plans: Guidelines for Practitioners, Programs and Families (Gatmaitan & Brown, 2016)

- After bath time, Tomas will allow his caregiver to take him out of the tub and dress him without struggling for three days in a row.
- During mealtime, Tomas will use two single words to request food items at least three times per meal across five meals in a row.
- Tomas' caregivers will engage in child-directed play (e.g., follow lead, imitate) with him two times per day for 10-minutes each across three days in a week.

**Psychological Evaluation**

Tonya is the developmental specialist assigned to support Tomas and his family. She decides to attend the psychological evaluation to support the caregivers and observe the process. Their team had just built a relationship with a local psychologist that agreed to conduct a few autism evaluations for their program. They had not worked with him before.

Tonya arrived at the home before the psychologist, Dr. Reynolds. She spent a few minutes reviewing what she hoped they would see through the evaluation process (e.g., some interview with the family, observation, and play with Tomas). When Dr. Reynolds arrived, he hastily came into the home and sat on a chair, stating, "I had to drive over an hour to get here, I didn't realize it was this far!" Then, he asked the caregivers a few questions about Tomas and his behaviors. He looked at Tomas for about five minutes then said, "I think it's very likely Tomas has autism, but I will need to reflect on my evaluation first. I will give you a call soon." At this point, he had been at the home for about 15-minutes. He got up, said that he needed to go to another patient's home, and walked out the door.

Tonya had watched Maria and Harmon's facial expressions during the visit, and they were ones of confusion. After he left, Harmon asked, "so does our son have autism?" Tonya paused for a moment to think about how to respond.

Collaborating with professionals can be challenging and it sounds like based on this story, the relationship with the program and psychologist are just forming. Here are a few resources to support collaboration and successful interactions with psychologists:
- Collaborating With School Psychologists: Moving Beyond Transitional Assessment Practices (Albritton et al., 2019).
- FSU Center for Prevention and Early Intervention Policy – Interprofessional Teams Supporting Early Childhood Mental Health

What do you think about Dr. Reynold's behavior?
Was it acceptable?
Are there any ethical issues you might consider here?
How would you respond to the caregiver's questions?
Have you been in this situation before where you had to explain another professional's recommendations?
What is challenging about this situation?

Are you familiar with the ethical and legal considerations of the EI/ECSE practice? Consider reading:
- Division for Early Childhood Position Statement on Ethical Practice
- NAEYC Code of Ethical Conduct and Statement of Commitment

**Additional Discussion Questions:**

1. Have you participated in Multidisciplinary Evaluations to determine eligibility? If applicable, what was the training process like for you? What are challenges of conducting eligibility evaluations?

2. How can this team better collaborate with the childcare provider initially to lay the foundation for integrated services? What strategies could be put in place?

3. If applicable, does your team collaborate with a psychologist to identify children with autism? What does this process look like?