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ABSTRACT

This manual on screening preschool children to identify their need for special education services presents key elements of an "ideal" screening program as well as practices to be avoided. Common barriers to implementation of each "ideal" practice are identified, and suggestions are provided for possible solutions. Topics covered include: family-responsive screening; cultural/linguistic sensitivity; community based screening; instrument selection; logistics (scheduling, location, room arrangement, materials, and frequency); publicity; and follow up/referral. A self-rating scale is provided in each section so that practitioners can identify areas of needed improvement; the rating scale can be used to develop an action plan. (Contains 14 references.) (JDD)

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ED 380 957

AZ-TAS

Themes & Issues

A Series of Topical Papers on Special Education

Quality Preschool Screening: How to Get There from Here



Arizona Department of Education

Special Education

1535 W. Jefferson, Phoenix, AZ 85007
C. Diane Bishop, Superintendent of Public Instruction
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Quality Preschool Screening: How to Get There from Here

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Note: The Arizona Department of Education/Special Education does not necessarily endorse or require the recommendations compiled in this document. These recommendations are presented rather as suggested practices for individuals dedicated to improving their screening processes for preschool children.

PREFACE

"Quality Preschool Screening: How to Get There from Here"

This manual is a product of the Preschool Screening Subcommittee of the Child Find Advisory Committee. We recognize that there are several excellent and readily available resources which describe "best practices" in the area of preschool screening. A notable example is Screening and Assessment: Guidelines for Identifying Young Disabled and Developmentally Vulnerable Children and Their Families by Samuel Meisels and Sally Provence (National Center for Clinical Infant Programs; Washington, D.C.; 1989). This manual is based on the above sources as well as others, including our own experiences in the field.

We have selected key elements of an "ideal" screening program as well as practices which ought to be avoided. In each case, we have then identified common barriers to implementation of the "ideal" practice and have provided suggestions for possible solutions. We are certain that readers of this manual will have additional ideas about how to remove these barriers and we welcome such suggestions that can be added to this document.

Topics covered include: Family-Responsive Screening, Cultural/Linguistic Sensitivity, Community Based Screening, Instrument Selection, Logistics (scheduling, location, room arrangement, materials, and frequency), Publicity, and Follow Up/Referral. You will note that there is some overlap of content in certain sections which was inevitable inasmuch as there are common underlying principles.

Some school districts/agencies have long-standing, fully implemented screening programs. Others are just beginning to develop a full program. Priorities for each program will be quite different. Each school district or agency is likely to be at a different stage in their development of a screening program appropriate to their families and community. It is our hope that this manual will facilitate growth and change in ways that reflect individual strengths and needs.

We have provided a simple self-rating scale in each section so that practitioners can identify areas of needed improvement. The self-rating format was chosen to accommodate the specific needs of individual programs. We suggest that the rating scale be used to develop an action plan. Our discussion of barriers and solutions is intended to be of assistance in identifying problems and making a plan for change.

For further information regarding this manual or for technical assistance in designing and implementing a screening program, please contact either Rita Kenison, Lynn Busenbark, or Mary Kewin at Arizona Department of Education by calling (602) 542-3852 or 1-800-4558 (leave a message and your call will be returned).

SECTION I:

FAMILY RESPONSIVE SCREENING

Family responsive screening requires that the screening process be sensitive to the needs of the family as well as the child and that parents be recognized as equal members of the team. Children, particularly very young children, exist within the context of a family unit. Parents are an invaluable source of information about their children and parental involvement in the screening process is critical to quality preschool screening. This section presents some issues to consider in planning and implementing family responsive screening.

FAMILY RESPONSIVE SCREENING

Y = Yes, the screening process our staff uses meets the ideal.

I = Improvement is needed to reach the proposed ideal.

Y I

Ideal

- | | | | |
|---|---|----|--|
| — | — | 1. | Invite 2 parents! Parents are actively involved on the planning committee of the community screening activity. Feedback is solicited from parents for planning and modification of future screening efforts. Include parents on the committee who have gone through the screening process. |
| — | — | 2. | The concept of screening vs. assessment is explained to parents and they understand that results of the screening are not diagnostic. Possibly done during the intake stage. |
| — | — | 3. | Parental concerns are used to direct the course of the screening process. Parental insights and perception of their child's behavior are an integral part of the screening process. Results of the screening are shared and recommendations for follow-up are made with parent input. Recommendations are made with parent input as equal members of the team. |
| — | — | 4. | Interviews with parents are conducted face-to-face in a comfortable, private environment by an individual trained in clinical interviewing techniques. |
| — | — | 5. | Intake/waiting area has a play area with toys, child-sized furniture, pictures, refreshments, etc., and is designed to be as non-threatening as possible. Informal observations are noted as additional screening information. |
| — | — | 6. | Feedback is given verbally to parents by a professional who participated in the screening process. |
| — | — | 7. | Results of screening are confidential and are not distributed without parent knowledge and consent. Parents have access to all records regarding screening and recommendations. |

Avoid

1. No parent participation or input in the planning process. The screening process is preset with no options for modification.
2. Parents are not given an orientation to the screening process.
3. Parent has no opportunity to present information. Parents are not interviewed or are interviewed without privacy or sensitivity to family feelings, needs and concerns.

FAMILY RESPONSIVE SCREENING Con. nued

Avoid

4. Parents are given written recommendations with no explanation or opportunity for input. Parents are not involved in the post-screening review process.
5. Intake/waiting area is stark, impersonal, crowded.
6. Parents are given screening results specifying only "pass" or "fail".
7. Feedback is given to parents only in written form or by an individual who was not part of the screening process.

Barriers

1. Parents may not be available to participate in screening process due to work schedules, etc.
2. Lack of appropriate central screening site in terms of size, appearance, location, etc.
3. Parental anxiety regarding what their child's screening results will be.
4. Parental concerns regarding confidentiality of their child's screening results within the "small town" community.
5. Lack of planning. Lack of awareness of importance of orienting parents to the screening process.

Solutions

1. Provide options for scheduling screening sessions (e.g. extend screening schedule to before and after normal work hours, offer weekend options, home-based screening by appointment). Child care during screening.
2. Provide parents with an appropriate orientation to the screening process. Publicity materials should emphasize the screening as a "fun" activity and that it's a confidentiality matter, also.
3. Parents are assured that they are the primary decision makers. Parents are made aware that they must give consent for any information to be distributed to other staff. Parents' right to privacy should be emphasized throughout the process.

FAMILY RESPONSIVE SCREENING (Continued)

Solutions

4. Utilize options available to train community personnel to conduct various parts of the screening. Community personnel can assist with interviewing, interpreting, intake, test administration, waiting area, etc.
5. Consider alternative screening models (e.g. home-based or itinerant team). Modify available facility by using donated toys, child-sized furniture, pictures from local preschools/day cares, or from donations. Schedule by appointment to control numbers when dealing with a small facility or a limited number of personnel.
6. Verbally explain to parents the purpose of screening, their child's results, and the plans for follow up if necessary.
7. Make clear that a parent or legal guardian has to bring in a child for pre-screening.
8. Budget for extra staffing for evenings or weekend screening.
9. Give parent written summary at time of screening - NCR forms can be made at Quik Copy shops.

FAMILY RESPONSIVE SCREENING

Summary of Needs

Action Plan

SECTION II:

CULTURAL/LINGUISTIC SENSITIVITY

Cultural diversity is one of the many unique features of Arizona. Sensitivity to cultural and linguistic issues in the screening process provides one means to insure that efforts to identify children who may need special needs results in information which is valid and accurate. The "barriers" and "solutions" related to cultural and language issues are included in this manual in order to provide individuals who are involved in screening with a few ideas about strengthening this aspect of community-based screening programs.

CULTURAL/LINGUISTIC SENSITIVITY

Y = Yes, the screening process our staff uses meets the ideal.

I = Improvement is needed to reach the proposed ideal.

Y I

Ideal

- | | | | |
|---|---|----|---|
| — | — | 1. | Local professionals who have daily experience with community members are involved with screening. Publicity reflects input of community members. |
| — | — | 2. | Publicity is provided in native language at public meetings (e.g. at chapter houses, churches, etc.). |
| — | — | 3. | Screening instruments and/or procedures are discussed with parents/community and are adapted to be culturally and linguistically appropriate. Measures that have been adapted should not be reported as standardized. |
| — | — | 4. | Dominant language (likely the native language) is used in the screening process. Local professionals train native speaker as an interpreter/aide. |
| — | — | 5. | Screening data is taken from different sources with emphasis on information taken from the family and gathered through informal observations. |

Avoid

1. Parents are not given the opportunity to participate in the screening process.
2. There is no involvement of local community members.
3. Screening process is predetermined with minimal or no options for modifications.
4. Screening instruments and/or procedures are not considered for their cultural and linguistic appropriateness.
5. Screening data is taken from unfamiliar environment in a single occurrence.
6. Screening involves only standardized measures.
7. Screening is conducted and results are provided in English only. No use of local paraprofessional or interpreter fluent in the native language.

CULTURAL/LINGUISTIC SENSITIVITY Continued

Avoid

8. Parents are not given an orientation to the screening process.
9. Avoid using untrained interpreters.

Barriers

1. Parents may not be available due to work constraints or family obligations.
2. Parents may feel reluctant to participate.
3. Lack of culturally valid measures.
4. Reliance on quick and easy single occurrence screening effort. Lack of sufficient time.
5. Lack of use of parent and teacher questionnaires.
6. Reliance on standardized measures. Lack of familiarity with judgement-based measures.
7. Lack of trained local native speaker.
8. Lack of trained personnel to conduct culturally sensitive screenings.
9. Lack of transportation
10. Communications i.e., no phone
11. Need of child care for siblings during screenings.

Solutions

1. Another community member who has previously participated should be involved.
2. Parents/other native professional community members may be able to provide assistance to make the screening more culturally appropriate.

CULTURAL/LINGUISTIC SENSITIVITY Continued

Solutions

3. **Develop informal measures which may be more culturally and linguistically valid until norms on standardized measures are developed for particular local populations.**

4. **Use trained interpreters/aides who are local native speakers. Possibilities for interpreters include professional or paraprofessionals. May use Student Leadership Organizations (i.e. FHA). Avoid using family members to interpret.**

CULTURAL/LINGUISTIC SENSITIVITY

Summary of Needs

Action Plan

SECTION III:

COMMUNITY-BASED SCREENING

Community-based screening refers to the planning, implementation and follow-up of the screening effort within local communities utilizing community providers, facilities and resources. This section presents issues related to the development of a successful community-based screening program. Some of the advantages of this approach include: accessible sites; familiar surroundings; increased sensitivity to local custom, norms and cultures; involvement of multiple community providers; and improvement in the quality and cost effectiveness of programs with more appropriate referrals, expedient delivery of services, and smoother transitions between/among agencies.

COMMUNITY-BASED SCREENING

Y = Yes, the screening process our staff uses meets the ideal.
I = Improvement is needed to reach the proposed ideal.

- | Y | I | Ideal |
|----------|----------|---|
| — | — | 1. Screening sites are centrally located in the community, convenient to public transportation and accessible to persons with disabilities. |
| — | — | 2. Screening sites are located in familiar, friendly environments within the community (e.g. schools, community centers, churches). |
| — | — | 3. Screening is conducted with awareness and sensitivity to local customs, norms and cultural factors. |
| — | — | 4. The screening model selected is the one most effective within the defined community given availability of staff, distance/area, population screened (e.g. individual vs. team administered or itinerant vs. center based). |
| — | — | 5. Community service providers and agencies are involved in the planning, implementation and follow up of the screening process. |
| — | — | 6. The screening environment is quiet, private, with minimal distractions and decor is child-oriented. |
| — | — | 7. Parents are given complete explanation of screening results verbally as well as in a written report. |
| — | — | 8. Reports of screening are complete, clear, jargon-free and descriptions of child's functional level is in family's native language. |

Avoid

1. Screening sites are located in remote and/or urban centers requiring time, travel and transportation to access the service.
2. Screenings sites are located in unfamiliar settings and/or settings which have negative associations for the child or family (e.g. doctors' offices, hospitals, nurses' offices).
3. Screening is conducted by individuals from outside the community with little or no knowledge of cultural or social factors.

COMMUNITY-BASED SCREENING Continued

Avoid

4. The screening model is selected without regard to the needs, resources, or limitations of the defined community.
5. Screenings are organized and conducted by individuals or groups from outside the community without appropriate input from local providers.
6. Screening environment is noisy, confining, unfriendly without adequate "crowd control."
7. Parents are given test scores, pass/fail results with no explanation or opportunity to have questions answered.
8. Results of screening are accessible to community service providers without parent permission.
9. Parents are given only selected information and records to view.

Barriers

1. Distance/area served by the defined "community"; transportation problems; geographic barriers.
2. Funding issues.
3. Lack of access to referral resources and follow-up services.

Solutions

1. Explore options for screening models to accommodate distance problems, e.g. itinerant team, multiple teams, etc.
2. Consider co-sponsorships from service providers and/or business within the community, donations of staff time, testing facility, equipment, materials, printing, etc.
3. Consider jointly funding specialized services with neighboring communities.

COMMUNITY-BASED SCREENING

Summary of Needs

Action Plan

SECTION IV:

INSTRUMENT SELECTION

Deciding which screening instrument to use is, of course, a critical step in designing a quality screening process. This section, which is based on the Meisels and Provence ...annual, Screening and Assessment: Guidelines for Identifying Young Disabled and Developmentally Vulnerable Children and Their Families (National Center for Clinical Infant Programs; Washington, D.C.; 1989), identifies key issues in instrument selection. We would like to stress the importance of only using screening instruments (1) for the purpose for which they were designed, (2) with the children and families on whom they were standardized, (3) and in conjunction with other sources of information. As is indicated throughout this document, instrument selection is only one factor in the creation of a good preschool screening program.

INSTRUMENT SELECTION

Y = Yes, the screening process our staff uses meets the ideal.

I = Improvement is needed to reach the proposed ideal.

Y I

Ideal

- | | | | |
|---|---|----|---|
| — | — | 1. | "Processes, procedures, and instruments intended for screening and assessment should only be used for their intended specified purpose." (Meisel and Provence). |
| — | — | 2. | "Multiple sources of information should be included in screening and assessment" (Meisel and Provence). Multiple predictors of risk are much more successful in identifying young children with serious learning and/or behavior problems than is any single factor. |
| — | — | 3. | "Developmental screening should be viewed as only one path to more in-depth assessment. Failure to qualify for services based on a single source of screening information should not become a barrier to further evaluation for intervention services if other risk factors (e.g. environmental, medical, familial) are present" (Meisel and Provence). |
| — | — | 4. | "Screening and assessment procedures should be reliable and valid" (Meisel and Provence). The screening instrument should yield similar results when administered by different people in different settings. The information it provides should be specific and relevant to the decisions being made. |

Avoid

1. Screening instruments are used as assessments to determine eligibility for services, placement, and/or IEPs.
2. Screening instruments are used to identify specific areas of suspected deficits and to determine the nature of subsequent assessments. (For example: the child "passes" the language section of a general developmental screening but "fails" other sections so no further assessment of language is pursued.)
3. Screening instruments are used with children not represented in the norming sample, or in the population for which the instrument was developed. This is especially problematic when the screening instrument is not in the child's dominant language, or is not representative of his/her cultural experience.
4. Child "passes" or "fails" developmental screening solely on the basis of his/her performance on the formal screening instrument. The screening is the only source of information.

INSTRUMENT SELECTION Continued

Avoid

5. Parental descriptions of "difficulties" are discounted if they are not evident during the screening.
6. Parental descriptions of "capabilities" are discounted if they are not evident during the screening.
7. Child is only observed in formal test situation-no opportunity is provided for observing the child during play.
8. Requiring that children with established conditions such as "Down's Syndrome" or whose developmental disabilities have been well documented by current assessments to undergo a developmental screening.
9. Children with major familial risk factors do not receive first-level screening.
10. Children with major familial risk factors only receive developmental screening. Other sources of information, such as information from a health professional or home visitor is not solicited.
11. Screening instruments are used without regard to their demonstrated reliability and validity.

Barriers

1. Lack of awareness of criteria for test selection and diagnostic limitations of screening instruments.
2. Lack of funds to buy new and appropriate test materials.
3. Lack of screening materials available in the child's dominant language or a representative of his/her culture.
4. Lack of time for multiple observations.
5. Lack of awareness that young children's behavior and skills may be very different in varying circumstances and environments.

INSTRUMENT SELECTION Continued

Barriers

6. Lack of flexibility in school district procedures (everyone gets screened, no matter what).
7. Lack of coordination between agencies (Department of Education, Developmental Disabilities and Health Services).
8. Inadequate information is available regarding the reliability and validity of the screening instrument being used. Many screening instruments have not been well standardized.

Solutions

1. In-service at the district level regarding criteria for screening tool selection, with emphasis on learning how to interpret testing manuals. Strict adherence to best practice.
2. Sharing materials with neighboring school districts or other local agencies.
3. Develop more local norms. Review screening instrument with members of local community. Screen in the child's dominant language using an interpreter, if necessary.
4. Use a parent questionnaire/home inventory as part of the screening data. If the child is in preschool or day care, a teacher questionnaire can be included as well.
5. Invite the parent to observe the screening and then solicit feedback as to whether the child's performance was typical for the child.
6. Set up the waiting area as a play setting and observe the child in play while the family is waiting and filling out forms.
7. Review school district policies so that children with established conditions (e.g. "Down's Syndrome") or who have had extensive assessment and/or intervention in the past do not have to undergo developmental screening.
8. Develop interagency agreements to help reach children and families already identified through other systems (e.g. Child Protective Services, Division of Developmental Disabilities). Child Find activities should be jointly planned.
9. In-service at the school district level regarding criteria for selection of screening.

INSTRUMENT SELECTION

Summary of Needs

Action Plan

SECTION V:

LOGISTICS

This section deals with the logistics of a screening: choosing a coordinator, deciding when and where to have a screening, making room arrangements, selecting furnishings to use, and planning how the screening should actually proceed. The logistics form a basis on which the other factors can be developed and implemented. If the screening is firmly grounded using the following considerations, the planners can turn their attention to maximizing the effects of the other essential elements discussed in the sections of this document.

LOGISTICS

Y = Yes, the screening process our staff uses meets the ideal.

I = Improvement is needed to reach the proposed ideal.

Y I

Ideal

- | | | | |
|---|---|-----|--|
| — | — | 1. | Coordinator has association with or works at facility where children will be screened and is familiar with disciplines involved. |
| — | — | 2. | Sufficient time is allowed to advertise and/or send out individual announcements of screening to parents. |
| — | — | 3. | Sufficient time is allowed for each segment of screening. Screenings are scheduled individually to spread numbers of children seen throughout the day so children are not rushed nor do they have to wait. |
| — | — | 4. | Screening is scheduled in the time of year when attendance would be best. Suitable weather conditions and any conflicts with other major community events are taken into consideration. |
| — | — | 5. | Use separate rooms for screening by domains or disciplines or use no more than 2-3 stations per large room with dividers. |
| — | — | 6. | Locate screening stations far enough apart to avoid background noise and visual distractions from interfering with the child's ability to hear instructions and focus on items. |
| — | — | 7. | Locate the waiting room in a separate area from screening stations and have toys and other materials that are "user friendly" to welcome families to the screening process. |
| — | — | 8. | Provide the parent and child total privacy at each station, especially for sensitive discussions to confirm parental concerns. |
| — | — | 9. | Provide child-sized furniture for children and adult-sized furniture for adults. |
| — | — | 10. | Children proceed through stations in a specific sequence so that no station is missed. The amount of time necessary to complete each station is anticipated and included in planning. |

LOGISTICS Continued

Ideal

- — 11. Parent has a chance to review screening with interviewer and may ask questions and/or offer opinions. Procedures for referring children for further assessment and information about traditional resources available are discussed, if necessary.**
- — 12. Arrangements have been made for liability insurance coverage if required by facility.**

Avoid

- 1. Coordinator travels to set up facility or sets up from long distance.**
- 2. Announcements of the screening are sent to families at the last minute. There are no reminders or advertisements sent out to the community.**
- 3. Time allowed for screening stations is insufficient resulting in backups or rushing through other stations. Validity of findings is questionable when this happens.**
- 4. Scheduling of screening conflicts with other city, school or holiday events which decreases optimum attendance.**
- 5. Anticipated weather conditions were not taken into consideration and the facilities are uncomfortable or people have difficulty getting to screening due to poor road conditions.**
- 6. Drop-ins are allowed to enter at any point of the day causing delays or back-ups which may affect how children perform.**
- 7. Use of one room for all stations with dividers,**
- 8. Arrangement of room results in constant noise or visual distractions.**
- 9. There is no designated waiting area. There are no chairs for parents and children to sit in while waiting between stations.**
- 10. Separate rooms are not provided nor are there dividers between stations so no privacy exists.**
- 11. Appropriate sized furniture is not available for parents or children. Area is cramped so records cannot be kept orderly nor can materials be readily available for use.**

LOGISTICS Continued

Avoid

12. Child starts at any station available and proceeds to stations as they are available resulting in haphazard movement with the chance of the child missing some stations.
13. No one reviews the results of the screening with the parent. No information on "next steps" is given and no follow-up is arranged.

Barriers

1. Persons who plan screening may be unfamiliar with arranging screening. Time constraints may not allow adequate planning time. It is difficult to find coordinators who are familiar with all disciplines involved.
2. Remote areas may have difficulty finding ways to distribute information, such as TV or radio public service announcements. Announcements sent with children don't always get home. Parents who work may need sufficient time to make arrangements in order to be able to come.
3. Correct estimates of time involved for each station is difficult, yet an anticipated schedule for proceeding through each screening station is necessary. Flexibility for individual needs must be allowed.
4. Other events are usually scheduled when good weather is anticipated. Parents are not likely to bring their children due to their own vacation, poor road conditions, or an anticipation that they will have to contend with less-than-ideal conditions at the screening facility (e.g. noisy heaters, no air conditioner, etc.).
5. Publicity for screening and scheduling appointments can be difficult. Work schedules may not allow parents to bring children at the assigned time. Allowing drop-ins can result in long backups and tired, unhappy children. The scheduled time for a child may not be the best time for his/her optimum performance.
6. Very few facilities have enough separate rooms to assign one room to each screening station or discipline.
7. It is difficult to keep areas quiet when many people are present. Hearing screenings need absolute quiet. Other stations need enough quiet for children to hear instructions and screeners need to hear responses clearly. Without some kind of dividers, visual distractions and movement of children may also influence their performance.
8. No area in between stations is available to set up a waiting room or play area. The area must be placed in the screening area.

LOGISTICS Continued

Barriers

9. Few facilities have enough rooms to enable screenings to be carried out with complete privacy for each discipline. It may also be difficult to find even enough areas where the most sensitive sections of the screenings can be completed privately, (such as a parent interview). Without such privacy, some parents may be less inclined to give an interview about their child. Remember, they are entitled to confidentiality throughout the process!
10. Child-sized/adult-sized furniture is not available. Both children and adults are uncomfortable which can affect the outcome of the screening. When there is not adequate work space, screeners cannot keep materials organized.
11. Crowded screening events may be overwhelming. Parents may not be instructed on how to proceed through the screening. As a result, they may attempt to just go to the nearest station open and begin. There may be a lack of personnel to help direct traffic and make sure each family knows where to go next.
12. It is easy to lose track of where to go after completing all stations. Parents may be anxious to leave while waiting for those ahead who are at the final exit station. Others may require a lot of time for explanation and voicing concerns. Some may want to speak with the first person they spoke with at the beginning station, but he/she may be doing an initial interview.

Solutions

1. If no one from the hosting facility is available to coordinate the screening, a professional or parent who is knowledgeable and interested (e.g. a public health nurse or therapist) may be asked to participate. A facilitator could be requested to be present to help local professionals stay organized on the screening day.
2. By allowing enough planning time, publicity sources might be located to broadly publicize the screening. If announcements were made and no responses were received, there should be follow up to insure that parents received the information. The key is to allow sufficient time for a response so schedule adjustments can be made, if necessary, to get optimum attendance.
3. Screening instruments should be selected far enough in advance so each professional can estimate the time involved to conduct their segment. Be sure to account for extra time needed for certain individuals.
4. Be sure to consider the weather since it affects both travel conditions and comfort level of the screening facility. Some possibilities include late summer or during the spring as long as staff are available.

LOGISTICS Continued

Solutions

5. If you cannot guarantee that children can arrive at an appointed time, schedule several children to a one-hour block of time and let them come any time within that hour. In some instances, coming in as a drop-in may be the only way a parent can manage to bring their child, so some flexibility for exceptions needs to be an option. Send the announcements and request for appointments far enough in advance to allow as convenient a time arrangement for families as possible. Request acknowledgement of receipt of the information by a certain date to eliminate individual follow-up.
6. If enough rooms are available for disciplines to share, assign appropriately. For example, don't locate hearing screenings and motor skills or speech screenings in the same room. Order the stations according to the best flow of traffic while considering the suggestions made by the author of the instruments used. If only one large room is available, such as a gym, use dividers to partition into workable stations; also being sure to order them as appropriately as possible.
7. To reduce noise level and visual distractions, separate rooms are the best solution. At a minimum, make sure the hearing screening has the most quiet areas. Use a separate building if necessary. Keep the waiting area as far removed from the screening area as feasible. Have quiet activities (e.g. coloring books) available for the children waiting. Use dividers to keep noise and visual distractions down as much as possible.
8. If necessary and weather permits, set up a waiting area outside so any activities which are potentially noisy will be away from the screening area. If the waiting area must be inside, make sure the activities are entertaining enough to keep children interested and quiet. If there is a carpeted area available, activities such as puzzles or game boards could be used. If not, limit activities to coloring, artwork, picture books, etc.
9. For intake and exit interviews, try to find areas which provide the most privacy. If only one large room is being used, be certain that the individual screening stations are divided and separated enough that the privacy level is comfortable for the participants.
10. Use and arrange furniture that is comfortable for children rather than intimidating. Choose materials requiring little space for recording responses and use a table or desk for papers. Keep screening materials to a minimum. Taking a large blanket or carpet remnant for doing tasks on the floor which is more conducive for small children than a table.

Solutions

11. Recruit parents or community volunteers to help direct families as they arrive. To help parents move through screening stations with as little confusion as possible, have a welcoming table with someone to: a) give an explanation of the process and the sequence of stations; b) get the intake information; and c) escort the family to the waiting area or the next station. Each subsequent station should have its own marker to give each child as he/she completes that station so it is possible to tell at a glance what the child has done and what stations need to be completed. Such markers might include a specific sticker, a color stamp, a check mark on a coversheet, etc. Depending on the screening tools selected, there may be a specific order in which the child must proceed. It that results in delays, it may be possible to allow a child to enter at another point and then continue the circuit in order, ending with the missed stations. The interview station should always be visited first to discover parental concerns to be reviewed closely. It is less desirable to let the child begin anywhere and simply go to a station as it opens because it would be too easy to repeatedly skip a station and then miss it altogether.

12. It is important that enough "qualified" interviewers are available to keep the flow of the screening moving. The scheduling of children should take into account how many interviewers will be available to begin and end the process. Enough time should be allowed for parents to have an explanation of all results and to have any of their questions and concerns addressed. It is also important that interviewers be able to fully explain what needs to be done by the parent and agency staff for any child requiring follow-up. Such arrangements for future contact by any agency staff need to be made immediately. The exit interviewer needs to make certain that the parent understands what has been discussed and what follow-up tasks are expected of each person, including the parent. The optimum screening entails an exit interview before the parent leaves each station so the exit interviewer only has to review the information and make sure the parent understands the results. A relaxing way to end is to have the last station be a refreshment table to send a bag of treats home (with developmental information enclosed for the parents).

LOGISTICS

Summary of Needs

Action Plan

SECTION VI:

PUBLICITY

Publicity is one of the most critical aspects of planning for preschool screening. It is the careful consideration of to whom, where, and how to "get the word out" that will determine the success of any screening program. School districts must use every resource available to inform the public of the need and availability of preschool screening. Networking with local resource agencies will provide multiple contact points for letting people know that screening is an important function of locating and serving children with special needs.

PUBLICITY

Y = Yes, the screening process our staff uses meets the idea.

I = Improvement is needed to reach the proposed ideal.

Y I

Ideal

- | | | |
|-----|----|---|
| — — | 1. | School district makes an effort to inform all public and private schools, agencies who deal with children, parent support groups and community support agencies of their availability of preschool special education services. The school district regularly uses public service announcements, brochures, flyers, public speaking engagements, and newspaper/newsletter articles to clarify the disabilities that might require preschool special education services and they note a contact person for accessing further information or referrals for special education evaluation. |
| — — | 2. | Availability of preschool screenings is publicized continuously with a clarification that all children ages 3 - 5 (non-kindergarten eligible) will be screened within 30 calendar days of parental request AND scheduled preschool screenings will be held at least once per school semester. A contact person is designated for scheduling an individual screening appointment. Information on typical development is available to distribute to parents to aid in self referrals. |
| — — | 3. | Publicity of the benefits of periodic developmental screenings and of early intervention services is distributed to promote a broad response to preschool screenings. |

Avoid

1. Placing a single public notice in the local newspaper once per year that calls for persons who know someone who has a "handicap" and may be eligible for special education services to call a contact person if they have concerns.
2. Responding to parents who inquire about or request a preschool screening with a reply that the school district only holds a screening once per year and that they will have to wait until then for their child to be screened.

Barriers

1. School district staff are not specifically assigned to publicize availability of preschool screenings. Staff planning a screening are not aware of all the means for broad public awareness, resulting in a low turnout of participants.

PUBLICITY Continued

Barriers

2. Many small rural communities have no TV or radio station to run public service announcements. They may not know how powerful the "word of mouth" is in publicizing their screenings. With few staff, there is seldom anyone willing to volunteer to take the extra time to prepare announcements, posters or to distribute flyers.

Solutions

1. Designate a person(s) to be responsible for publicizing the preschool screening districtwide, including networking with all private preschools, Head Start Programs, and day care providers.
2. Track of the number of children referred for individual requests for screening. Ask what agency referred them. This can tell you which agencies are actively assisting you with Child Find efforts.
3. If there are only a few staff able to help with publicizing your screenings, ask some parents who have benefitted from past screenings to assist in organizing a phone tree or pyramid type of flyer or brochure distribution plan in your community.
4. Prepare newsletter/newspaper releases and send them to the same papers every month throughout the year. Note those referrals that came from your articles. If you aren't getting any responses, you need to review your strategies to see how clear your message is to the general public.
5. Ask other school districts or the Arizona Department of Education/Special Education Section to assist your school in planning a new approach to publicity.

PUBLICITY

Summary of Needs

Action Plan

SECTION VII:

FOLLOW-UP/REFERRAL

Procedures for follow-up to the child find process need to be clear to service providers and to families. Follow-up to screening is a component of the process that can be very helpful, or very frustrating for families. For those families who have children who require further assessment, and possibly special education services, the screening process is their first, and probably highly emotional, involvement with the system. Consistent, well organized follow-up can help to reduce anxiety and make this experience positive and a winning situation for the child, parent and the school district.

FOLLOW-UP TO SCREENING

Y = Yes, the screening process our staff uses to meet the ideal.

I = Improvement is needed to reach the proposed ideal.

Y I

Ideal

- | | | | |
|---|---|----|--|
| — | — | 1. | District/agency has procedures in place which describe criteria for referral for comprehensive evaluation or for rescreening (in the case of a screening which indicates the need for further monitoring of development, but not referral for comprehensive evaluation). Procedures include recommended time lines for developmental monitoring (e.g. rescreen in six months). |
| — | — | 2. | Have a specific plan for referral decisions based on screening. Referral advice and planning information is communicated to families on the screening day. Families of children who need comprehensive evaluation receive information on who will contact them to make arrangements and how soon they can expect to be contacted. |
| — | — | 3. | When screening reveals the need for further developmental monitoring or rescreening, families receive suggestions for home activities which may facilitate "next steps" in development for their child. |
| — | — | 4. | On the day of the screening, parents receive information on who they can contact with further questions about the screening that has been completed on their child and how to access their child's screening file. |

Avoid

1. District/agency conducts screenings without a clear decision-making procedure for children who need comprehensive evaluation or periodic developmental monitoring.
2. Decisions about referrals and "action plans" are made after the screening and communicated to families at a later date.
3. Families leave the screening site without knowing who to contact with unanswered questions about the screening process or results.
4. Families leave the screening site without knowing which individual or agency holds their child's records or screening results file.
5. Families are told that screening indicates the need for further monitoring of their child's development, but receive limited information on things that they can do to encourage their child's growth and development.

FOLLOW-UP SCREENING Continued

Barrier

1. Formalizing district procedures can be a lengthy and time consuming process.

Solutions

1. Trained "facilitators" walk through the screening stations with families. Professionals at each station are responsible for interpreting screening instrument scores as their screenings are completed. The facilitator is responsible for writing down advice for the family and information on referral needs, ideas for encouraging "next steps" in their child's development, and verbally summarizing screening results. A list of pertinent contacts is given to the parents. Facilitators can be professionals from any discipline.

FOLLOW-UP SCREENING

Summary of Needs

Action Plan

Multicultural/Multilingual References

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