

OVERVIEW OF THE TECHNICAL ASSISTANCE DOCUMENT FOR EARLY CHILDHOOD ASSESSMENT REPORT WRITING

Purpose

The purpose of this technical assistance document is to provide guidance in writing assessment reports on behalf of young children with special needs and their families. All assessment, whether brief as a progress note or intensive as a developmental or educational evaluation, leads to information sharing—sometimes oral and sometimes in writing. This document addresses how we can bring together information about young children in ways that

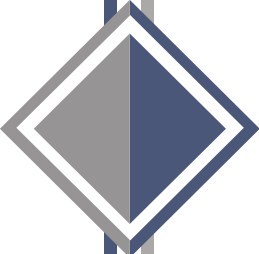
- ❖ reflect the families' concerns and priorities;
- ❖ are useful to families and their service providers in making decisions about goals, strategies, and services; and
- ❖ are responsive to the letter and spirit of laws and regulations governing programs for infant/toddler, preschool, and K-3 children.

Because the intent of this document is to provide technical assistance to individuals who work in different systems (early intervention, Head Start, hospitals and clinics, private settings, public school), we have tried wherever possible to use generic terms rather than system-specific terminology. Consequently, throughout this document, we use the general term *assessment* as defined by Bagnato and Neisworth:

a flexible, collaborative decision-making process in which teams of parents and professionals repeatedly revise their judgments and reach consensus about changing developmental, educational, medical, and mental health service needs of young children and their families (as cited in Neisworth & Bagnato, 2000).

The definition reminds us that we assess for many reasons, including but not limited to,

- ❖ initial comprehensive developmental or educational evaluations to assist in eligibility determination and subsequent reevaluations for continuing eligibility,

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- ❖ program planning and progress assessments (e.g., classroom-based assessments, ongoing developmental assessment, transition skills assessments),
 - ❖ specialized assessments (e.g., assistive technology evaluation, functional behavioral assessment, functional vision assessments, medical disability evaluations, psychological testing and assessment).

Why a Technical Assistance Document

By tradition, we write assessment reports as a way to convey information. Although we provide as much information as possible to a wide array of consumers through our reports, the primary consumer is the family whose child has just been assessed. Reports should not just sit in a drawer somewhere and collect dust; they need to be useful to families and their service providers as they pursue the challenge of helping the child to learn and develop.

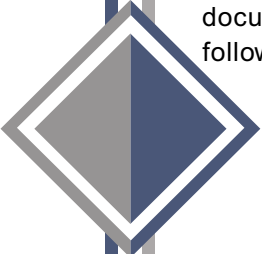
Individuals who conduct evaluation and assessment are well trained in the whys and hows of assessment. They receive substantially less training in conveying assessment results. Existing literature for writing reports in special education addresses the needs of older children and rarely considers the needs of their families. Literature in early childhood assessment emphasizes communication and relationship building with families; rarely does this literature address reporting results of assessments in a written form. When texts do address report writing, the recommendations they contain may not be sensitive to the developmental processes and life experiences of a young child. Nor are texts likely to emphasize family expertise, perspectives, and concerns.

Finally, law and regulation provide little help beyond stating that evaluation reports must be given to the family.

Federal regulations prescribe some elements that should be in a report for a child with learning disability or for occasions when the assessor deviates from standard procedures.

New Mexico Part B regulations address the needs of children ages three and above. These regulations prescribe elements for assessments of culturally and linguistically diverse children (including appropriate references to standards regarding nondiscriminatory evaluation procedures, language proficiency, and distinguishing disability from English language proficiency).

New Mexico Part C regulations address the needs of infants and toddlers and their families. These regulations require that reports delineate specific and overall developmental functioning, ability to participate in family and community life, and recommendations regarding eligibility, approaches, and strategies.



Beyond these few notations, regulations are silent. Consequently, this technical assistance document addresses the need for support in writing good early childhood reports, with the following goals in mind:

- ❖ Increase the usefulness of assessment reports as a vehicle to communicate information to families;
- ❖ Increase professionals' knowledge of and ability to apply state standards in conducting assessment and evaluation and reporting results to families and early childhood staff; and
- ❖ Disseminate information statewide on developing reports that reflect functional recommendations, state standards and expectations, and support for IEP/IFSP development.

Who Should Read this Document

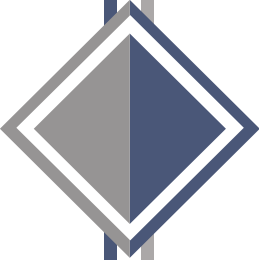
The contents of an assessment report and the form in which you convey the contents are the concern of all individuals involved in a young child's life. Consequently, the audience for this document is not just you, the writer, but the consumer as well. As a report writer, you will find this document helpful in making decisions about what you **must** include and what you **might** include in assessment reports. Families will find the document useful in understanding why specific information should be included; family members who desire a greater role in the assessment process will find avenues for input and editing information within the report.

Direct service providers such as early interventionists, preschool and school-age special education teachers, and K-3 inclusion teachers are also report consumers. They will find the document helpful in framing referral questions and forming expectations about the links between assessment information and instruction. They also will find guidance as writers of their own reports. Finally, administrators interested in providing professional development in the area of assessment report writing will find guidance in facilitating change.

How this Document is Organized

This document has four major parts.

Part I presents the criteria for written assessment reports. The criteria are grouped by report sections: background information, procedures and tools, findings, and conclusions and next steps. Within each section is information on what the section is about, potential problems that writers might encounter, ways of organizing information, and suggestions for writing. Each section concludes with questions and answers.



Part II contains recommendations for self assessment and initiating change in writing assessment reports. It also identifies some of the problems you may encounter as you begin to change your report writing style and how administrators can support the change process.

Part III includes information on how the criteria for report writing were developed. It provides an overview of the original project, the philosophical underpinnings, and a brief description of the field review process.

Part IV presents additional general information. Included are meeting the needs of special audiences, frequently asked questions, regulatory language, and additional resources.

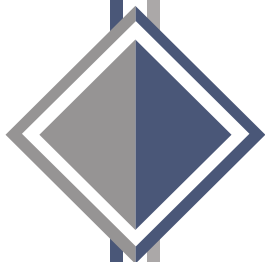
Getting Ready to Write

A report is a written portrait of a child drawn from assessment information that serves several purposes. It provides a written and legal accounting of the assessment processes and procedures. It brings together all information and supplies interpretations of findings. Finally, the report functions as a reference for specific intervention and program decisions.

Assessment reports include those addressing initial and subsequent evaluations for eligibility, program progress, and transition or exit. It is through the report that assessment teams communicate their understanding of children's strengths, needs, and supports in a way that is useful to families and their service providers as they make intervention and program decisions. This technical assistance document is meant to assist teams and individuals in their effort to improve this communication.

Underlying Assumptions

As you examine the different sections, you will notice that several philosophical assumptions underlie the criteria that form the core of this document. The three major assumptions emphasize families, assessment models, and the importance of teams.



Family Centered:

The first assumption is that assessment is a family-centered process. Throughout the document, there is a strong recognition of the pivotal role of families in the entire assessment process.

The document supports the view that the assessment process is an opportunity to build trust, mutual respect, and collaboration with families.

Cultivating partnerships and creating opportunities for meaningful participation is the professional's responsibility. Professionals should encourage family participation. Yet, the decision on level of participation belongs to the family. For some families that may be very active and intense; for others it may be a more passive role. Family centered practice respects each family's choice. A report that is useful to families can help avert feelings of being disconnected from the assessment process and serve to build more meaningful family participation.

Assessment

- ❖ recognizes the expertise of both families and professionals;
- ❖ focuses on families' priorities and concerns;
- ❖ supports family decision making;
- ❖ respects family choices, values, beliefs, and cultural and linguistic backgrounds;
- ❖ involves families in all aspects the assessment and evaluation process.

To Think About

Really, I don't think [parents] have any connection with the report...this child can do this and can do that...You state [facts] but they're not stated in a positive way. And for the parents who I deal with [they] are Spanish speaking; the summary is very dry. Very, very dry. So...it doesn't mean anything to them either. Sometimes they have questions, and there is no direct answer in that summary for the parent.

The New Mexico Learning Community in Report Writing
June, 2001

Assessment Model:

The second assumption is that assessment teams have used an early childhood assessment model when evaluating children ages birth—9. An early childhood assessment model is holistic; comprehensive; and responsive to the cultural, linguistic, and experiential background of the child and the child’s family. Tools and procedures should be selected to accommodate a child’s unique characteristics and circumstances.

Assessment

- ❖ uses a variety of instruments;
- ❖ involves families as members of the assessment team;
- ❖ looks at children’s interactions within their natural environment;
- ❖ uses multiple data sources and methods,
- ❖ uses multiple perspectives;
- ❖ reflects multiple points in time.

Team Perspective:

The third assumption is that the team constructs one report that reflects the collective expertise and perspectives of all team members. Yet, not all systems are set up in a way that supports collective writing of assessment reports. Barriers to team report writing can include caseload, geographic isolation, opportunities to interact with other team members, and time constraints. Separate cover reports are often the solution of necessity. Yet, we cannot stop there. As early childhood professionals we must move toward a unified effort.

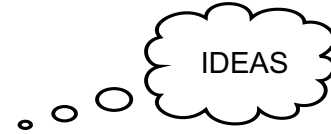
Report Writing

- ❖ integrates information across developmental domains;
- ❖ blends information across individuals conducting the assessments;
- ❖ reflects the collective expertise of a team;
- ❖ creates a unified portrait of a child.

Organizing and Sharing Information

Teams whose members operate in isolation can take steps toward creating a common portrait through combining efforts in some areas of the report. Separate reports place the demand of integrating information on the consumers, that is the families and their service providers. Finding small areas in which to create common text can help reduce the burden for your reader. You can create common text by organizing and then sharing information among team members prior

to writing the report. Often it is difficult for team members to schedule times for actual meetings to organize and discuss information. Using other ways besides face-to-face meetings can be helpful, including electronic mail and posting information on servers provided that access to the information can be controlled to protect privacy and confidentiality.



Helpful Hints for Organizing and Sharing Information

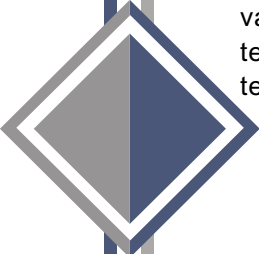
- Share copies of observational notes or protocols
- Use phone conferencing to discuss organization or focus of report
- Meet with team members to outline the report
- Develop shared charts of critical information for the report
- Chart findings from assessment process by developmental area
- Outline findings by family questions, concerns, referral questions
- Use phone calls to parents to discuss report content or what information to include
- Plan regular conferencing time periods for team members to collaborate
- Write the summary and recommendations sections together, others separately
- Designate a lead writer with other team members providing summary material via computer disk

Being Mindful of Audience

Assessment reports can be written for assisting in eligibility and program planning, evaluating program progress, and preparing for transition or exit from a program. Regardless of purpose, the assessment process is a substantial investment of time and effort. An assessment report is the culmination of that process. The report communicates what you have learned during the process to the consumer. For that communication to be effective, you need to be clear about who will read the report **BEFORE** you begin to write.

Very few reports serve only one audience. More likely, your audience will be highly diverse with varying backgrounds and needs. Trying to write for everyone can be a mistake, just as assuming your reader has the same background as you do can be a mistake. Therefore, it can be very helpful to structure your idea of audience in terms of primary, secondary, and tertiary consumers.

Primary Consumers: Federal law is very clear about who is the audience. Families are the only federally mandated recipients of written assessment information. Consequently, the primary audience for an assessment report is the child's family.



The family has a greater familiarity with the child than any other consumer. They have high variability in background. Some families will be very familiar with disabilities, technical terminology, and interventions. Other families will be new to the process, the technical terms, and the concept of disability. Regardless of background, they will read every word.

Secondary Consumers: These are the individuals who are or will be providing direct services. Secondary consumers can include child care providers, developmental specialists, preschool and school-age special education teachers, general education teachers, therapists, physicians, etc. Like families, these individuals vary in familiarity with technical terminology. They also differ in their knowledge of the child. Direct service providers do share a common interest in their need to provide interventions and programs that are responsive to the child's strengths and needs.

Tertiary Consumers: These consumers include a variety of professions and service systems. Typically, these consumers are not familiar with the child and family nor background in early childhood practices. Many will have strictly a regulatory interest and a need to determine from available information whether the child and family qualify for services from their agency. Knowing **before** you write that a family intends to apply for a specialized service (e.g., insurance, medicaid, DD Waiver) will allow you to identify the agency's specific needs with respect to assessment information. Often, their needs can be met through an abstract or table appended to the assessment report that highlights test results, clinical observations, and the impact of disability on functional capacities.

Be aware of your connection to your audience before you begin and while you write. Monitor your tone, or what you "sound like", in writing. Tone is an attitude you convey through your writing toward the child you have assessed, the assessment process, and the reader of the report. In some ways, everything in this technical assistance document is about tone. What details you choose to include in a section, the way you arrange a section, the words you select to convey your message, all say something about you.

For example: When you use first person active voice (e.g., I saw..), you acknowledge that you are part of the assessment process and that you are communicating what you have learned directly to your reader. When you use third person passive voice (e.g., It was observed that), you remove yourself from the assessment process and convey a distant, impersonal viewpoint. When you substitute *It is the belief of this assessor* for *I believe*, you may be hiding behind formal, dignified language instead of taking ownership of your conclusion.

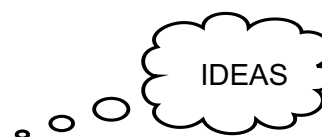
Framing your report in formal, technical language can present a barrier to understanding, even among similarly trained professionals. Choose your words carefully. When you use a technical term (e.g., hypoxia, phonemic awareness) choose the term because it is the best description. Using technical terms because you know them, believe that readers expect to see them, or by

accident is jargon. When technical terms are the best descriptors, provide an English explanation.

FOR EXAMPLE: Jane has periodic episodes of fatigue because of hypoxia (low level of oxygen in the blood).

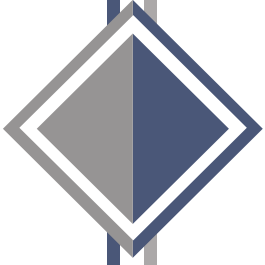
How much explanation you include will depend on the experience and needs of the individual family for whom you are writing. Do keep in mind that families are the primary but not the only consumer. Sometimes you might choose a more common term and include a technical term to provide a minor detail; e.g., Marvin was diagnosed with Down syndrome (trisomy 21 translocation) at age 2 weeks.

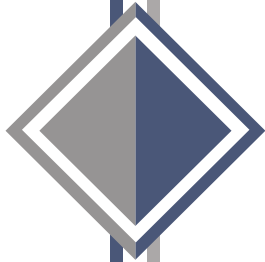
Be especially cautious when you write reports that will be translated into another language. Some languages have complex case, gender, and tense conventions. Translators may need information that is not readily apparent in the English version; e.g., whether the therapist is male or female. In addition, reports that contain formal, impersonal language can be very difficult and time-consuming to translate.



Strategies to Enhance Tone

- **audience:** control readability, enable consumer to understand the child's strengths and needs, show cross-reader appeal
- **family friendly:** depict family as team member; include family input or reference throughout; relate information to family's culture, routines, community, preferences; present information in a way that is not overwhelming; tailor writing to reflect family's needs and experience; use positively worded statements
- **team member references:** use the standards of equity and respect to make decisions on how to refer to team members, clarify the relationship between person named and the child, use each member's preference for depicting name and title (including family members), use an appropriate noun/pronoun connection (team - we; physician - I, she; teacher - I, he; parents - we, they), be consistent in references throughout the report; provide first and last names to meet translation needs regarding gender
- **style:** avoid unneeded technical terms/jargon, explain needed technical terms, avoid distancing or depersonalizing phrases, use endearing terms (sweet, friendly) cautiously, use words instead of acronyms (occupational therapist, not OT); strive for first person, active voice, and consistent tense, particularly when translation is needed; use clear non-repetitious wording; edit for appropriate grammatical structure, punctuation, spelling; read it aloud – what does it sound like





PART I

CRITERIA FOR WRITING EARLY CHILDHOOD

ASSESSMENT REPORTS

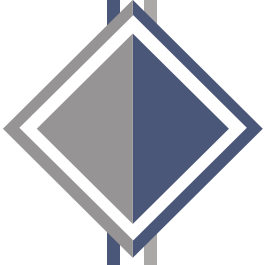
In the sections that follow, you will find suggestions for items to include and details to omit in early childhood assessment reports. The first section advises on setting the stage for your reader with recommended items for inclusion in a background information section. This section is followed by recommendations on how to convey the assessment process to the reader, including any needed regulatory statements. The findings section presents information on what you might include from the many findings you have and information on connecting your findings to relevant background information such as child health issues or cultural considerations. The fourth section addresses conclusions and next steps; it is your opportunity to use what you have learned about this child and family to help make a difference.

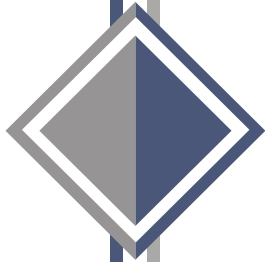
A Report that Makes Sense

Reports in early childhood reflect the partnership among families and providers and are guided by the families' priorities, questions, and concerns.

Reports present a shared vision of the child, convey useful and understandable information, and strike a balance among consumers' needs unique to each child.

The New Mexico Learning Community in Report Writing
June, 2001





Section 1:

Writing the Background Information Section

What this Section is About

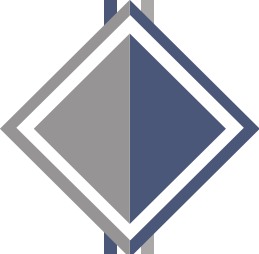
The purpose of this section is to present information about the experiences of the child and the child's family that occurred **prior** to the assessment. This section is not a presentation of other peoples' backgrounds or training (e.g., assessor credentials, training received by the child's teacher). It should emphasize the child's history and highlight information that is relevant and useful in the current process.

This section of your report needs to be constructed carefully. You do not need to report about the process of the assessment, itself. You do need to be sensitive to the family's priorities and collaborate with the family about information they do or do not wish to see in print. It might be helpful to outline this section by topics.

What to Include in this Section

All early childhood reports will provide some background description regarding the child who was assessed and the child's family. How much detail will vary based on the purposes of assessment (evaluation, progress, transition). Decisions on what to include in the background information section should be made with these questions in mind:

- ❖ Who will read this report?
- ❖ Who is this child you are portraying?
- ❖ Who is this child's family?
- ❖ What are the concerns, priorities, and questions that prompted the assessment process?



Who is this child?

Characteristics: likes and dislikes, personality, self-regulation, social interaction, temperament, uniqueness

Demographics: age, sex, family composition (parents, guardians, siblings, etc.); birth order

Developmental/learning history: learning preference/style, milestone accomplishments, needs for specific structure or cues, play, summary of previous assessment results

History of concerns: how family's concern/question developed, duration of concern, situations in which concern is displayed

Physical status: appearance, birth history, growth, health status, hearing and vision, medical history, medicine, nutrition and eating

Typical day: activities and routines, coping with routines and change in routines, opportunities for interactions with age peers and learning activities

Special circumstances: extended hospital stays, medical diagnoses, impact of medical conditions on routines, current/previous program eligibility and participation

Who is this child's family?

Family history: family routines, occupational information, significant medical history, length of time in the community, where the family lived previously

Family resources: child care, community programs, early intervention participation, extended family, Head Start

Special circumstances:

Cultural/language differences: picture of language in the home, translation needs, language dominance, acculturation, values and beliefs important to the family

Economic issues: housing or other financial hardships that the family believes are important to include; current SSI or Medicaid status if appropriate

Environmental issues: custody, foster care, high mobility, social service monitoring that affects the family's participation or child's performance



What prompted the assessment?

Family concerns: concerns about the child, the progress of intervention, daily participation in activities

Family questions: questions about the child's skills or abilities, progress in therapy or intervention, the child's needs

Family priorities: goals and dreams the family has for the child, priorities about intervention or therapy, priorities concerning schedules

Referral questions: questions from teachers, daycare providers, or other program personnel; questions from other agencies (e.g., doctors, social workers, insurance personnel); questions resulting from additional assessment requests

Potential Problems in this Section

This section of the report can become lengthy, especially when a child has an extensive medical or intervention history. This is also a section where jargon and technical language can be overwhelming in relation to medical or diagnostic concerns. You can avoid overwhelming your reader with technical information by presenting brief descriptions of a condition or problem rather than diagnostic terms. Guard against becoming too detailed or including information not related to the assessment. Many interesting facts may be known about the child, but these facts may not be directly related to present concerns. This is a section that can easily become judgmental or opinionated. Be mindful of speculation, determining causes, or opinions.

Do Not Include in Background Section

Duplications: reporting information acquired during assessment process, stating interpretations, or providing recommendations

Other histories: information that addresses other people's background (e.g., training or experience of this child's daycare providers, assessor's experiences in building rapport)

Speculations: causes, rumors, statements regarding how life history contributed to problems, family's reluctance to share information, opinions about family's acceptance of disability



Examples of Possible Formats

There are several ways to present information in the background section. Information does need to be organized in some manner to prevent duplications and give your readers a clear portrait of the child and family.

Background Information Organized by Subsections with Headings

John's Family

John is a 14-month-old (corrected age) boy who lives with his mother, stepfather, and a younger sister. Irma, John's mother, told us when we first met at the family home that John is "crazy about his baby sister" and has given her some of his "old toys." Both Robert and Irma, John's parents, work. John attends a local day care. Robert's mother takes care of the baby sister and occasionally watches John if he is sick or the day care is closed.

John's Medical History

John was born 3 weeks prematurely and weighed 4.5 lbs. He had difficulty with feeding from birth and gained weight slowly. He now weighs 20 lbs. and is in the 5th—10th percentile range for his corrected age. He has no other significant medical problems at this time.

John's Intervention History

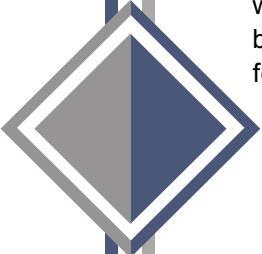
Robert and Irma, John's parents, have been concerned about his eating and weight since birth. He has received early intervention from the Sunrise Early Intervention Center in the areas of nutrition and feeding since he was 4 months old.

What are the reasons for John's Assessment

Robert and Irma continue to be concerned about his eating and feeding skills. They would like to know if John has problems with his tongue, mouth, or lips that make eating hard for him. They would also like to know what problems John has with his hands that make spoons and toys difficult for him to handle. Margo, John's teacher at Sunrise Early Intervention, would like information on John's progress in the areas of fine motor control and language development.

Background Information Organized by Paragraph

John is a 14 month-old (corrected age) boy who lives with his mother, stepfather, and a younger sister. Both of his parents work, and John attends a local daycare. John was born 3



weeks prematurely at a local hospital and weighed 4.5 lbs. He had difficulty with feeding from birth and gained weight slowly. He now weighs 20 lbs. and is in the 5th–10th percentile range for his corrected age. Robert and Irma, John's parents, have been very concerned about his eating and weight since his birth. When we first met with her at the family's home, Irma told us that John loves fruit, but often takes only a few bites and then loses interest. Both Robert and Irma said they feel frustrated with John's eating, and "wish he would eat as much as his little sister." Robert and Irma contacted the Sunrise Early Intervention Center when he was 4 months old, and he has received early intervention in the areas of nutrition and feeding since that time. Robert, Irma and John's teacher, Margo, have concerns about John's feeding and eating skills. One of the primary purposes of assessment was to examine John's skills in the area of motor control, especially John's control of his tongue, mouth, lips, and hands. John's teacher is also concerned about language development. This prompted a second purpose of the assessment—to really look at John's language development.

Helpful Hints for Writing

- Use subheadings or group related information.

For example: Put all medically related information under one section.

- Be mindful of jargon and technical language.

For example: CHANGE "John experienced respiratory distress at birth and required ventilation" TO "John had trouble breathing at birth and needed oxygen."

- Consult with family and consider the relevancy of information.

For example: Call John's mother. Does she want information about John's biological father in the report? Is it relevant to his current status?

To Think About

Mom didn't want me to put all the milestones that Alex missed in the report. She said it made him look bad. I left it out of the background section. It didn't matter. The findings made it very clear what Alex could do and what he struggled with.

Field Reviewer, Report Writing Guidelines,
Spring, 2002

- Be careful not to include assessment data gathered during this assessment process in the background section.

For example: John has a history of feeding difficulties. When observed in his day care, he was unable to hold a spoon.

- Be mindful of judgments, opinions, rumors, or inferring causality.

For example: “Because John's mother works full time, she is unable to work with him on his feeding skills” implies that working causes feeding problems.



Helpful Hints to Enhance this Section

- items that personalize the history; e.g., child's favorite toy, food, routine
- information on family's joys, pleasures, and hopes for their child
- information on assessors' initial contact with child and family

Cross-Check the Section

- ✓ Does this section provide a beginning portrait of this child?
- ✓ Does this section reflect what this family believes is important?
- ✓ Has this family had the opportunity to contribute information?
- ✓ Has this family had the opportunity to edit the information?
- ✓ Is the information included helpful in understanding the report?
- ✓ Is the level of detail consistent with the purposes of the report?
- ✓ Is any information redundant?
- ✓ Is sensitive information conveyed in a careful and factual way?
- ✓ Are technical terms used only when necessary and explained when used?
- ✓ Does the text have cross-audience appeal?
- ✓ Have words been selected carefully to avoid an impersonal tone?

Questions and Answers



Q1: *How extensive should background information be? How far back in time should I write about?*

A: It is not necessary to give a daily account of the child's history since birth. However, you should report events, conditions, developmental progress, or interventions that have had an impact on the child's current performance or the family's current status.

Q2: *How do I decide what to include or exclude in the background section?*

A: First, eliminate gossip, rumors, and judgments. Next, look at sensitive information and check with the family about what they want included. For the remaining information you have gathered, check the relevancy to the child's current status and whether the information will contribute to a better understanding of the child and this assessment.

Q3: *How much personal information about the family should be included in the report?*


A: This is an area where you really need to think carefully about relevance. Is the personal information directly related to the child's current status? This is also an area where you must consult with the family. What does the family want included in the report?

Q4: *What if the report writer and the family disagree about whether information should be included in the report?*

A: Background information is the child and family's history. They have a right to be selective about what they wish to have included in a written document. This is not a challenge to your skills as an assessment professional. If the family has trusted you enough to share sensitive information, honor their trust by omitting information they are uncomfortable about seeing in print.

Q5: *What do I do when the family's concerns are different from others' reasons for referral?*

A: Family concerns are legitimate reasons for referral. You must address these concerns in the report. The background section may be a good place to introduce family concerns. Address differences in a straight forward manner without judgment. For example, "John's mother is very concerned about his motor development. John's day care provider is concerned about his social skills."



Q6: *Are relevant developmental areas different from family or provider concerns?*

A: Usually not. Most concerns relate to a development area or a combination of developmental areas. Even concerns about the nature of interventions or supports usually relate to difficulties in some developmental area.

Q7: *Why should I include information about family routines?*

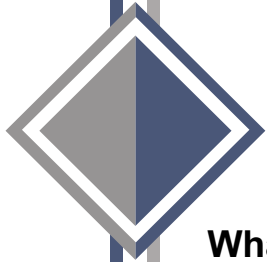
A: Family routines may influence the way a child behaves or the child's developmental progress. For example, if one of mother's favorite routines is to dress her child, it is understandable that the child may have difficulty with buttoning. Family routines may also influence what interventions are possible or functional. A family who considers meals a time for bonding may not desire to give up this time to teaching self help skills.

Q8: *How much detail about medical history should be given?*

A: This is difficult. Report medical information that is directly related to the child's current status or educational needs. Report medical information that is of concern or importance to the child's family, even when it appears that this information is no longer of concern for the child. For example: "Eloisa's current health is good; she has missed no days of school this year. Eloisa does have an early history of frequent hospitalizations for respiratory infection but has had no recurrence since age 3. Mrs. Peña, Eloisa's mom, closely monitors Eloisa's health status. She needs to be informed when Eloisa's first grade peers have influenza or other contagious illnesses".

Q9: *How can this section be kept concise?*

A: Organize and summarize. If the child has been in the hospital 10 times, do not describe each visit. Instead, summarize and give a brief statement about how all of these hospital stays may or may not impact what the child and family are doing now.



Section 2:

Writing the Procedures and Tools

What this Section is About

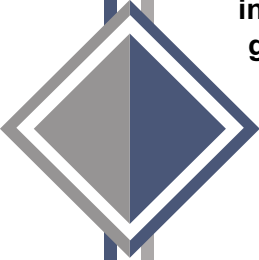
The purpose of this section of the report is to present a description of the procedures and tools that you used to gather assessment information. This section is not a presentation of assessment results, scores, or interpretations. In this section, you should emphasize the relationship between family concerns, assessment purposes, and the choices made in the procedures you used in the assessment process.

This is a section of your report that is easy in some respects. You do not need to make inferences or present a summary in this section; you simply need to present what was done, when it was done and by whom, and why it was done. It might help to make a chart listing the procedures used in the assessment, test instruments, reasons for using particular tests, who completed the procedure, or adaptations before you begin to write.

What to Include in this Section

For many reports, this section will present a brief description of the procedures and tools used and the reasons for their use. For some reports in which the assessment process was lengthy and detailed, you might consider a brief description of the procedures and append the list of tools with accompanying rationale to the report. Decisions on what to report will vary based on the purpose of assessment (evaluation, progress, transition) and the applicable regulatory requirements. Keep the following questions in mind as you select information to include:

- ❖ Who will read this report?
- ❖ What do the readers need to know about how you gathered this information?
- ❖ What mandatory disclosure statements apply to procedures in this report?



How was this information gathered?

Description of tools: names of published tools, brief description of unpublished tools, identification of sources of information (family members, caregivers, early interventionists, teachers, bilingual educators, other assessment professionals), how assessment purposes related to choices of procedures and tools

Procedures: team members and their roles, including the family's chosen role; situational circumstances including where, when, how long, how often, and persons present; unusual circumstances that might affect findings and interpretations (e.g., noise, intrusions, novelty of evaluation setting, translation difficulties)

General accommodations: descriptions of methods used to address child's unique characteristics and needs including adaptive strategies (alternative response mode, frequent breaks, large print, texture-enhanced materials), alterations to any standardized procedure, cultural considerations, interpreters or translations needed, language used in assessment, rapport-building procedures

Are there required disclosures?

Local: Some programs require disclosures regarding compliance with nondiscriminatory testing regulations which should be included here.

State: New Mexico regulations governing the educational assessment of culturally and linguistically diverse children stipulate, "Persons assessing culturally or linguistically diverse children shall consult appropriate professional standards to ensure that their evaluations are not impermissibly discriminatory and should include appropriate references to such standards and concerns in their written reports" [6.31.2 NMAC].

New Mexico regulations governing comprehensive developmental evaluations of infants and toddlers stipulate what should be contained within a report's results and recommendations (developmental functioning, participation in family/community life, eligibility recommendations, recommendations for approaches and strategies) but do not specify required disclosures regarding procedures and tools [7.30.8.10E(6) NMAC].

Federal: Part B regulations governing evaluation procedures stipulate "If an assessment is not conducted under standard conditions, a description of the extent to which it varied from standard conditions (e.g., the qualifications of the person administering the test, or the method of test administration) must be included in the evaluation report" [§300.532, (c)(2)]. Part B regulations governing evaluation of children suspected of having a learning disability stipulate that the team's documentation must include the basis for making the determination [§300.543 (a),(b)].

Potential Problems in this Section

This section of your report can also be challenging. It lends itself to the overuse of technical language and jargon which can make it difficult for your results to be useful. This section can easily become lengthy and result in a list of test instruments and procedures that is overly detailed. Other problems include disclosing tests you used but omitting information on other tools such as interviews and observations. To avoid these problems, use concise, simple statements about each procedure and its purpose.

Do Not Include in Procedures and Tools

Assessment results: test scores, observation data, interview information, details on the findings regarding language dominance (assessing in Navajo is a procedure; details on language competence in Navajo is a result); details on the findings regarding dynamic assessment of adaptive strategies (using adaptive seating during assessment is a procedure; details on performance with and without adaptive seating is a result of dynamic assessment)

Irrelevant detail: excessive detail on the assessment setting, psychometric properties of tests, technical description (serial and simultaneous processing) or exhaustive listing of what a test measures

Examples of Possible Formats



You can present information in a variety of ways. Organize the information in a way that makes it clear what procedures you used. The reader should be able to detect how procedural choices addressed the characteristics of the child (e.g., language used, communication style, interests, sensory and response capacities) and the circumstances of the assessment.

Procedures and Tools Listed by Chronological Order

Sequence of Assessment

2-16-01 Mullen Scales of Early Learning: administered by Joyce White at Eric's home for the purpose of assessing Eric's cognitive abilities. Eric's mother was concerned about thinking skills.

2-18-02

Observation: conducted by Jane Smith at the day care for the purpose of assessing Eric's self help skills in his day care setting. Eric's family felt this area could be a strength for Eric.

Procedures and Tools Listed by Developmental Area

Fine Motor Measures

Peabody Developmental Motor Scales: given by Kandice Paul on 2/22/02 in the classroom for the purpose of examining Eric's eye-hand coordination and prewriting skills. Eric's teacher was concerned about these skills.

Observation: conducted by Kandice Paul and Joyce White in the classroom on 2/18/02 for the purpose of assessing Eric's hand coordination in eating, coloring, and cutting. Eric's teacher was concerned about these skills.

Procedures and Tools Listed by Procedural Area

Observations Over Settings and Time

Observation: conducted by Jane Smith on 2/14/02 at Eric's home for the purpose of assessing Eric's self-help skills. Eric's family felt that this could be area of strength for him.

Observation: conducted by Joyce White and Kandice Paul on 2/17/02 at the day care center for the purpose of assessing Eric's hand use and coordination in eating, coloring, and work with tools. Eric's teacher was concerned about these skills.

Helpful Hints for Writing

- Group procedures and tools by developmental areas.

For example: Report all procedures used that measure fine motor skills together as a subsection. These could be grouped under a heading entitled, "Fine Motor Measures."

- Group other procedures such as observations or checklists together.

For example: Several observations conducted in the home or day care center could be grouped together under a heading of, “Observations Over Settings and Time.”

- Group tools and procedures in chronological order. Be careful of repetitions in this type of grouping.

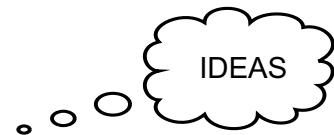
For example: Report all procedures in a simple listing by date of occurrence. These could be listed by date first, “10/03/02—Observation of Eric in his day care center. Conducted by Jane Smith for the purpose of observing functional self-help skills. Eric’s teacher is concerned about these skills.

- Include a very brief statement of the reason for using the procedure immediately following the description of the procedure.

For example: We conducted observations to assess Eric’s performance of daily self-help skills.

- Be mindful of overly complicated language, technical terms, and jargon.

For example: RATHER than describe the Vineland Adaptive Scales as “a norm referenced measure of daily performance of adaptive and self help skills”, USE terms such as “the Vineland Adaptive Scales were used to examine John’s skills in taking care of himself.”



Helpful Hints to Enhance this Section

- describing tools used across team members first, followed by tools addressing particular concerns
- using bullets that link information in place of narrative (e.g., Preschool Language Scale—Spanish Ed., taped language sample—home 30 min, daycare 30 min)
- using a table format (e.g., purpose, tools, and circumstances)



Cross-Check the Section

- ✓ Does this section show how the tools are related to the purposes of assessment?
- ✓ Does this section connect the procedures to the unique needs of this child?
- ✓ Does this section show how this family participated in collecting the information?
- ✓ Does the section help the reader understand how the information was gathered?
- ✓ Are technical terms used only when necessary and explained when used?
- ✓ Does the text have cross-audience appeal?
- ✓ Have words been selected carefully to avoid an impersonal tone?

Questions and Answers



Q1: *Should results or scores be listed in this section?*

A: No. The purpose of this section is to present a description to readers of how assessment data were gathered, by whom, and why.

Q2: *Should statements from test manuals about the rationale of the test be given?*

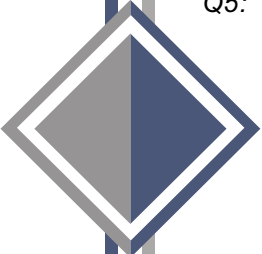
A: No. It may be better to read these statements and then rewrite them into a more user-friendly form. Once you have rewritten statements, you could include them in the procedures and tools section of your report.

Q3: *What do I do if I don't have a parent interview as part of the assessment process?*

A: Not all assessments will include a parent interview. However, you need to review your assessment data to make sure you have some input from parents. Perhaps you have checklists, ratings, case history, or intake information. Parent information needs to be represented within a report.

Q4: *Can a large percentage of my assessment results be based on what I observed the child doing at play?*

A: Yes. Observation of a child at play can reveal valuable and valid information. The results of a play-based assessment are especially important for children whose test-taking skills have not yet developed. However, remember that quality assessments use multiple sources, methods, perspectives, and reflect multiple points in time.



Q5: *What needs to be included in the report if I had to deviate from the standardized administration procedures listed for the assessment tool?*

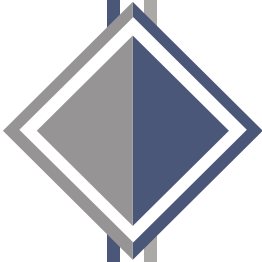
A: If you deviate from standardized procedures in the administration of a standardized test, you need to describe what you did and why. You also need to explain how the deviation may or may not affect scores. An explanation also can be helpful if you discontinue a test part way through the procedure and substitute another. Also, if you deviate from an established procedure in another tool area, such as interview or observation, describe what you did and why and how that may impact conclusions from this assessment procedure.

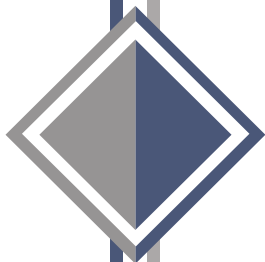
Q6: *What needs to be included in the report if I had to deviate from common practice in other procedures in the assessment process?*

A: If you deviate from a common practice in other areas, such as conducting an interview on the phone using an interpreter, describe what you did and how this may impact conclusions drawn from this assessment procedure.

Q7: *How can this section be shortened if multiple test instruments, procedures, and team members were included in the assessment process?*

A: Consider summary charts or very brief descriptions with an appendix of more explanations.





Section 3:

Writing the Findings

What this Section is About

The purpose of this section is to convey information about the results of the assessment process that helps readers to understand what the child has accomplished. This section should also help readers understand what the child is ready to learn. It should present an individual picture of the child that is related to everyone's questions and concerns. This section should clearly establish that information was gained from multiple sources and multiple methods. This section is not a presentation of test scores without interpretations. It should not include theories about cause, long-range predictions, or interpretations not based on assessment results.

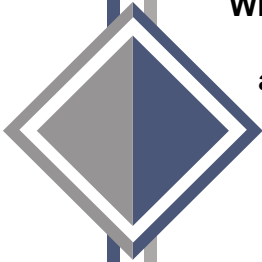
This section of your report is easy in some respects. You do not need to summarize complex background information or justify the use of certain procedures or tools. You have already done this in other sections. You do need to be sure that the section provides information that addresses the family's concerns and other referral questions. It may help to make a chart or listing of findings by developmental area or by questions that the family or others have raised.

What to Include in this Section

Include information gathered through direct observation, environmental assessments, interviews, other documents when appropriate, rating scales, and tests (norm and criterion referenced).

Remember, young children are rarely cooperative test takers; your observations of how a child solved a problem are as important a finding as the score the child obtained on the problem-solving subtest. In reporting findings, give priority to detailed description of developmental and functional abilities. If you report scores, remember it is the explanation, not the score, that makes the finding useful. Decisions on what to report will vary based on the purpose of assessment (evaluation, progress, transition). Keep the following questions in mind as you select information to include:

- ❖ Who will read this report?
- ❖ What are this child's developmental and functional abilities?
- ❖ What related considerations or factors affect this child's performance?



What are this child's abilities?

Concrete comparisons: current to previous performance; specific examples of what is typical or what would be expected next; test scores reported as range with explanation of the meaning and examples of skills present

Integrated developmental description: all areas of concern (family questions, report purposes); progress in areas no longer of concern; specific examples illustrating skill or ability; focused on strengths and needs; difficulties in one developmental area and their influence on performance in another area

Family and professional interpretations: how child attends, plays with peers and toys, reacts in structured vs. unstructured situations; quality and representativeness of child's responses

Limitations of evaluation/assessment: problems the assessment team experienced in establishing and maintaining rapport, obtaining an adequate sample of abilities and behaviors (across domains, instruments, settings, time); accommodating the child's unique cultural, linguistic, or response capacities; problems encountered that affect the validity of the assessment information

What factors affect performance?

Cultural/linguistic differences: culturally-linked developmental expectations, exposure to learning activities, materials, and play experiences; family-child interaction styles; linguistic skills and proficiency in first and second language; language use and exposure across natural settings and conversational partners

Environmental factors: adult expectations, environmental supports (instruction, routines, schedules, structure), physical layout

Family context (at family's discretion): unique knowledge, resources, and experiences that enhance development; self-identified needs for information and support; beliefs, preferences, and values regarding child-rearing, development, learning

Health/sensory capacities: interaction of health, medical conditions, or medicines with developmental performance

Personality: interaction of coping style, learning style, likes and dislikes, state, temperament with developmental performance

Potential Problems in this Section

This section can be overwhelming. Some assessments may have been complex and involved the use of many persons, procedures, and tools. You may have an abundance of data that can be difficult to analyze and sort out. You may also have contradictory data and findings that are seemingly unrelated.

One of the ways that you can manage complex findings is to chart results prior to writing. Another way to manage results is to list key findings or points. Then, group them by referral questions. Developing a chart, outline, or listing of key results will definitely help you structure your writing. Themes that you use in your chart can also be used as section headings in the report. Further, charts and lists can help prevent fragmentation; e.g., reporting results organized by test or subtest, reporting communication results from the speech language pathologist followed by reporting communication results from the psychologist.

This is also an area where technical language and jargon can be a problem. Be careful in this section. It is professional and acceptable to report scores, but be sure you state them in clear terms with an explanation of what they mean or do not mean.

Problems that affect the quality of the assessment process also affect the findings. Young children are not accomplished test takers and often react to formal assessment situations in ways that do not reveal their capacities. Children who have not been exposed to the materials used in the assessment process may show more interest in the materials themselves than in accomplishing an assessment tasks. Children who are shy around adult strangers may react with silence to a last minute change in interpreters. This reactivity can be a major contributor to contradictory data. When these or other challenges occur, you need to disclose them and show how they may have affected the results. Keep in mind that problems with the assessment process affect the validity of the assessment information, not the validity of the child's responses, capacities, or behaviors.

Do Not Include in Findings

Decontextualized information: test scores without appropriate explanation and examples, information that is organized by test or by who administered the assessment instead of by family concerns or developmental areas

Duplications: information that duplicates what appears in background, procedures, or recommendations

Speculations: theories about cause, rumors, long-range predictions, interpretations not grounded in data

Examples of Possible Formats



You can use several methods to organize information before you write. Charts and outlining are useful organizational tools. Organizing information within the report, itself, is also important. Using sections with headings may help readers understand findings.

Organizing PRIOR to writing

Outlining by Family Concerns and Referral Questions

Family concern: Carmen is not speaking and often points to things she wants. She does not seem to understand any directions.

Language sample

Very limited, using one or two word phrases, incorrect use of pronouns

Parent Interview

Has a lot of difficulty with directions, parents estimate vocabulary of 100 words

Preschool Language Scale—3

All area scores below age level

Particular difficulty with directions, classifying

Referral question: Does Carmen have the fine motor skills typical of a 3.5 year old?

Peabody Test of Motor Development

Scores: all age appropriate

Observations: very poor grasp

Needed visual demonstrations of instructions

Observation at daycare

Can handle a spoon, windup toys, scissors with hand-over-hand help

Needed modeling by teacher on craft activity to follow directions

Charting by Developmental Area

| | |
|--|--|
| <p>Findings: Language (family concern)</p> <p><u>Language sample</u> Very limited, using one or two word phrases, incorrect use of pronouns</p> <p><u>Parent Interview</u> Has a lot of difficulty with directions, parents estimate vocabulary of 100 words</p> <p><u>Preschool Language Scale: 3</u> All area scores below age level; particular difficulty with directions, classifying</p> | <p>Findings: Fine motor (referral question)</p> <p><u>Peabody Test of Motor Development</u> Scores: all age appropriate Observations: very poor grasp Needed visual demonstrations of instructions</p> <p><u>Observation at daycare</u> Can handle a spoon, windup toys, scissors with hand-over-hand help</p> |
|--|--|

Organizing within the written report

Sections by Developmental Area

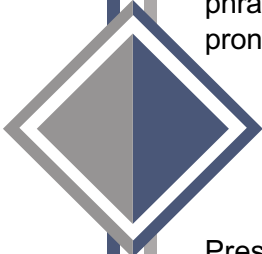
Carmen's Fine Motor Skills

Several of the staff at Carmen's daycare are concerned about her fine motor skills and whether she has the skills that are typical of children her age. Carmen's fine motor score on the Peabody Test of Motor Development was within the range described as typical for her age (standard score = 87; $z = -.88$). However, on copying items of the test, Carmen showed a very poor grasp and changed her grip on the pencil at least four times. During the observation at her daycare, Carmen had no trouble with her spoon at snack time or using windup toys at the toy center. She did require a great deal of help with a craft activity, and the teacher used a hand-over-hand method with all steps of the activity.

Sections by family Concerns or Questions

Is Carmen having difficulty with language?

Carmen's family is concerned about her speaking and understanding. Results of a taped language sample showed that Carmen is using only one or two word phrases. This is not typical for children her age. Most children at Carmen's age are combining three word



phrases on a regular basis. Carmen also has trouble with pronouns and uses only two pronouns, “me and her”. Mrs. Rodriguez, Carmen’s mom, said that the tape showed exactly how she speaks at home. Mrs. Rodriguez estimates that Carmen has maybe 100 words that she uses. Mrs. Rodriguez is really concerned about the problem Carmen has with directions. She had difficulty with directions in a craft activity we observed at her daycare. She also had difficulty with directions when completing fine motor activities on the Peabody Developmental Motor Scales. Carmen’s scores on the Preschool Language Scale are far below what is typical for her age (auditory comprehension - 74; expressive communication 81; total language score 75, age equivalence 2 y 4 m). After looking carefully at this test, we noticed that many of Carmen’s errors were related to directions.

Helpful Hints for Writing

- Develop a chart, outline, or summary **BEFORE** you begin writing. This will help you analyze the findings and interpret results in terms of what they mean for the particular child you are writing about.

For example: Develop a chart listing all of the observations or interviews conducted and the main points of information from these sources.

- Stay focused on the child. It is acceptable to report scores, but remember to tell what they mean or do not mean. Use plain clear language free of jargon.

For example: Adele scored a total language score of 88 on the Preschool Language Scale. This is a typical score for a child of Adele’s age.

This is easier to understand than: Adele achieved a standard score of 88 on the Preschool Language Scale; this is considered to be within the range of normal expectations.

- Emphasize integrated, functional descriptions of the child’s abilities. Readers should be able to see the child’s performance from your description.

For example: This finding provides enough information to help the team make an eligibility determination; it does not help the team see how she functions and where she needs to go. “In the assessment of her motor skills, Hana obtained a gross motor score of 55 ($z = -3.0$) on the Peabody Developmental Motor Scales, indicating a 40% delay in gross motor skills. She was able to sit, scoot, and move to hands and knees but not creep or stand. She appears to have sufficient trunk strength to support kneeling.”

This finding brings together information from the environment, tests, observations. It explains Hana’s movement capacities within the context of the

family's and service provider's concern. "Hana uses her hands to scoot across the floor on her buttocks with her legs curled to the side. When she needs to reach for something above her, she moves to hands and knees, then reaches with her right hand. She uses the same position to push a ball or car across the floor. Her balance is stable in this position. When she needs both hands, she resumes sitting. She does not kneel with her hips aligned over her legs, although she does have sufficient strength in her hip and back muscles. This movement pattern is consistent with her gross motor score on the Peabody Developmental Motor Scales (score = 55; $z = -3.0$), reflecting a delay of 40%. Hana needs to develop strength in her legs so that she can support herself in walking."

- Group results and findings by a theme, area, or section heading. Do not be afraid to integrate findings from one area to another if they relate to the theme, area, or heading.

For example: You might want to group all of skills that the child has mastered that are clearly strengths, even if evidence of this skill mastery occurs across different types of assessment procedures or developmental areas. You might use a heading such as, "Skills That Carmen Has Mastered."

- Think sequentially. What is this child ready to learn based on what you found he does now? Do not get into cause or predicting. The reader should be able to tell what should come next by the way you state what the child does now.

For example: Adele can copy a vertical and horizontal line. She could not copy a square or circle. What's next? Working on the square and circle.

- Remember to focus on family concerns and questions and the referral questions. Relate your findings to these. Your findings should help to answer or address these questions or concerns.

For example: Miguel's mother Alicia is concerned about his ability to pronounce words clearly. The findings from a test of articulation and a language sample show that Miguel does have difficulty pronouncing some letters. However, the letters that he has trouble with are letters that many children his age cannot say clearly.



IDEAS

Helpful Hints to Enhance this Section

- using specific examples to illustrate performance
- comparing carefully to previous performance (e.g., Carmen was able to copy 4 more designs than she did in September),
- using clear, direct statements to relate findings to family concerns
- integrating information from different tools to describe and interpret performance



Cross-Check the Section

- ✓ Does this section answer the family's questions and concerns?
- ✓ Does the information in this section directly relate to the assessment purposes?
- ✓ Does this section provide a balanced portrait of this child?
- ✓ Has this family had the opportunity to contribute information?
- ✓ Has this family had the opportunity to edit the information?
- ✓ Are technical terms used only when necessary and explained when used?
- ✓ Have words been selected carefully to avoid an impersonal tone?

Questions and Answers



Q1: *Should I report test scores?*

A: Yes, if they are meaningful and you are careful to explain them in a clear manner.

ALTERNATIVE:

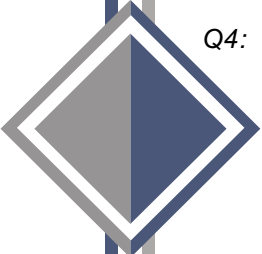
No, if all you do is list them or surround them with jargon.

Q2: *What is the best way to report test scores?*

A: Report scores as simply as possible with an explanation of what the scores mean in terms of this particular child. You should also report how scores were obtained and any accommodations or modifications that were made in obtaining the scores. There is no one way to report scores. You need to think carefully about what method of reporting a score will be understood by readers and reveal useful information about the child as an individual.

Q3: *Some doctors, insurance companies, and agencies require scores in reports. How should I handle this?*

A: Report scores as needed. Standardized tests and resulting scores can be valuable tools in the assessment process and are often desired by other agencies. If standardized tests were given and scores obtained, you have an ethical responsibility to report them. Report them clearly and simply, followed by your interpretations and explanations of their meaning in relation to this child.



Q4: *Is there is a better way to break down standard scores in my report so that they are more understandable and meaningful to teachers and families?*

A: **Yes. Break down standard scores to include a description of what the scores mean in terms of typical development or performance. Also include specific illustrations of skills or tasks the child can and can not do and relate these illustrations to developmental levels or tasks that children are expected to perform in home, community, and classroom settings.**

Q5: *What do I do with findings that seem unrelated or inconsistent with other results?*

A: **This is always a tough question. You should write about these findings and explain that they are inconsistent. If you offer explanations as to why the results are inconsistent or suggestions for further action, these should appear in the Conclusions and Next Steps section. Be cautious of offering explanations and suggestions based on limited evidence.**

Q:6 *How do I address conflicting information, such as disagreement about skill levels or performance between parents and providers?*

A: **Such disagreement is common. You need to report both views about the child. Children often perform differently in different environments. Try to report this in a matter-of-fact manner such as, “Diana, Jessie’s mother, reports that she is able to toilet independently at home. Jessie’s day care provider, Margo, reports that she rarely uses the toilet at the day care center and has frequent accidents.**

Q7: *Should I include recommendations in this section?*

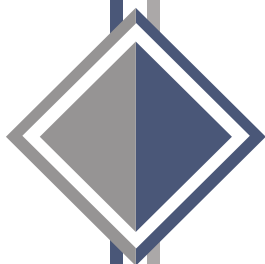
A: **No. You have another section to do this. But, be sure to state your findings in such a way that they will logically lead to recommendations in the next section.**

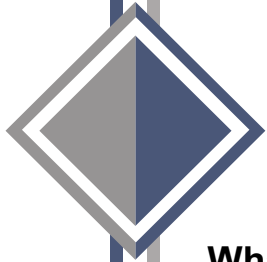
Q:8 *How can I avoid focusing on the weaknesses of a child in my report?*

A: **Easy. Simply do not make “weaknesses” any kind of section or paragraph heading. Start any descriptions of the child with strengths or accomplishments. Then, proceed to what the child may need. Needs are different from weaknesses. Needs are more action oriented and may help you generate suggestions or recommendations.**

Q9: *When is it okay to use my opinion as a professional in interpreting results when writing my report?*

A: **It is okay when you have solid evidence from assessment data that supports your opinion. Be careful of interpretations based on isolated incidents in performance or extensive inferences from limited data. Your opinions as a professional are valuable and reflect your training and experience.**





Section 4:

Writing the Conclusions and Next Steps

What this Section is About

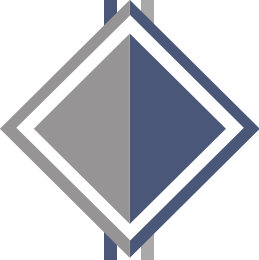
The purpose of this section is to explain the meanings and implications that findings have for program planning. This is the closing section of your report. As such, it needs to convey guidance to the child's family and service providers. This is not a section in which you just restate previous information. This section really needs to emphasize what the findings mean in terms of understanding the child's strengths and needs. It also needs to provide steps that might enhance the capacity of the family and service providers for promoting the development of the child. This section provides a reference for instructional activities and strategies that reflect the child's strengths, needs, family concerns, and others' referral questions.

This section of your report is easy in some respects. You do not need to describe the assessment process or attempt to summarize the whole report. It might be helpful in writing this section to review the original concerns or questions that prompted the assessment process. It might also be helpful to group findings and interpretations under headings such as "strengths and needs" and then list interventions, strategies, recommendations, or solutions that are practical for both family and service providers prior to writing the section. When you do write the section, try using some subheadings that will help readers to organize the information.

What to Include in this Section

Include information that addresses the family's concerns, questions, and priorities; the purpose for assessment (evaluation, progress, transition); and outcomes for the child and the child's family. Keep the following questions in mind as you select information to include:

- ❖ Who will read this report?
- ❖ What do these findings mean for understanding the child's strengths and needs?
- ❖ What next steps might enhance the capacity of the family and other service providers for promoting optimal development for this child?



What do these findings mean?

Child performance: comments addressing consistent patterns; the relationship of the patterns to unique characteristics and circumstances (e.g., cultural and linguistic background, experiences, learning style, personality); relationship of patterns to possible environmental demands; scaffolding approaches that support performance (e.g., types of assistance, material preferences, task accommodations); comments relating patterns to questions arising from previous IEPs, IFSPs, or service provider concerns

Family priorities: comments relating to family concerns, questions, and priorities; explanations of any diagnostic information; family's interpretations of the child's pattern of strengths and needs

Other consumers' needs: explanation to accompany health or medical conditions diagnosed as part of the assessment; eligibility recommendations accompanied by explanation of child's level of functioning in relation to meeting criteria for categories of eligibility; consider appendices to the report for reporting to agencies that require test scores or diagnostic labels (e.g., SSI, DD Waiver)

What are the next steps?

At home activities: concrete suggestions that you tailor to the family (e.g., address family priorities, build on family suggestions and ideas, are sensitive to family routines, culture, and community); suggestions that fit within family's time, interests, and preferences

Intervention suggestions: recommendations with specific examples that provide a starting place for developing IEP goals and IFSP outcomes, creating domain-specific instructional activities, integrating intervention within natural environments and naturally occurring events, incorporating special considerations into instructional programs (e.g., accommodating activity level, using Spanish in instruction)

Services that might be helpful: additional assessments that might clarify unresolved questions, follow-up with family pediatrician, programs that families might want to consider (e.g., early intervention, Head Start, Parents As Teachers, public preschool, WIC, etc.), specific services (e.g., assistive technology, occupational therapy); clear linkages between service recommendations and outcomes for the child and family

Potential Problems in this Section

This section of your report can be the most difficult. It lends itself to a tendency to suggest a program, an individual therapist, or canned recommendations. You need to be especially careful about suggestions that are impractical or require large time commitments. A focus on outcomes for the child and family can help you avoid recommendations that are exclusively service-driven.

You need to be careful in this section about making an unexplained diagnosis or conclusive and unilateral determinations of eligibility. You also need to be careful about making inappropriate conclusions that are not supported by information already presented in the report. Be mindful of making suggestions that are insensitive or uncomfortable for families.

Do Not Include in Conclusions and Next Steps

Conclusive determinations about eligibility: unilateral statements about eligibility or declarations that child qualifies for early intervention or special education, statements about meeting eligibility criteria that are not based on data

Inappropriate conclusions: interpretations that are not supported by information presented in the report, long-range theorizing or prognoses; opinions of others who are not part of the team unless clearly stated; scores or rankings (they are findings)

Insensitive suggestions: recommendations that are impractical, expensive, or uncomfortable for families; suggestions that require large time commitments or are overwhelming in number; generic (canned) suggestions; suggestions that are so broad or vague that they cannot be translated to ordinary situations and activities

Labeling: diagnosis (when that is part of the assessment) that labels a health, medical or physical condition without explanation of the underlying difficulties unique to the child or the relationship to child's learning and development

Overly-prescribed recommendations: recommendations for a specific program, curriculum, or person; listing of services without reference to activities related to child needs; suggestions that are so narrow that they only apply to one situation

Examples of Possible Formats



Information in this section provides support for instructional planning. You need organization that helps all readers gain a sense of the child's strengths and needs.

Conclusions and Next Steps by Developmental Areas Within a Chart

Family concerns, questions, referral question: Does Manuel have the language skills needed for kindergarten?

Area: Language

Strengths

Manuel can name pictures. He can follow 1-step directions and make phrases of 2 and 3 words.

Needs

Manuel needs to be able to follow 2-step directions. He needs to be able to talk in 4- and 5-word sentences. He also needs to be able to pronounce the t, c, and m sounds correctly. Following 2-step directions and using 4-5 word sentences are skills needed in kindergarten.

Possible Strategies

For the family: Practice two-step directions at home with household chores, such as setting the table or making a bed. Model sounds by saying the word correctly for Manuel if he mispronounces. For example, say, "You mean table, Manuel" and stress the t sound. Do not drill on the sound alone.

For service providers: Build sentence length using picture cards that Manuel can describe; use prompts and modeling of longer sentences.

Conclusions and Next Steps by Strength, Needs, & Suggestions in Paragraph Style

Family concerns, questions, referral question: Does Manuel have the language skills needed for kindergarten? Are Manuel's fine motor skills adequate for kindergarten?

Strengths

Manuel has many areas of strength. He is able to name pictures and follow two-step directions. Manuel is putting two and three word phrases together. Manuel can

pronounce most sounds correctly, but still has difficulty with three sounds.

Manuel holds a pencil or crayon correctly. He seems to be left-handed. He has no trouble copying lines and simple shapes. He is also beginning to trace letters in his name. He can hold scissors with a good grip and can cut across both vertical and horizontal lines.

Needs

Manuel needs help and practice in building longer phrases and sentences. He really needs to put together four and five word sentences. Manuel needs to practice making the t, c, and m sounds more correctly. He also needs to practice following two-step directions in everyday settings as well as school-type instructions. These type of skills are needed in kindergarten.

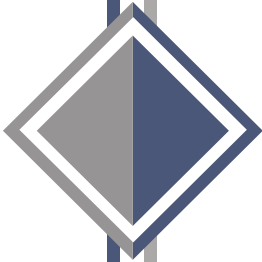
Manuel also needs to practice cutting out figures such as circles, squares, and simple pictures. He needs to be reminded to turn the paper while he is cutting. Many children may have difficulty with these skills in kindergarten.

Possible Strategies to Address Needs

Mr. and Mrs. Lopez are concerned about how well Manuel will do in kindergarten. They want to see him succeed in kindergarten and are afraid that his language is not good enough. They hope that Manuel “will not need a lot of extra help from teachers” in kindergarten and first grade. Mr. and Mrs. Lopez can do several things at home to help Manuel with his language. They can have Manuel help with household chores that involve two-step directions such as setting the table or making a bed. They can also model correct sounds by saying, “Oh, you mean the table, Manuel?” and stressing the t sound. Instead of having Manuel repeat the isolated sound, simply model the way it is correctly said. Service providers can help Manuel build longer sentences by playing games with picture cards and having Manuel describe the pictures while they verbally model longer sentences. Teachers at school can also help Manuel with cutting, with reminders to turn the paper and practice cutting pictures from magazines or catalogues.

Helpful Hints for Writing

- Review strengths, needs, and suggestions prior to writing.
For example: Make an outline chart before you begin to write. Be sure to include information from different assessment sources.
- Use headings or subheadings in the report. These help to organize information and help the reader to focus on information.
For example: Headings such as “strengths, present levels of performance, needs, instructional strategies, suggestions, or next steps could be used.



- Group information by developmental area.

For example: You may want to have a heading for fine motor and include all strengths, needs, and strategies to address needs here. Then group all language related information in a section about this developmental area.

- Review the family’s original concerns and questions. Review other referral questions. Tie the information you present to these questions and concerns.

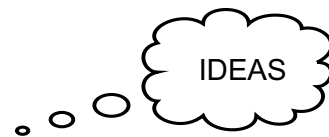
For example: Roberto, Manuel’s father, is concerned about Manuel’s trouble understanding directions. Findings from the assessment show that this is an area where Manuel needs help. Roberto can help Manuel at home by giving short directions and showing Manuel what to do when possible.

- Listen carefully to the perspectives of family members and other care providers. They have knowledge of the child’s performance in various settings. Avoid making suggestions that are based solely on data collected within a testing environment.

For example: Family members and teachers report that a child names pictures accurately during reading activities at home and in the classroom; but, during testing with the Mullen Scales of Early Learning, the child did not name any pictures. Do not suggest that the child needs more experience with picture naming activities just because he did not respond in a formal testing situation.

- Double-check the data and suggestions for a match. Avoid making suggestions that do not reflect what the assessment data tell you.

For example: Manuel shows a very strong score on the Vineland Adaptive Behavior Scales in the area of Socialization. His daycare provider says that he has no problem getting along with peers in play or circle time. Do not suggest that Manuel may benefit from a social play group or might need goals in the area of socialization just because he was reluctant to talk to you.



**Helpful Hints
to Enhance
this Section**

- describing relationships and patterns in performance across different assessment strategies, times, persons
- providing personal information about the child; restating family’s goals, wishes, dreams
- providing recommendations that cross settings (e.g., works at home, works at school) or cross disciplines (family member, early interventionist, and SLP can use it)
- using several (not many) carefully chosen, good examples



Cross-Check the Section

- ✓ Does this section provide an overall interpretation of this child's strengths and needs?
- ✓ Does this section relate conclusions to the family's questions and concerns?
- ✓ Does the information directly relate to the assessment purposes?
- ✓ Has this family had the opportunity to contribute information?
- ✓ Has this family had the opportunity to edit the information?
- ✓ Is the information helpful in guiding program planning and service access?
- ✓ Is the level of detail consistent with the purposes of the report?
- ✓ Is any information redundant?
- ✓ Are technical terms used only when necessary and explained when used?
- ✓ Does the text have cross-audience appeal?
- ✓ Have words been selected carefully to avoid an impersonal tone?

Questions and Answers



Q1: *How do I organize all of this information?*

A: Try charting or outlining information. You could also make a chart for the readers of the report.

Q2: *How specific should I get with suggestions or recommendations?*

A: You should not give lengthy, detailed instructions about how a teacher or parent will actually implement a strategy. But your suggestions should be practical and specific enough so that someone could actually carry them out.

Q3: *How do I restate recommendations as "goal-focused" not "service-focused"?*

A: Focus on what the child needs in terms of the skills to be acquired or capacities to be developed. This will help you to state recommendations in terms of what the child will accomplish instead of what services should be delivered.

Q4: *Should I write recommendations in my report that extend beyond the classroom setting?*

A: **Yes. You can include recommendations or suggestions that can help the family with their child. These should be practical and sensitive to the family's needs, wishes, and time and money constraints.**

Q5: *Can I include goals that are specific for the family to implement?*

A: **Yes. You can include strategies that the family can implement. Before you do this, be sure you have a clear sense of the family's resources in implementing these strategies. Check with the family and ask how they feel about particular strategies or recommendations. Remember that partnerships are a key assumption in a family centered approach to early childhood assessment and report writing.**

Q6: *How can I write recommendations so that they become more meaningful to the parents?*

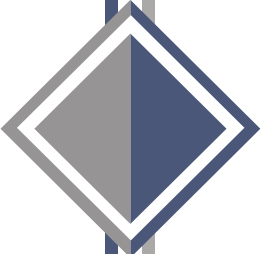
A: **First, concentrate on recommendations that are specific and tailored to the child. Stay away from general or "canned" recommendations or global references to programs. Secondly, state recommendations in plain terms. For example, "Carmen needs to practice the st and th sounds, instead of, Carmen requires repeated articulation of initial consonant blends".**

Q7: *What do I do if the assessment does not provide answers to concerns or questions that the parents have brought up?*

A: **Say just that! You need to report that information from the assessment does not provide a conclusive answer to these concerns or questions raised by the family. Then, make suggestions as to how these concerns or questions might be readdressed or investigated further.**

Q8: *What do I do if the family has brought up long range questions or concerns that cannot possibly be answered by the current assessment?*

A: **This happens frequently. Address the family's concerns and questions even if they reflect future concerns that cannot be answered by current information. These future concerns and questions may reflect the family's wishes and dreams, and you do not need to dismiss them. Also report quite honestly that the current assessment does not provide the type of information that would support a realistic answer to these future concerns and questions.**



Q9: *Should I write recommendations in my report for other agencies, programs, or professionals?*

A: This area needs to be treated carefully. If you have recommendations based on solid assessment data that would be helpful to others when working with the child, you certainly need to include them. Remember that the focus of Conclusions and Next Steps is not on specific programs, curricula, or persons.

Q10: *What do I do if I know that a certain teacher or service provider is not likely to follow my suggestions?*

A: Make your best professional suggestions. You may be surprised. If your suggestions are specific and well thought out, teachers may follow them quite readily. You may also want to talk with teachers about suggestions and strategies that they feel will benefit the child. Also, be sure to word your suggestions in a way that is clear and understandable. When families know what to expect, they can encourage and support teachers in implementing the suggestions.

Q11: *What should be included in the summary page?*

A: The summary page is a brief ending to the report. You have already discussed findings, conclusions, and next steps for intervention or instruction. All you need to do in the summary page is bring the portrait of the child to a close. Some reports end with positive statements about the unique attributes of the child and the family. Some include a thank you statement to the family and the assessment team. The summary page is unique to you as the report writer.

Q12: *How do I make the summary page parent friendly?*

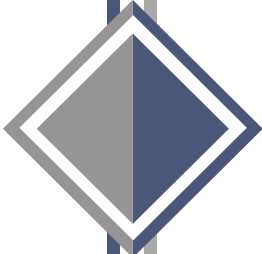
A: Focus on constructing an ending for a portrait of a very special child and family. Acknowledge the parents participation and thank everyone involved in the assessment process.

Q13: *Should I include eligibility statements in this section?*

A: Yes. Include comments about eligibility in relation to criteria met or not met. Your report should provide recommendations from you as a professional regarding the child's level of functioning in relation to meeting criteria for categories of eligibility. The following are examples of recommendations addressing eligibility criteria:

Eligibility Recommendation for Environmental Risk [Part C]

**JJ shows development consistent with children his age.
However, he also has experienced several environmental risks**



which can pose problems for later development. Specific risks include neonatal addiction to cocaine, difficulty in sleep-wake cycles, difficulty in being consoled by family and foster care providers, having moved between family and foster care homes 3 times in the past 6 months. These risks are consistent with the criteria for eligibility for the FIT program under the category environmental risk.

Eligibility Recommendation for Developmentally Delayed [Part B]

Esther shows difficulties in eye-hand coordination, using tools typical for preschool children (crayons, paint brushes), and manipulating small objects (puzzles, legos) that are not attributable to other disabilities, cultural or economic differences, or experience. Further she displays 30% delay in fine motor skills consistent with the criteria for eligibility under the category developmentally delayed.

Eligibility Recommendation for Specific Learning Disability [Part B]

Maria shows substantial difficulties in decoding and reading comprehension that are not attributable to other disabilities, lack of instruction, or cultural/language differences. Further, she displays a severe point discrepancy (23 points) between ability and achievement measures consistent with the criteria for eligibility under the category specific learning disability.

Q14: *What is the role of an assessment report in determining a child's eligibility for programs and services?*

A: The determination of eligibility is a decision made by the IEP (6.31.2.10.F NMAC) or IFSP (7.30.8.10.F NMAC) team as a final step in the evaluation process. The role of your written report is to provide data that enable the team to make an informed decision. Your report should not state that a child qualifies for special education, nor that a child is eligible for early intervention services. That determination belongs to the team. Instead, you should highlight in your report how the child's performance compares to the criteria associated with potential categories of eligibility.