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With the enactment of the Education for All Handicapped Children Act (PL 94-142) of 1975 and its amendments (PL-99-457 of 1986 and PL 101-476 of 1990), all children are entitled to appropriate free education and related services regardless of disabilities. As a result, major strides have been made toward providing services for developmentally delayed children. These services include transportation, case management, family training and counseling, home visits for counseling, health services, medical services for diagnostic purposes, nursing services, nutrition services, occupational therapy, physical therapy, psychological services, social-work services, special classroom instruction, adapted physical education, audiology, and speech-language pathology. To gain access to these services, children who are suspected of having developmental or physical disabilities have to be referred to trained and qualified individuals or multi-disciplinary teams for assessment in cognitive, physical, language and speech, psychosocial, and self-help areas.

Young children, however, are difficult subjects to assess accurately because of their activity level and distractibility, shorter attention span, wariness of strangers, and inconsistent performance in unfamiliar environments. Other factors that may affect a child's performance include cultural differences and language barriers, parents not having books to read to their child and a child's lack of interaction with other children. Consequently, assessment of infants, toddlers, and young children requires sensitivity to the child's background, and knowledge of testing limitations and procedures with young children.

CURRENT TRENDS

Assessment, differentiated from test administration and interpretation, is usually a comprehensive process of gathering information about a child across developmental areas. Benner (1992) reported several continua along which assessments fall: (a) norm-referenced to criterion-referenced, product oriented to process oriented assessment; (b) formal to informal assessment, direct to indirect assessment; (c) standardized tests to handicap-accommodating tests; and (d) single-discipline approach to team approach. The present trend in preschool assessment is toward the latter perspective of each continuum with strengths being emphasized rather than deficits. Thus, current trends in preschool assessment include a move away from a "single assessor" model to an environmental model which is designed for the individual child. Through a team approach, children are evaluated with family members present, and factors of the home and social environment are taken into consideration. Because of the increased situation-specificity of developmental tests, which can be administered by professionals other than practicing psychologists, their use is increasing (Niemeyer, J. A., personal communication, August 19, 1994).

It has been recommended that norm-referenced tests, such as intelligence tests which historically have been used as a measure of ability and as an entrance criterion for programs such as Head Start, be replaced with assessments based on multiple theoretical perspectives (Niemeyer, J. A. personal communication, August 19, 1994). A more holistic evaluation of the child can be obtained by integrating tests of cognitive ability with other measures such as assessment of social and motor skills development.

CHARACTERISTICS OF PRESCHOOL ASSESSMENT

In identifying appropriate interventions at the preschool level, there is less focus on testing and more on evaluating the individual child. Some of the more important characteristics are as follows:

CRITERION REFERENCED AND PROCESS ORIENTED

Criterion-referenced tests allow each child to be assessed as an individual. Comparing the child with developmental milestones and selecting areas to reinforce allows interventions to be specifically tailored to a child. Attention is given to the process of the interactions (i.e., whether the assessment is being conducted in a way that optimizes the child's demonstration of abilities).

INFORMAL, INDIRECT, AND NATURALISTIC EVALUATIONS

Informal, relaxed settings where the child can be as much at ease as possible are recommended when doing assessment. Assessing a child within the context of his or her community and the interacting social systems, and taking into account the family's needs, resources, and concerns affect both the evaluation and possible interventions. One of the most important developments in this area is Trans-disciplinary Playbased Assessment (Linder, 1993), during which the child engages in play with a familiar person and the interactions of the child with the adult are observed by a team. The assessment is constructed so that the team can communicate with the play facilitator concerning unobserved skills (e.g., can the child stack three blocks). The combination of informal play-based assessment and more directed and structured activities provides greater opportunity for a high level of performance (Bagnato & Neisworth, 1994).

HANDICAP ACCOMMODATING ASSESSMENTS

Standardized assessment procedures present problems when a child has a handicap that impedes test performance even though the area being examined is not related to the handicap. Attention is being directed toward developing assessment procedures that accommodate for handicaps and provide a more accurate evaluation of the child.

MULTI-DISCIPLINARY/TRANS-DISCIPLINARY APPROACH

Because single discipline evaluations provide a "snapshot" from a limited perspective, assessments involving more than one discipline are recommended. Options include multi-disciplinary, inter-disciplinary, and trans-disciplinary assessments.

Multi-disciplinary teams are based on the medical model where many disciplines evaluate individually and provide reports to a central figure. Inter-disciplinary team members assess the child individually and then convene to discuss findings and form joint recommendations. With a trans-disciplinary team, representation of all disciplines that are needed for a child (e.g., occupational therapy, speech therapy, medical doctor, nutritionist) are present, and the child is observed and discussed by all at the same time, thus providing an evaluation of the total child.

THE ROLE OF MENTAL HEALTH PRACTITIONERS

Many current methods for preschool assessment are designed to be convenient for both the assessors and the families, and to have all individuals involved with a child participate directly in the evaluation process. Improvement is fostered when a holistic concept of the child is provided through a multi-disciplinary or trans-disciplinary assessment that is part of a larger set of conditions which promote change, such as family system interventions (AAHE, 1992). In many instances, the mental health practitioners (e.g., counselors) will not be directly involved in the test administration, but will work with the family during the process. In particular, mental health practitioners can provide information on testing, legal requirements, and the merits and limitations of preschool assessment methods. It is helpful for the parents to know that the principles of good assessment practice reflect a multi-dimensional, integrated understanding of learning, explicitly stated purposes, experiences that lead to results, and continuous intervention and re-evaluation. Mental health practitioners who are actively involved as part of the assessment team evaluating a referred child need to be familiar with the different assessment methods and their limitations, as well as current assessment trends and the reasoning behind them. This is especially important given that as few as 10% of tests administered to preschool children have been reported as appropriate to screen that population (Wortham, 1990). If mental health practitioners are not participants in the assessment process but are in the position of working with a child or the family after an assessment has been completed and a referral has been made, they need to evaluate whether the instruments employed, the assessment environment, and the way in which the evaluation was administered were appropriate for the particular child.

SUMMARY

Major changes in the level of interest and evaluation methods employed in preschool

assessment have occurred in the past decade. The current trend is toward an ecological, child-centered approach which includes trans- or multi-disciplinary evaluations. Such approaches evaluate the "total child" rather than a specific area.

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