

Screening Children with Special Considerations

It is often necessary to screen children who are bilingual or children who have known exceptionalities to determine their skill levels, especially in areas of development that may not be affected by any of these conditions. For example, screening results may reveal that a child with motor impairment has delays in language development.

When assessing children with special considerations, accommodations may be necessary. In order to avoid invalidating results, it is important for administrators to recognize the difference between accommodations and modifications and to know how to use accommodations appropriately when administering standardized assessments.

Accommodations are alterations for administering the assessments that enable children to more accurately demonstrate their knowledge.

Accommodations

- permit alternate test settings, testing formats, timing and test scheduling, and means of responding in order to demonstrate a child's true mastery of a skill.
- are *not* methods to bypass standardized scoring principles.

Accommodations are designed to reduce the effect of language limitations and other disabilities and, therefore, increase the probability that the same target construct is measured for all children. Accommodations provide fairness, not advantage, for children who have disabilities so that the child is assessed on a level playing field with other children. Appropriate accommodations used should always be recorded in the Notes section of the child's *Data Sheet*.

In contrast, **modifications** are changes to the actual content of the assessment (for instance, changing the phrasing of a question). Modifications **cannot be used** under any circumstances when standardized scores are required. Modifying the assessment content undermines the standardization process and comparability of performance, thereby invalidating normative scores for a child.

When evaluating children with special considerations, use the following general strategies (in addition to the specific strategies that follow).

- Keep a record of the accommodations implemented.
- Be aware of the test items and the way certain accommodations may impact performance and scoring.
- Be aware of the child's strengths that will support reliable responses and aware of those behaviors that may hinder reliable responses.
- Use information from families to identify what may act as a motivator to facilitate the child's optimal performance.

BILINGUAL AND NON-ENGLISH-SPEAKING CHILDREN

The following accommodations are designed to help bilingual children demonstrate skills they have mastered.

- Administer assessments to children who are bilingual or non-English speaking in their primary language—the language spoken most at home. Even children who speak some English perform best when assessments are administered in the child's native tongue.
- If the examiner is not fluent in the child's language, an interpreter will be needed for gathering parent information during the assessment and for interpreting results.
- A professional interpreter should evaluate a child's articulation and syntax skills in the child's native language.
- When interviewing parents/caregivers, consider their possibly limited ability to understand and communicate in English.

When screening Spanish-speaking children, use the *BRIGANCE® Screen III Spanish Directions—Three-Year-Old Child, Four-Year-Old Child, Five-Year-Old Child* booklet, which provides direction lines in Spanish for the Core Assessments and the Supplemental Assessments of the *BRIGANCE® Early Childhood Screen III (3–5 years)*. This booklet also provides the Data Sheets, the Parent Feedback Forms, the Parent Report for the Self-help and Social-Emotional Scales, and the Parent Report for Reading Readiness Scale in Spanish.

CHILDREN WITH EXCEPTIONALITIES

The following accommodations are appropriate when administering the *Screen III* and may be considered, as needed, for children with exceptionalities.

GENERAL ACCOMMODATIONS

- **Allow Extended Time:** The assessments in the *Screen III* are untimed. A child should be allowed to use as much time as necessary to complete the assessment. If a time limit is provided for a specific item (e.g., Stands on one foot for five seconds), the time limit should be followed. Otherwise, allow as much time as needed.
- **Organize Appropriate Screening Session(s):**
 - Separate Space: Conduct the screening in a separate, quiet room.
 - Frequent Breaks: Although conducting an age-appropriate screen should take only 10–15 minutes, allow break times, if necessary, for the child to maintain focus and sufficient energy.

If there is any doubt about how an accommodation might affect the validity of the assessment results, consult with a specialist in the child's area of exceptionality or with someone experienced in administering standardized assessments, such as a school psychologist or clinical psychologist.

STRATEGIES FOR ASSESSING SKILL MASTERY OF CHILDREN WITH SPECIFIC EXCEPTIONALITIES

The general accommodations described earlier may be helpful for assessing children with a variety of exceptionalities and should be considered as needed. Additional accommodations that are relevant for children with specific exceptionalities are included below.

Children with Motor Impairment

Possible strategies:

- Allow the child to use adaptive seating or other adaptive devices unless the assessment is explicitly testing gross motor or fine motor skills.
- Allow the child to formulate a verbal response *before* requiring a written response, whenever possible.
- Allow the use of different writing products (not just a #2 pencil).
- Allow the use of scratch paper.

Although it is tempting to want to give credit for gross motor skills to a child who is compensating effectively for motor impairment (e.g., uses a wheelchair), it is important to remember that the gross motor assessments are designed to measure actual motor skills. Because such children may still be involved in physical therapy, examiners will need to rely on results from the unadapted administration of the *Screen III* in order to monitor progress.

Children with Visual Impairment or Blindness

Possible strategies:

- Read items to the child (with the exception of any items that require the child to demonstrate specified reading skills).
- Provide magnification devices for visual stimuli, such as pictures.
- Provide additional lighting, as needed.
- Reduce visual distractions by covering additional items on a child page.

Children with Hearing Impairment or Deafness

Possible strategies:

- Allow the child to use a communication system or assistive technology if used in regular classroom work. (NOTE: Before screening, become familiar with the way the child communicates and receives information to ensure the most effective strategies are put in place.)
- Provide a sign language interpreter, if needed.

Children with Severe Speech Impairment

Possible strategies:

- Enlist the assistance of someone who is familiar with the child's speech patterns (e.g., a parent/caregiver) to help interpret the child's communication.
- Allow the child to use a communication system or assistive technology if used in regular classroom work. (NOTE: Before screening, become familiar with the way the child communicates and receives information to ensure the most effective strategies are put in place.)
- Allow alternate response methods, such as pointing or drawing, when acceptable and when these alternatives will not compromise the construction of an assessment item. For instance, if the assessment specifically requires that the child respond using expressive language, it would invalidate the standardization to have the child respond receptively (i.e., by pointing to a picture instead of naming what the picture represents).

Children with Emotional Disturbance and Behavior Issues

Possible strategies:

- Consult with someone who has experience with children with emotional disturbance, such as a school psychologist or clinical psychologist, or with someone who has worked with the child. Ask specifically about the duration and intensity of the child's behaviors and solicit suggestions for working with the child to ensure optimum outcomes.
- Before screening, prepare the child for the assessment process. Answer any questions and attempt to dispel any anxiety that the child may have.
- Foster an assessment environment that will support positive and appropriate behaviors.

Children with Autism Spectrum Disorders (ASD) and Developmental Disorders

Possible strategies:

- Before screening, let the child know about the upcoming assessment session so that the child is aware of the change in his/her usual schedule. Tell the child what the assessment session will entail. If the child has questions, answer them and attempt to dispel any anxiety that the child may have about the assessment process.
- If the child has limited verbal skills or is nonverbal, determine the child's method of communication, and consider using the accommodations for children with hearing or speech impairments described earlier.
- Provide a list or pictorial representation of the assessments to be administered (then cross them off as you go), particularly for a child who is used to using a visual schedule.
- Allow alternate response methods, such as pointing or drawing, when these alternatives will not compromise the construction of an assessment item. For instance, if the assessment specifically requires that the child respond using expressive language, it would invalidate the standardization to have the child respond receptively (i.e., by pointing to a picture instead of naming what the picture represents).
- Reduce visual distractions by covering additional items on a child page.
- Use tangible or edible reinforcers rather than social ones.
- Arrange seating that will discourage the child from leaving the work area.
- Avoid making assumptions about one skill area based on another. Children with developmental disorders often have unexpected areas of strength or weakness.

Children with Traumatic Brain Injury, Significant Health Problems, or Multiple Disabilities

The use of any strategy for the specific disabilities listed as well as the general accommodations in the previous section can be used for a child with traumatic brain injury, health problems, or multiple disabilities as needed.

Children with Possible Giftedness and Academic Talent

Possible strategies:

- Cover the examiner's directions (even though upside down) to prevent the child from reading answers. Children with academic talent often have well-developed reading skills.
- Consider asking additional questions (e.g., "What else do we call this?") if the child gives a creative, but pertinent, response to an item. (The high degree of creativity exhibited by some gifted children may lead them to produce a range of alternative responses to items.)
- After administering the age-appropriate Core Assessments, you may wish to administer the age-appropriate Supplemental Assessments. (See page 59 for more information about the Supplemental Assessments.)

Although the *Early Childhood Screen III (3–5 years)* provides accommodation strategies for children with exceptionalities, use professional judgment when determining which strategies are appropriate for an individual child while ensuring the validity of the assessment is not compromised.