

Section IV Evidence for Meeting Standards
Assessment 4 Family Case Study and Advocacy Letter

Standards 1a, b, 2a, b, c, 3a, b, c, d, 4a, 5a, b, c, d, e. Tools 1, 2, 3, 4, 5, 6, 7, 8, 9

1. A brief description of the assessment:

The Family Case Study and Advocacy Letter is an in-depth case study of one young child (Birth -8 years) and family in a diverse setting that addresses family life – including risk and protective factors – and culture. An understanding and knowledge of the child, family and community are demonstrated through research, observation, and documentation of the family, child, school, and community. An understanding of the risk and protective factors which may influence the child's development and family resiliency is described and documented. Advocacy for protective factors for the child and family which address school, family, and community partnerships, and support are researched, documented and discussed in an advocacy letter on behalf of the child and family for a support service or program needed within the school and/or community.

2. A description of how this assessment specifically aligns with the standards:

This assessment specifically aligns with Standards 1a, b, 2a, b, c, 3a, b, c, d, 4a, 5a, b, c, d, e are incorporated into this rubric through the family case study and advocacy letter. Tools 1, 2, 3, 4, 5, 6, 7, 8, and 9 are incorporated into the Family Case Study and Advocacy Letter and Rubric. The Standards and Tools are embedded within the coursework, the description and the rubric. See Section IV, Assessment 4, attachment 5b & 5c, Family Case Study and Advocacy Letter Rubric and Description. The Assessment provides evidence of the candidate's professional knowledge, skills, and dispositions through field based experiences observing, documenting, researching, and detailing a family case study embedded within a family, community, and school.

The assessment instrument (See attachment 5b) addresses the emphasis in NAEYC Standard 1 on using understanding of young children's characteristics and needs and the multiple influences on development and learning (e.g., 1a, 1b). The assessment also emphasizes Standard 2 and 4 through understanding family and community characteristics, supporting and empowering families and involving families in their children's development and learning through observation, documentation, interviews, connecting with children and families and other tools within the cultural context (2a,b,c, 4a). Standards 3 and 5 are also addressed through the use of appropriate assessment tools and approaches to document the family case study. The knowledge and application of ethical principles and guidelines including informed consent with the family and other professionals are also addressed in the case study. (3a,b,c,d, 5a,b,c). Strategies for supporting the healthy, well-being of the child and family development are assessed and recommended through documentation and a mastery of relevant theory and research. Professional conclusions, recommendations for advocacy, and interventions are documented. Advocacy for protective factors for the child and family which address school, family, and community partnerships are researched, documented and discussed in an advocacy letter on behalf of the child and family for a support service or program within the school and/or community (5c,5d,5e).

Tools 1,2,3,4,5,6, 7, 8 and 9 are addressed through a variety of strategies and tools. Cultural competence is demonstrated through research and demonstrated sensitivity to the family,

school, community, and cultural context. Knowledge and application of ethical principles and guidelines including informed consent are addressed. Multiple interacting influences on the child's development and learning within the cultural context are documented and researched.. Risk factors in the child's life, family, school, and community are documented and researched. Strategies for supporting the child's and family's healthy development and well-being are assessed and recommended through documentation and a mastery of relevant theory and research. Professional conclusions and recommendations for advocacy and interventions are documented. Professional knowledge, skills and dispositions are demonstrated.

3. A brief analysis of the data findings:

The M.Ed. in Early Childhood from 2007 -2009 is a program with between 7-10 matriculated candidates enrolled between 2007 -2009. Most of the candidates are teachers with degrees in Early Childhood Education, some are teachers in Elementary Education and Special Education with a strong interest and/or experience in early childhood education with children and families in diverse settings. The candidates' success (2 Exemplary, 2 Acceptable) in the data over two semesters is a reflection of their experiences, interest and commitment. The challenges of doing a comprehensive family case study is demanding and is reflected in the mixed ratings. This may reflect candidates who had not taken ECED 505 first and did not have the opportunity to complete a case study on an individual child prior to taking 512. For greater success, I will recommend that candidates take ECED 505 where an individual case study is completed prior to taking ECED 512 and completing the Family Case Study. The coursework embeds the Standards and Tools. In addition to matriculated candidates, non-matriculated graduate students take many of the core courses for Rhode Island early childhood teacher certification requirements (ECED 502, 503, 505, and 512). Data for non-matriculated students is not included. Due to a lack of sufficient enrollment, ECED 512 did not run in Spring 2007. Six students are required to run a course. Spring 2007 was also the first year that the course was offered. It was newly instituted for candidates in the program and meets early childhood certification requirements and cited standards and tools.

4. An interpretation of how that data provides evidence for meeting standards:

The data provide observable evidence of the four candidates in the two years of semesters meeting the cited core standards and tools through the assessment with 2 exemplary (50%) and 2 acceptable (50%). By conducting the case study in the community, this field-based experiences meets the standards and expectations for an assessment instrument used in field-based experiences. The evidence is observable in the class presentation, the written documents, documentation, and the rubric grade and advocacy letter outcomes.

5. Attachment of assessment documentation:

- a. the assessment tool or description of the assignment
See Assessment 4, Attachment 5a Family Case Study and Advocacy Letter Description
- b. the scoring guide for the assessment
See Assessment 4, Attachment 5b, Family Case Study and Advocacy Letter Rubric.
- c. candidate data derived from assessment
See Assessment 4, Attachment 5c, Family Case Study ECED 512 Data Collection

Attachment 5a Family Case Study and Advocacy Letter Description

The Family Case Study and Advocacy Letter is an in-depth case study of one young child (Birth -8 years) and family in a diverse setting that addresses family life – including risk and protective factors – and culture. An understanding and knowledge of the child, family and community are demonstrated through research, observation, and documentation. Cultural competence is demonstrated through research of and demonstrated sensitivity to the family, school, and community cultures. Competence in understanding, describing, and responding to the diversity of culture, language, and ethnicity within the child's family and community is demonstrated in the case study and advocacy letter.

An understanding of the risk and protective factors which may influence the child's development and family resiliency is described and documented. Multiple interacting influences on the child's development and learning within the cultural context are presented in detail. Risk factors in the child's life, family, school, and community which may add stress to the family and threaten healthy development are documented, researched and detailed within the case study. Strategies for supporting psychological well-being and healthy child and family development are assessed and recommended through documentation and a mastery of relevant theory and research. Professional conclusions and recommendations for advocacy, and interventions are documented in the case study. Advocacy for protective factors for the child and family which address school, family, and community partnerships, and support are researched, documented and discussed in an advocacy letter on behalf of the child and family for a support service or program needed within the school and/or community.

Standards: 1a, b, 2a, b, c, 3a, b, c, d, 4a, 5a, b, c, d, e are incorporated into this rubric through the family case study and advocacy letter.

Tools: 1, 2, 3, 4, 5, 6, 7, 8, and 9 are incorporated into the Family Case Study and Advocacy Letter and Rubric.

**Attachment 5b Family Case Study and Advocacy Letter Rubric
ECED 512
Family Case Study and Advocacy Letter Rubric**

Name:	Date:	Score:	Revision:
Exceeds Expectations 33- 35 Points	Meets Expectations 26- 32 Points	Does Not Meet Expectations 0- 25 Points	
An in-depth case study of one family in a diverse setting that addresses family life – including risk and protective factors – and culture is presented. The case study is a detailed, comprehensive description of the family and child’s development in all domains. Their characteristics and needs are detailed and documented with examples and anecdotal records. (APA format)	An in-depth case study of one family in a diverse setting that addresses family life – including risk and protective factors – and culture is presented. The case study is a detailed and provides a description of the family and child’s development in most domains. Their characteristics and needs are described with some examples and anecdotal records. (APA format)	A case study of one family in a diverse setting that addresses family life – including risk and protective factors – and culture is presented. The case study describes the family and child’s development. Their characteristics and needs are addressed with some details and examples. (APA format)	
6- 7 Points Standards 1, 2, 3, 4, 5 Tools 2, 3, 4, 5, 6, 7	5.5- 6 Points Standards 1, 2, 3, 4, 5 Tools 2, 3, 4, 5, 6, 7	0- 5.5 Points Standards 1, 2, 3, 4, 5 Tools 2, 3, 4, 5, 6, 7	
An understanding and knowledge of the child, family, school, and community are valued and demonstrated through a detailed description of their complex characteristics and values. Knowledge and application of ethical principles and guidelines are followed. Documentation of informed consent is included.	An understanding and knowledge of the child, family, school, and community are valued and demonstrated through a description of their characteristics and values. Some knowledge and application of ethical principles and guidelines are followed. Documentation of informed consent is included.	Some knowledge of the child, family, school, and community is described. Knowledge and application of ethical principles and guidelines are followed. Documentation of informed consent is included.	
2- 3 Points Standards 1, 2, 3, 4a, 5 Tools 1, 6, 7	2- 3 Points Standards 1, 2, 3, 4a, 5 Tools 1, 6, 7	0- 2 Points Standards 1, 2, 3, 4a, 5 Tools 1, 6, 7	

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Exceeds Expectations	Meets Expectations	Does Not Meet Expectations
<p>Cultural competence is demonstrated by a high level of competence in understanding, describing, and responding to the diversity of culture, language, and ethnicity within the child's family and community.</p> <p>4 - 5 Points Standards 2, 3, 5 Tool 1</p>	<p>Cultural competence is demonstrated by some competence in describing and responding to the diversity of culture, language, and ethnicity within the child's family and community.</p> <p>3.75 - 4.5 Points Standards 2, 3, 5 Tool 1</p>	<p>Cultural competence is somewhat demonstrated by limited competence in describing the diversity of culture, language, and ethnicity within the child's family and community.</p> <p>0 - 3.5 Points Standards 2, 3, 5 Tools 1</p>
<p>An understanding of the risk and protective factors which may influence the child's development and family resiliency is described and documented in detail. Multiple interacting influences on the child's development and learning are presented in detail. Risk factors in the child's life, family and community which may add stress to the family and threaten healthy development are documented, researched and detailed within the case study.</p> <p>4- 5 Points Standards 1, 2, 3, 4a, 5 Tools 1, 2, 3, 4, 5, 6</p>	<p>An understanding of the risk and protective factors which may influence the child's development and family resiliency is described and documented. Multiple interacting influences on the child's development and learning are presented with some detail. Risk factors in the child's life, family and community which may add stress to the family and threaten healthy development are documented and researched within the case study.</p> <p>3- 4.5 Points Standards 1, 2, 3, 4a, 5 Tools 1, 2, 3, 4, 5, 6</p>	<p>A limited understanding of the risk and protective factors which may influence the child's development and family resiliency is described. Some interacting influences on the child's development and learning are presented. Some risk factors in the child's life, family and community which may add stress to the family and threaten healthy development are presented within the case study.</p> <p>0- 3 Points Standards 1, 2, 3, 4a, 5 Tools 1, 2, 3, 4, 5, 6</p>

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Exceeds Expectations	Meets Expectations	Does Not Meet Expectations
<p>Strategies for supporting psychological well-being and healthy child and family development are assessed and recommended through documentation and a mastery of relevant theory and research. Professional conclusions and recommendations for advocacy, and interventions, as needed, are well documented in the case study. APA format is used.</p> <p>4 - 5 Points Standards 1, 2, 3, 4b, 5 Tools 1, 2, 3, 4, 5, 6, 7, 8, 9</p>	<p>Strategies for supporting psychological well-being and healthy child and family development are assessed and addressed with relevant theory and research. Conclusions, recommendations for advocacy, and interventions are professionally documented in the case study. APA format is used.</p> <p>3.75 - 4.5 Points Standards 1, 2, 3, 4b, 5 Tools 1, 2, 3, 4, 5, 6, 7, 8, 9</p>	<p>Strategies for supporting psychological well-being and healthy child and family development are somewhat addressed through theory and research. Conclusions and recommendations for advocacy and interventions, as needed, are somewhat addressed in the case study. APA format used.</p> <p>0 - 3.5 Points Standards 1, 2, 3, 4b, 5 Tools 1, 2, 3, 4, 5, 6, 7, 8, 9</p>
<p>Advocacy for protective factors for the child and family which address school, family, and community partnerships, and support are well researched, documented and discussed in an advocacy letter on behalf of the child and family for a support service or program needed within the school and/or community.</p> <p>9 - 10 Pts. Standards 1, 2, 4a, 5 Tools 1, 2, 3, 4, 5, 6, 7, 8, 9</p>	<p>Advocacy for the child and family which address school, family, and community partnerships, and support are addressed and discussed in an advocacy letter on behalf of the child and family for a support service or program needed within the school and/or community.</p> <p>7.5 - 9.5 Pts. Standards 1, 2, 4a, 5 Tools 1, 2, 3, 4, 5, 6, 7, 8, 9</p>	<p>Advocacy for the child and family is limited and/or unsubstantiated in an advocacy letter. There is little advocacy or justification for a support service or program needed within the school and/or community. School, family, and community partnerships are either not addressed or addressed in a limited way.</p> <p>0 - 7.5 Pts. Standards 1, 2, 4a, 5 Tools 1, 2, 3, 4, 5, 6, 7, 8, 9</p>

Attachment 5c, Family Case Study ECED 512 Data Collection

RATING OF ASSESSMENT ARTIFACTS				
ECED 512 Professional, Knowledge, Skills, and Dispositions				
COURSE & ASSIGNMENT	EXEMPLARY	ACCEPTABLE	UNACCEPTABLE	TOTAL
ECED 512 Spring 2009				
Family Case Study and Advocacy Letter	1			1
ECED 512 Spring 2008				
Family Case Study and Advocacy Letter	1	2		3
TOTAL	2	2	0	4