

Grading Rubric for Comprehensive Examination in Early Childhood Special Education

1. Program Efficacy Literature	Unacceptable	Acceptable	Target
CEC 1: Foundations	Description is vague and provides information from limited perspectives	<ul style="list-style-type: none"> Description is clearly presented Information is provided from a variety of perspectives 	<ul style="list-style-type: none"> Description of is clearly presented and detailed Impact on families, service delivery, schools, and the community are included. Information is provided from a variety of perspectives Description supported by legislation and research supporting evidence-based practice
2. Factors in Child Development			
CEC 2: Child Development	Description is vague and provides information from limited perspectives	<ul style="list-style-type: none"> Comprehensive list of factors is partially described Both biological and ecological factors are partially included 	<ul style="list-style-type: none"> Factors are thoroughly described (both biological and ecological) Many examples are provided that address the importance of both child risk and resiliency
CEC 3: Individual Differences			
3. Assessment			
CEC 2: Child Development	Description is vague and provides information from limited perspectives	<ul style="list-style-type: none"> Description is clearly presented Description presents most key principles of effective educational programs 	<ul style="list-style-type: none"> Instruction is based on individual needs/strengths, guided by student progress, and involves the family in the process Incorporates social skill development Families are involved and considered equal partners in decisions
CEC 3: Individual Differences			
CEC 7: Instructional Planning			
CEC 8: Assessment			
4. Family-Centeredness			
CEC 4: Instructional Strategies	Description is vague and provides information from limited perspectives	<ul style="list-style-type: none"> Description of concepts is clearly presented Evidence of student's ability to translate concepts into practice 	<ul style="list-style-type: none"> Student discloses thorough understanding of family-centeredness concepts with illustrations Student presents alternative ideas for translating concepts into options and opportunities for families
CEC 5: Environment/Social Interaction			
CEC 7: Instructional Planning			
CEC 8: Assessment			
5. Organizing/Implementing Programs			
CEC 4: Instructional Strategies	Description is vague and provides information from limited perspectives	<ul style="list-style-type: none"> Definition of inclusion is included. Rationale is included but may lack depth or strategies are superficial without detailed strategies. 	<ul style="list-style-type: none"> Inclusion is defined for students consistent with current professional practice and policy A rationale/philosophy for including students with disabilities in regular education settings is described fully with respect to many perspectives (peers, legislation, culture, policy, personal right) A rationale for using the general curriculum as a basis for education is described fully Practical strategies are described with examples that demonstrate reasonable, functional, and useful ways to implement inclusion. Detailed analysis of personal effectiveness in implementing inclusion is provided with clear strategies for "next steps"
CEC 5: Environment/Social Interaction			
CEC 7: Instructional Planning			
CEC 8: Assessment			

Teacher Candidate Name:

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Date:

12/4/2010

Scored By:

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Score:

Acceptable (Meets)

PASS

Talia Powers

Comprehensive Examination Early Childhood Special Ed.

- 1) Contemporary practice in early childhood education suggests that the assessment process should include multiple and varied sources of information gathered from both children and their families. Alternative sources of information both quantitative and qualitative that ensures valid, meaningful and useful information is as follows:

When we gather assessment for young children it is vital to include all aspects of the child and families current status. We must include multiple varied forms of data these include both formal (ex. Battelle, Mullens, Ages and Stages,) and informal (parent questionnaires, checkpoint data, observations done in class in play settings). There must also be multiple informers included in the assessment process some including, parents, teachers, OT, PT, siblings, Head Start teacher, etc. Qualitative data includes factors such as APGAR scores, checkpoint data, and teacher journals on individual child's performance. Quantitative data includes factors such as more standardized procedures that yield current results, regardless of age or gender.

Valid, meaningful data doesn't start when the child reaches preschool; it begins at birth or earlier. We need to include the biological status, environmental and developmental. Biological contains information such as the family's history of mental health issues, complications at birth, APGAR scores, drug and alcohol use and other prenatal factors. Environmental when we screen young children it is important to include all factors such as, is the child living in an at risk situation,(poverty, bad neighborhood) do the parents have limited access to health and nutrition funds, etc. Developmental status includes things such as the child's delay or disability, including is this established diagnosis identifiable medical disorder at birth such as downs or

fragile x syndrome, or was this child born with no complications. All of these factors must be included in the assessment process.

When we screen a child and the family we must also consider the family history. Did the mother complete High school, was this a teen pregnancy, is there a mental illness, does the child live with grandparents, etc. When we have all data and assessment in a workable, organized form we are better able to assess our family and child. Some other forms of assessment include criterion and norm referenced tests. The criteria tests include factors such as comparing child to current developmental criteria, parent's views and opinions are included and there is room for modifications. Some examples of these would be The Teaching Strategies Gold which is a check point, observational system that has parent input and teachers can include general observations, pictures, notes, the child is compared to other children his/her age and where they are currently performing and what progress is taking place. The Norm referenced tests is a standardized form of assessment that does not include parents opinions, it yields standard score, and it is not racially bias does not judge on gender, age or cultural influences. If the professional giving the test believes that the child needs an interpreter one is provided. It is vital to have general documentation too such as portfolios, check points that may be developed from the child's specific IEP goals. For example, social emotional skills: Johnny will initiate play 1 out of 3 times by October. Measureable data collection helps the teacher and family see progress and accommodate as needed.

It is crucial for educators to remember the assessment is an ongoing, and takes place over a period of time. Young children are always changing and may have limited language skills. Does

the assessment include the unique strengths of the child, does it include all developmental domains and is the assessment age appropriate, some of these are valid questions to consider before assessing young children. Play based assessment is an example of getting information from a child in a natural setting such as home or in the classroom. This is a multidisciplinary approach and the team members all can share their expertise and collaborate with all who are involved in the child's life. Some team members may include speech and language, social worker, parent occupational therapist, physical therapist, special education teacher, etc. When professionals and families observe a child in a play setting a common language forms between the two and an appreciation and understanding for child's development may take place, along with relationship building and collaboration.

2) The concept of family-centeredness represents a continuum of values, beliefs, and practices that influence how early childhood programs are designed and implemented. The four varying points on this continuum and how each position affects decision making and engagement of families are as follows:

The Family Centered Approach: In this approach the family and community are the context of child development. The family is the expert on the child. There is a collaborative relationship where the family and professionals work together sharing ideas, strengths and weaknesses. This is a relationship building approach. The intervention begins with first contact and is ongoing with evaluations and assessments. Strengths and needs are recognized and helping interactions are available on a continuum of services. The intervention includes family

empowerment. This is the best approach for a collaborative, working relationship between families and professionals.

The Family Focused Approach: In this approach there is a whole systems approach. (All are involved in the assessment process) The professionals are the experts but families ideas and strengths are recognized. Families are helpful in the assessment process. The professionals are friendly and respectful to families. Parent training is the focus of the intervention. The intervention begins after intake, eligibility and assessment. There is room for more collaboration in this approach for professionals and families.

The Family Involved Approach: In this approach the professionals are the experts. Families and professionals have little contact outside formal settings. Families receive information from professionals only and the intervention takes place after intake, evaluations and assessment. Families are asked if they agree with the findings of the assessment that is professional derived and they are told what intervention will be in place. Helping interactions are not planned and followed through. This approach allows little room for collaboration and a working relationship would be hard to build. This approach is not child or family friendly.

The Professional Centered Approach: In this approach there is no systems orientation. There is no room for any kind of collaboration. The professionals are the experts. They call all the shots on the family and child's development. The family passively receives the information such as assessment findings. The professionals have little to no contact with the family. They are told what interventions will be in place. The intervention focuses on the child's problems.

The families' job is to drop child off to appointments and evaluations. This is not a working relationship at all and strengths are not acknowledged.

3) Organizing and implementing a preschool classroom for children with and without disabilities is a multidisciplinary challenge. The elements that must be attended to creating a responsive program for young children and their families including assessment components and process; formulation of IEPs that integrate ELS and parent views; organization of the classroom environment; integration of therapists; options and opportunities for families; child progress monitoring strategies and planning for transitions are as follows:

When we create a classroom for children with and without disabilities it is important to make sure all developmental needs are met. An integrated classroom contains children of a variety of levels, strengths and weaknesses. We as teachers must continually assess and look at our individual child to find the areas of needs and strengths. We do this through progress monitoring. An example is the Teaching Strategies² Gold, where we as professionals are continually monitoring child development by using all the developmental domains. (Motor skills, speech language, arts, social skills, cognitive, science, math, etc) The organization of the classroom must include a variety of centers that include all developmental domains and are set up for child exploration. Some of these centers include fine motor activities (puzzles, problem solving, stringing beads, sorting by colors, etc.), sensory options (sand or rice table, play dough, etc) Dramatic play child exploration and creativity with dress up and kitchen area. The arts and music, large motor activities, there should also be ample time for language opportunities (sign,

pictures, verbal and visuals) A daily, predictable visual schedule allows children to feel comfortable in their environment knowing what is next in their day. The centers should change frequently depending on child's needs and interests and should be organized, inviting and clearly labeled.

The Early Childhood Special Education classroom should have qualified professionals that work together in a multidisciplinary approach. The integration of therapists should be a daily occurrence in the classroom. The OT can share sensory accommodations with the teacher or other fine motor options. The speech and language therapist can come into the classroom to do a speech group and model ideas and suggestions for the teacher to best reach individual child with speech and language goals. A high level of multiple modes of language is necessary for all young children to develop speech at this stage of development. The PT can do a group outside on the playground. Social worker should work closely with teacher and accompany her on home visits. When we all collaborate a successful school experience becomes evident.

When we develop the IEP (Individualized Education Program) it is a team based approach. All necessary professionals and families are involved. The IEP is a legal document that contains some of the following: strengths and needs of the child, accommodations, measurable objectives and goals and service delivery page. The parent has 10 days to agree or disagree with the IEP and is given procedural safeguards book that explains their right as a parent. It is important that we work closely with the family when developing the IEP to explain the process and to alleviate any concerns.

The IEP is derived from and professionals follow closely the RI Early Learning Standards. They entail Approaches to Learning, Social Emotional Goals, Language, Literacy, Math, Science and Physical. Depending on the individual child some of these domains are included in the child's IEP. Another great way to progress monitor children is from the IEP goals, a teacher can develop a form that she is easily able to apply in her classroom to see progress made and if goals or objectives need to be changed or if they are attained. The assessment process in an early childhood special education setting is ongoing and includes the screening process, biological, environmental and developmental factors; the assessment process includes multiple informants, multiple settings over a period of time. There is not one form of data that we use it is continually changing and includes formal (pre-k pals, Battelle) or non formal (teacher generated checklists, observations, child portfolios). One of my favorites is the Play based assessment it is ongoing and you see a child in their natural setting.

When we plan transitions for young children and their family it is vital that paper work is organized and in a workable order for the next professional working with the family, all data is included. Transitions should be planned 6 to 8 months ahead of time a meet and greet should be set up for families and training should be available on the differences between an IFSP and an IEP. When families are better prepared it alleviates anxieties for both family and child. The family can meet the teacher and make sure all necessary accommodations are in place (ex. is there a sensory room at school available for Johnny for his sensory breaks) If not one needs to be provided. When there is consistent communication by both families and professionals relationship building and a collaborative trusting bond is more apt to form.

Options for families should be ongoing and meet them at their level. There should be an open door policy at the school where families feel welcome and invited to visit their child. Weekly or even monthly family nights and an active and involving family center, workshops that pertain those families' interests and many ongoing options for family development. Social networks should be set up including parent to parent organizations a time for families to meet and share stories of their little one's struggle and accomplishments. With a network of services available active involvement becomes more evident for families. We must intervene early and meet families at their developmental level. Each family is different and when we accept them as they are not as we think they should be a working relationship forms. There is not one magic answer for family involvement but a multitude of options should always be available to families to help relationship building between all involved in the child's life.

So true