Moving Toward a Coordinated

Assessment System

Recommendations from the Georgia Comprehensive Assessment System Task Force

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Prepared by The Georgia Health Policy Center

Table of Contents

Acknowledgements	3
Executive Summary	5
Background and Context	6
Task Force Recommendations	8
Conclusions and Next Steps	12
Appendices	13
Survey Results (Highlights)	

Resource Documents

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Executive Summary

The Georgia Comprehensive Assessment System Task Force, funded through the Race to the Top: Early Learning Challenge Grant, was established in May 2014 to identify opportunities to align and improve Georgia's current assessment practices and recommend changes to policy and practice related to child-level assessments in Georgia's early care and learning settings.

Over a nearly two-year period, the Task Force, composed of experts from many sectors of the early childhood system, functioned in two subcommittees, one focused on developmental screening and the other on formative assessments.

Following a review of current practice in Georgia and in other states, the Task Force agreed on the following recommendations to inform statewide policy, coordinate child assessment efforts, and support effective professional development over the next five to ten years.

I. Identify, promote and encourage the use of evidence-based resources and guidelines to help stakeholders across the state select developmental and behavioral screening instruments and formative assessment tools.

II. Actively facilitate the inclusion and engagement of families in screening and assessment processes.

III. Develop and support a streamlined and integrated process that promotes appropriate sharing of screening and assessment results and information to link children to needed services and supports.

IV. Promote coordinated and ongoing opportunities for professional learning and development that: a) focus on training administrators of developmental screening tools to ensure quality implementation and use of data to support child and family outcomes; and (b) support early educators in understanding and using formative assessment tools.

The success of this effort will depend on engaging critical stakeholders in an effective multi-sector collaboration committed to strengthening trust and accountability to support a unified system of assessment.

Key next steps include:

• identifying leads to coordinate follow up activities related to each recommendation focus area and en gaging department, agency and organizational leaders to catalyze implementation;

• identifying appropriate resources to create and promote the use of Georgia specific resources, engage families and ensure quality professional development; and

• developing a communications plan to disseminate these recommendations and to increase stakeholder understanding of the value of a comprehensive assessment system.

Background and Context

For many years, Georgia's early childhood stakeholders have envisioned a system of comprehensive and coordinated assessment and screening that is accessible and helpful to families.

In December 2013, Georgia was awarded a Race to the Top: Early Learning Challenge (Phase III) grant jointly administered by the U.S. Department of Education and the U.S. Department of Health and Human Services.

The award funds states over a four-year period, to support an early learning agenda that builds and strengthens existing early learning and development systems, specifically aimed at:

- improving program quality and outcomes for young children;
- increasing the number of children with complex needs attending high-quality early learning and devel opment programs; and
- helping to close the achievement gap between children with complex needs and their peers by support ing efforts to increase kindergarten readiness

A key component of Georgia's successful application focused on plans to refine and strengthen Georgia's system of child assessment to ensure a more unified statewide system of assessment in the birth to eight population.

The Georgia Comprehensive Assessment System Task Force was formed in May 2014 to guide the important work of improving this system. The Task Force, made up of experts from many sectors of the early childhood system, was charged with identifying opportunities to align and improve Georgia's current assessment practices and with recommending changes to policy and practice related to comprehensive assessments in Georgia's early childhood care and learning settings.

This work, was jointly led by the Georgia Department of Early Care and Learning (DECAL) and the Georgia Department of Public Health (DPH).

Members of the Task Force participated on one of two work groups; one focused on developmental screening and the other on formative assessments. Common definitions of developmental screening and formative assessment were discussed and agreed on.

Definition of Developmental Screening

Valid and reliable observations, indicators and instruments that are age, developmentally, and socio-culturally appropriate, and used to identify children who may need further evaluation and follow-up services to address developmental, learning, or health needs in, at a minimum, the areas of physical health (including dental, vision and hearing), behavioral/social/emotional health, and child development. These screenings should consider and value family and other caregiver input and engagement.

Definition of Formative Assessment

Assessment questions, tools, processes and procedures specifically designed to monitor children's progress in meeting early learning and development standards. They should be based in evidence and research (especially with respect to processes and procedures), valid and reliable for their intended purpose and target populations, linked directly to curriculum standards, and appropriate to the linguistic and cultural diversity of early learners across the state. These assessments should shape, guide and improve caregiving instructional opportunities, practices and learnings. Given their charge and consensus around the definitions, the group crafted and committed themselves to ten core principles and values to guide the effort. The system should:

- be comprehensive and well-coordinated;
- continue to focus on broad domains within assessments;
- promote the use of valid and reliable tools;
- promote attention to cultural, linguistic and familial sensitivities;
- align with appropriate learning and professional standards:
- be designed to operate within a sustainable framework, mindful of resource limitations;
- have buy-in and engagement from state and local partners/agencies;
- be adaptable to allow for modifications and improvements over time;
- value utility and usefulness to stakeholders; and
- emphasize using trained professionals to conduct assessments.

To gain an understanding of current assessment practices in various settings across the state, a web-based survey was developed and conducted with a total of 610 early care and learning stakeholders representing Head Start and Early Head Start, Georgia's Pre-K, teachers and directors from child care centers and family child care homes as well as Early Intervention staff.

The results indicated that, in general, educators were using a wide range of developmental screening and formative assessment tools. Additionally many respondents indicated a need for more professional development in choosing and using developmental screening and formative assessment tools. (See Appendix for Survey Highlights.)

After reviewing promising practices in other states and meeting regularly during the period, the Task Force agreed on the following recommendations to inform statewide policy, coordinate child assessment efforts and support effective professional development.

TaskForceRecommendations

I. Using Appropriate Developmental Screening and Formative Assessment Tools

Identify, promote and encourage the use of evidence-based resources and guidelines (e.g., Birth to 5: Watch Me Thrive! A Compendium of Screening Measures for Young Children) to help stakeholders across the state select developmental and behavioral screening instruments and formative assessment tools.

The Task Force recommends that guidance to early childhood stakeholders about tool selection emphasizes using screening instruments and/or formative assessments that:

- are affordable, easy to administer and offer training for administrators;
- address all domains of development or school readiness and are reliable and valid;
- allow for and incorporate family input;
- are culturally sensitive, are aligned with the cultural and linguistic characteristics of the child and can be administered in multiple languages; and

• have a strong alignment with tools being used in other settings (such as Medicaid and public health) and are understandable across disciplines (e.g., family, doctor, referral specialist, etc.).

Key Action(s)

a) Promote the formulation and adoption of policies and procedures that will guide how developmental screenings and formative assessments are conducted.

b) Develop and disseminate an inventory of evidence-based tools.

c) Review the policies, procedures and tool inventory periodically to ensure that recommendations still reflect best practices and evidence-based standards.

II. Broadening Family Engagement

Actively facilitate the inclusion and engagement of families in the screening and assessment processes.

The Task Force recommends using evidence-based, linguistically and culturally responsive approaches to increase family engagement throughout the screening and assessment process. Families should be recognized as experts on their children and an emphasis placed on the importance of that expertise in ensuring accurate screening and assessment results and contributing to children's ongoing development and achievement.

Key Action(s)

a) Develop a user guide for all Georgia stakeholders involved in developmental screening and formative assessment. This user guide should include and address:

- the importance of developmental/behavioral monitoring and screening and ongoing formative assessment
- factors to consider in selecting appropriate tools
- promotion and support for authentic family engagement throughout the process
- strategies for discussing results with families in a language that they can understand
- understanding how and where to refer families for services if needed

b) Support programs that promote families in the role of trainers, peer supporters, advocates, facilitators and connectors to community services.

c) Develop a strength-based, culturally sensitive strategy for communicating useful information to fami lies about screening and assessment processes and results and ways they might use that information. The strategy should:

• ensure that communication with families is clear, family friendly and facilitates families using screening and assessment results to seek services where necessary (e.g., Bright Futures Tool and Resource Kit); and

 $\bullet\ ensure that any recommendations include actionable activities or experiences that families can provide children to continue to support and promote their learning and development.$

III. Information Sharing and Use

Develop and support a streamlined, integrated process that appropriately uses the sharing of screening and assessment results to link children to needed services and supports.

The Task Force recommends that action be taken to promote exchange of information across all sectors and stakeholders, including families, involved in developmental screening and formative assessments. All information exchange should at a minimum follow applicable state and federal laws/guidelines and occur only with informed, point-in-time family consent. Care should also be taken to ensure that information-sharing considers the diversity of languages spoken by client families.

Key Action(s)

a) Create messaging to inform and encourage families to allow information-sharing among the profes sionals providing their child with services such as pediatricians or health care providers, other caregivers, family support workers or counselors, inclusion specialists, and others.

b) Promote the use of technology and other data sharing mechanisms (e.g., Developmental Passports) to minimize barriers to information exchange among providers and caregivers.

c) Support children's connection to a medical home to facilitate information sharing between providers and others.

IV. Professional Development

Promote coordinated and ongoing professional learning opportunities that: (a) train users of developmental screening tools to appropriately choose and administer the tool and to interpret and use the data to support child and family outcomes; and (b) support early educators in understanding and using formative assessments.

The Task Force recommends that all individuals responsible for conducting and reporting on developmental screening and formative assessments are adequately trained to do so. Consideration should be given to including developmental screening concepts and approaches into related pre-service training content or curriculum for professionals such as physicians, allied service providers and early educators.

Training for educators, caregivers, providers and other stakeholders should reflect optimal child development and alignment across the birth to eight continuum. The Task Force recommends that training address topics such as: typical child development, ongoing developmental and assessment monitoring, understanding milestone achievements and their influence on child development and academic success, clear understanding of the unique nature of bilingualism and the need for assessment in the child's home language, the purpose and value of screening and assessments, appropriate frequency of screening and assessment administration, discussing results with family and supporting families with referrals and follow-up.

Key Action(s)

a) Support using professional development tools that are evidenced-based, Georgia relevant, and that address the characteristics and bilingual development process of dual language learners. These tools should include:

• existing state of the art training materials that incorporate best practices such as: Bright Fu tures Tool and Resource Kit; Learn the Signs Act Early materials including Watch Me! Celebrating Milestones and Sharing Concerns

• multi-modal, interdisciplinary learning opportunities across stakeholders (i.e., in person sessions, webinars, seminars etc.)

- b) Support training on engaging families in the screening and assessment processes
- c) Support teachers in using formative assessment data to design instruction to support child learning
- d) Support teachers in gaining an understanding of the unique needs of children who are dual language learners.

Conclusions and Next Steps

The recommendations developed by the Task Force outline the system-wide policy levers and program actions that will improve and support Georgia's comprehensive assessment system.

Key next steps in the process might include:

- developing and implementing a plan to broadly disseminate these recommendations to all stakeholders, including families, engaged in the system;
- identifying opportunities to engage the support of agency and organizational leaders in taking action able steps to address the recommendations;
- identifying leads and partners for follow up activities related to each recommendation; and
- identifying funding opportunities and other resources to support developing and using Georgia-fo cused screening and formative assessment practices and high quality professional development.

While not an immediate next step, the Task Force also saw potential value in (a) using the practice assessment/ survey to understand and track progress made toward unifying the system and suggested that DECAL consider re-administering these tools at the appropriate interval; and (b) investigating the feasibility of a system that uses assessment and screening information to inform evidence-based interventions, strategies, resources and activities to support families, teachers, pediatricians, other providers and state agencies.

The success of this effort will depend on engaging critical stakeholder partners in a strong multi-sectoral collaboration committed to strengthening trust and accountability to support a unified system of assessment.

Appendix A Survey Results (Highlights)

Georgia Department of Early Care and Learning 2015 Survey Highlights

I. Developmental Screening Survey

Total Number Responses = 397; Service Area = 122 Counties

- Majority of responders were from early care and learning centers (65%) or family child care (32%).
- 62.4% of respondents conduct developmental screenings on the children in their care.
- Most commonly screened domains were: social/emotional/mental health, cognitive, behavioral do mains.
- 60% of respondents conduct screenings when concerns about an individual child arise; 28.8% screen bi-annually.
- Developmental screenings are conducted by: teachers (78%), center director/assistant director (48%), or teacher assistant(21%).
- 67% of respondents obtain information on child's language and cultural background prior to screening (mainly via interview [61%] or family survey [59%]).

• Most common screening instruments: Ages and Stages Questionnaire 3rd edition (37%), locally devel oped tool (34%), ASQ2 (31%), and ASQ-Social/Emotional (27%).

• 98% of respondents share results with family; 45% use results to make referrals.

Recommendations

• Referrals:

o Quicker response time when referrals are made.

o Implement a referral system that allows qualified administration to refer children (using the assessment results).

o Create an online resource to help providers with the referral process.

o Establish family advocates to help families following a referral; parent education on importance of referrals.

• Training & Resources:

o Offer trainings (basic, advanced, booster sessions) on new assessment system and referral pro cess.

o Train professionals serving special needs children.

o Distribute summary publication to let centers know what services/resources each agency offers.

o Provide training in different counties; more bi-lingual staff.

II. Formative Assessment Survey

Total Number Responses = 213; Service Area = 104

- Majority of responders are from child care centers (62%) or family day care homes (29%).
- 63.2% of respondents conduct formative assessments on the children served.
- Assessment conducted by: teacher (98.5%), teaching assistant/paraprofessional (27%).
- 61% of respondents obtain information on child's language and cultural background prior to screening (mainly via interview [61%] or family survey [61%]). Other: enrollment records, home visits.
- Most common instruments: work sampling (78%), AEPS (22%), GOLD (12%).

• Domains assessed by 80% or more respondents: social/emotional development, language/literacy, phys ical development, and cognitive: math knowledge and skills.

- 76% of those conducting assessments have received training on how to administer the instruments.
- Information is collected via: anecdotal notes (72%), checklists/matrices (63%), photos (47%), work sheets (44%), and parental reports (43%).

• Information from the assessment is used to: monitor child progress (93%), share progress with family/ staff (85%), guide instruction (70%), for IEP development and review (42%).

Recommendations

• Statewide Assessment

o Make it easy and simple to use and easy for beginning or advanced teachers/home providers.

o Value training (in person and online); allow teachers to assess using multiple tools or have a set of tools to choose from.

o Promote a set timeline/calendar to assess with accountability for completing assessment.

o Align with GELDS.

o Use computer-based reporting and "visuals" so parents can see and understand progress or lack of progress.

o Facilitate an assessment tool that can be used for referrals to Babies Can't Wait, Georgia Depart ment of Education or the family physician.

• Training

o Provide sessions in different regions and online, especially for new teachers;

o Conduct sessions more frequently and shorter in length on specific topics.

o Include how to assess and how to share/discuss assessment results with families, doctors and other partners.

o Include tips for managing assessment when you have small staff or multiple ages in one loca tion.

o Address how to detect and take action when disparities in "normal" development are detected.

APPENDIX B: RESOURCE DOCUMENTS

Resources Reviewed by the Task Force

Early Childhood Assessment: Why, What, and How? Committee on Developmental Outcomes and Assessments for Young Children, Board on Children, Youth and Families, Board on Testing and Assessment, Division of Behavioral and Social Sciences and Education, Washington, DC; The National Academies Press. Catherine E. Snow and Susan B. Van Hemel, (2008).

Where is Your State on the Path to Developing a Comprehensive Assessment System? Webinar Summary; Early Learning Challenge Technical Assistance, (February 2014).

Guide to Assessment in Early Childhood; Infancy to Age Eight. Washington State Office of Superintendent of Public Instruction, (2008).

Wisconsin's Blueprint for a Comprehensive and Aligned System for Screening and Assessment of Young Children; Wisconsin Early Childhood Collaborating Partners, Healthy Children Committee, (February 2012).

FormativeAssessment:GuidanceforEarlyChildhoodPolicymakers; CEELOPolicyReport,ShannonRileyAyers, (April2014).

Early Childhood Curriculum, Assessment and Program Evaluation: Building an Effective, Accountable System in Programs for Children Birth through Age 8, Joint Position Statement, National Association for the Education of Youth and Children and the National Association of Early Childhood Specialists and State Departments of Education, (2003).

Early Childhood Building Blocks: Best Practices in Assessment in Early Childhood Education, Judy Harris Helm, Resources for Early Childhood, (2009).

Birth to 5: Watch Me Thrive! A Compendium of Screening Measures for Young Children; US Department of Health and Human Services, (2014).

Developmental Screening Tools: Feasibility of Use at Primary Healthcare Level in Low- and Middle-income Settings; V.J. Fischer, J. Morris and J. Martines; Journal of Health Population and Nutrition, (Jun 2014).

Environmental Scan: State Strategies and Initiatives to Improve Developmental and Autism Screening and Early Identification Systems; Association of Maternal and Child Health Programs, (Aug 2014).

Preschool Assessment: A Guide to Developing a Balanced Approach; Ann S. Epstein, Lawrence J. Schweinhart, Andrea DeBruin-Parecki and Kenneth B. Robin, National Institute for Early Education Research, (July 2004).

First Steps for Early Success: State Strategies to Support Developmental Screening in Early Childhood Settings; Christine Johnson-Staub, (Oct 2014).

Additional Resources

Bright Futures Tool and Resource Kit

https://brightfutures.aap.org/materials-and-tools/tool-and-resource-kit/Pages/default.aspx Forms and other tools for health care providers, patients, and families to complete before, during, or after wellchild visits.

Learn the Signs. Act Early.

https://www.cdc.gov/ncbddd/actearly/

Brochures, developmental checklists, developmental passports and other materials to support families, early childhood professionals and others in monitoring children's development and responding to concerns early.

Watch Me Grow: Celebrating Milestones and Discussing Concerns

https://www.cdc.gov/ncbddd/watchmetraining/

Training modules developed by the Centers for Disease Control and Prevention's "Learn the Signs. Act Early." Program in partnership with the Administration on Children and Families, the Health Resources and Services Administration's Maternal and Child Health Bureau, American Academy of Pediatrics' Healthy Child Care America program, Head Start National Center on Health, National Association for the Education of Young Children, Child Care Aware, and the Yale Child Study Center