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PREPARING PRACTITIONERS FOR GETTING THE MOST OUT OF CHILD ASSESSMENT

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Child assessment is a universal step that all children with special needs and their families take during the early intervention process. Sometimes it is a step that leads to hope and confidence for families and professionals and is the exciting beginning (or continuation) of a long-lasting and rewarding set of experiences in early intervention. Other times, it is disappointing and difficult for both families and professionals and may serve only to create confusion and frustration (Olson, 1988; Poyadue, 1988). For some families, assessment is the entry point into the early intervention system and can be the “template” for what family members perceive as their role(s) in future intervention services (Crais, 1993; McWilliam, 1996). Assessment experiences also may affect how the family views both the child and their own skills in meeting their child’s needs.

The advent of IDEA and the requirement that all children undergo evaluation and assessment have heightened the focus on these activities and their key roles throughout the early intervention process. The need to determine eligibility; identify the concerns, priorities, and resources of the family; gather developmental information; plan for intervention; and monitor progress places burdens on both families and professionals to accomplish these tasks usefully and positively for both groups. The movement toward family-centered services that acknowledge family members as the primary decision makers for themselves and their children, the transition to more ecologically valid evaluation and assessment activities, the facilitation of more active roles for family members in evaluation and assessment, and the changing roles and responsibilities for professionals and family members present many challenges. Although much has been written regarding broad principles to guide assessment practices, little information is available to help practitioners make needed changes in their day-to-day delivery of assessment services. Thus, because of the barriers to making changes, practitioners may hesitate or put off making the modifications to their assessment practices that they believe could be useful. Faculty and others with personnel development responsibilities encounter similar barriers.

Change is not an easy process and may be more difficult when it involves highly practiced behaviors and routines, such as those that may surround child assessment. Asking practicing professionals to modify their assessment practices and the tools and techniques they have used for years or asking trainees to embrace a different model from ones they may have encountered in field placements or other courses may indeed test trainers’ creativity. Because many professionals engage in some type of assessment activities, however, there may be frequent opportunities to modify these practices and enhanced moti-

vation to learn more effective methods. Professionals often seek practical information in inservice activities that can be applied directly to their work settings, and the provision of explicit techniques and strategies for assessment is often an inservice priority (Crais, Geissinger, & Lorch, 1992). Thus, for instructors, assessment may be a primary means through which to address issues of moving toward family-centered and culturally sensitive practices. Both students and practicing professionals may be more receptive to these issues when they are embedded within the assessment process rather than as principles presented in isolation (see Chapters 5 and 21 for more detail on principles of adult learning).

To ultimately affect how assessments are conducted (and how instruction is provided regarding assessments), this chapter focuses on both issues and practices that need consideration when planning and conducting assessments. The chapter first addresses the issues of defining the terms *evaluation* and *assessment* and recognizing the need for ecologically valid assessments, then examines traditional and family-centered approaches to assessment with a focus on encouraging participants to analyze their own beliefs and practices regarding assessment. Finally, three key components of the assessment process—preassessment planning, family roles in assessment, and reciprocal sharing of results—are highlighted to illustrate collaborative, family-centered assessment procedures. Each section provides a rationale for why changing practices or beliefs is important, presents learner outcomes related to the content, and outlines teaching strategies and materials that can be used to achieve the learner outcomes.

ISSUES IN PLANNING AND CONDUCTING CHILD ASSESSMENTS

Two issues seem particularly critical when planning and conducting assessments. First is the way that professionals define assessment, particularly its scope and format. Second is the issue of how professionals ensure that the assessment is relevant to and valued by the family. Both issues can be directly addressed by instructors.

Defining Evaluation and Assessment

Federal regulations governing Part H of IDEA (Early Intervention Program for Infants and Toddlers with Disabilities, 1993) specify that **evaluation** must be conducted to determine the child's initial and continuing eligibility, including identifying the child's level of functioning across a variety of developmental domains. The regulations further specify that the evaluation must be comprehensive, nondiscriminatory, and conducted by qualified personnel. In contrast, the regulations define **assessment** as the ongoing procedures used throughout the child's eligibility to identify the child's unique needs; the family's concerns, priorities, and resources related to the development of the child; and the nature and extent of the early intervention services needed by the child and family (McLean & McCormick, 1993). At times, the two sets of activities may be performed separately. For example, in some states, select teams of professionals evaluate children and determine eligibility, whereas other professionals assess the children over time to plan and provide intervention services. In contrast, in other states and with a number of professionals, evaluation and assessment activities overlap, and the same professionals perform both types of activities. As suggested by some authors (Bricker, 1993; Crais, 1995; McWilliam, 1996), the federal guidelines may create artificial boundaries between these activities when they are most effectively joined together and provided within a continuum of early intervention services.

What are the differences between evaluation and assessment on a day-to-day level, and what impact do these differences have on children, families, and professionals? Traditionally, evaluations are more likely to be conducted within a structured format, use

standardized instruments, and conclude within a limited time frame. Comparatively, assessment activities are typically less formal in structure, use multiple tools and methods, last over a longer period of time, and are based on a closer relationship between families and professionals. Although the legislated mandate for evaluation is to determine initial and ongoing eligibility, many families are interested in far more than a broad overview of their child. Families may report dissatisfaction with evaluation because it did not accomplish what the family hoped to gain from the process, and more time was spent on what was “wrong” with their child than on what to do to help their child (Olson, 1988; Poyadue, 1988).

Ideal practices would include evaluation and assessment as part of a continuous process; thus, “assessment” is used throughout this chapter to include both sets of activities. Many of the issues and instructional strategies presented can be applied to activities throughout the entire assessment process.

Conducting Ecologically Valid Assessments

Across a variety of disciplines, the issue of the ecological validity of assessment practices has been addressed. In considering the ecology of the child, many professionals refer to Bronfenbrenner’s (1979) concept of the child nested within the family, which is itself embedded within a larger community system. Taking an ecological perspective, Bronfenbrenner advised that understanding human development meant going beyond observation of one or two people in the same location. He urged the examination of multiple people interacting across multiple settings. In considering the child’s differing ecologies (e.g., home, child care setting, center-based program), the child’s interactions across these settings and the facilitators and constraints inherent in those settings must be examined. Professionals who have used the child’s existing ecologies for assessment *and* intervention have noted an increased ability of the child to transfer or generalize information, enhanced opportunities for people important to the child to learn about and be involved in intervention, and increased maintenance of skills (Bailey, 1989; Halle, 1988; Miranda & Calculator, 1993). Furthermore, ecologically based assessment may serve to enhance the interactions among caregivers by recognizing the differences in expectations, roles, and interactions of these caregivers and providing an avenue for open discussions and individual modification if necessary.

As suggested by Bailey (1989), if we are to take an ecological approach to assessment, we must include all caregivers as significant partners in the assessment process; take a child’s cultural background, economic status, and family value system into account to avoid cultural bias and the planning of activities that do not fit with the family’s value system; focus heavily on naturalistic observation of play and daily routines to ensure awareness of the child’s use of skills within meaningful contexts; and plan for the child’s immediate and future placements, and analyze the skills necessary for the child to function in these settings.

Instructional Strategies to Identify and Highlight Assessment Issues

In addressing the issues regarding assessment terminology and the ecological validity of assessments, there are a number of materials and strategies available to instructors and faculty. Articles for defining and contrasting evaluation and assessment include McLean and McCormick (1993) and Turnbull (1991); readings relevant to ecological validity include Bailey (1989) and Crais (1995). Other instructional strategies could include discussion of the components of ecologically valid assessment practices, case studies that present less than ecologically valid assessment practices and discussions centered around how

these practices could be modified to enhance ecological validity, and small-group discussions of the barriers to ecological validity and possible modifications in participants' practicum or work settings. Expected learner outcomes related to assessment terminology and ecological validity can be seen in Table 12.1.

EXAMINING TRADITIONAL ASSESSMENT AND FAMILY-CENTERED APPROACHES

As the field of early intervention shifts toward providing more family-centered assessment services, it is often helpful to examine both our past or our current practices and those we might seek to implement. It is particularly important to identify the impact that these varied assessment practices have on children and families.

Traditional Assessment Practices

As suggested by Bailey, McWilliam, Winton, and Simeonsson (1992), traditional assessments are often conducted exclusively by professionals, rely primarily on formal testing under standardized conditions, result in scores and diagnostic labels, and involve the identification of child limitations. As a result of these characteristics, traditional assessments may have several limitations that need consideration when planning more useful assessment activities. Bailey, McWilliam, et al. (1992) have suggested that traditional assessments could reinforce parental incompetence versus professional expertise, lead to parents' feeling disenfranchised, result in goals that are not functional, focus on limitations rather than on strengths, and result in minimal parental follow-through. In addition, Crais (1994) suggested that traditional assessment often results in professionals primarily sharing their assessment findings rather than families and professionals sharing results and may lead to professionals making most (or all) of the recommendations rather than consensus building between family members and professionals. As an alternative or in addition to traditional approaches, many have argued for a shift toward more family-centered practices in assessment (Bailey, McWilliam, et al., 1992; McLean & Crais, 1996; McLean & McCormick, 1993).

Family-Centered Principles Related to Assessment

Although many practitioners may believe in and support family-centered principles, full implementation of family-centered practices is in its infancy (Bailey, Palsha, & Simeons-

TABLE 12.1. Learner outcomes focusing on issues in child assessment

Defining evaluation and assessment

- Compare and contrast "evaluation" with "assessment" requirements.
- Describe the different ways these activities may be performed separately or together.
- Identify pros and cons for professionals and families of performing evaluation and assessment activities together.

Conducting ecologically valid assessment activities

- List the components of ecologically valid assessments as proposed by Bailey (1989).
 - Discuss the impact that each component could have on the assessment process.
 - Describe how the facilitation of each component could be achieved in the work or practicum setting.
 - Discuss the barriers in the work or practicum setting that would make achievement of these components difficult.
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son, 1991; Crais & Wilson, 1996; McBride, Brotherson, Joanning, Whiddon, & Demmitt, 1993). Professionals and families are just beginning to translate these principles into actual practice and to understand the profound effect that these changes can have on service delivery. In addition, although there has been abundant literature regarding general principles, there has been less written on the actual use of these principles in assessing young children. For example, attention has been given to terms such as empowerment, which implies the need to enhance the family's ability to make decisions and to control the types of services received by the child and family. Yet how do practitioners empower families in the assessment process, especially when this is the family's first assessment experience? Furthermore, how can families direct the assessment process if they do not know what tools and strategies are available? Thus, for many practitioners, the translation of family-centered principles to actual assessment practices may be difficult.

In two different surveys of practicing professionals (Bailey, Buysse, Edmondson, & Smith, 1992; Crais & Wilson, 1996), the most frequently mentioned barriers to working more closely with families were "system" (e.g., lack of time, caseload size) and "family" (e.g., lack of interest or education by family, cultural/value differences) factors. In these studies, "professional" factors such as lack of experience or instruction were not as frequently mentioned.

These findings have important implications for conceptualizing and conducting personnel preparation. Instructors may be faced with practitioners who espouse a belief in family-centered practices but who may not be implementing them for a variety of reasons (least of which, reportedly, are lack of training issues). Therefore, in both preservice and inservice instructional efforts focusing on assessment, instructors must first help participants analyze their existing beliefs (and practices, if inservice participants) and consider the outcomes for children and families that may result from them. Second, instructors must introduce or encourage discussion and discovery of approaches that are more family centered. Third, practitioners need guided opportunities to explore how family-centered approaches may be applied within their own work settings. (For an overview of family-centered principles, refer to Chapter 10.)

In analyzing actual practices and gaining awareness of family-centered alternatives, it is often helpful for students and practicing professionals to examine traditional assessment practices and compare those with family-centered strategies. Providing participants with examples of family-centered practices used within the assessment process can facilitate the translation of these ideas to practice in their own settings. The following section provides instructional strategies, materials, and learner outcomes to help guide the translation of family-centered principles to practice.

Instructional Strategies for Examining Traditional and Family-Centered Assessment Practices

One strategy to help learners identify the content and issues to be examined within assessment practices is the use of videotaped examples. Video examples can illustrate and provide professional and parent perspectives on traditional and family-centered approaches. One particularly useful video is entitled *First Years Together: Involving Parents in Infant Assessment* (Project Enlightenment, 1989). This video provides a discussion by a narrator (and video illustrations) of characteristics of traditional approaches, comments by parents and professionals contrasting assessment practices, and discussion and video illustrations of an alternative, more family-centered approach. A second resource for examining assessment practices is the *Heart to Heart* (Fullerton, 1992) video, which provides parent and professional interviews and commentary on assessment services. In one clip, a professional relates the frustration of some families with assessment services:

That's why we have families pay \$2,000 for multidisciplinary assessments and then they call here and say "what do I do now?" They have a label, they know the deficits, they have a name for what they have feared about what's happening for their child. And now they feel worse than they ever did . . . because they still don't know what to do when that baby doesn't sleep through the night. (Sandy Mlinarcik in Fullerton, 1992)

Two additional videos, Edelman's (1991) *Delivering Family-Centered, Home-Based Services* and *The Family and the IFSP Process* (Project Copernicus, 1993), include vignettes of families and service providers role playing interactions that occur around assessment activities. Both videotapes illustrate what happens when professionals fail to use family-centered practices. For example, Edelman's (1991) video shows a less than desirable interaction (i.e., service provider is late to parent's home; child is sleeping; and when talking to parent about child, the service provider discounts what the parent has to say about the child). The video can be stopped after viewing for group discussion, then the instructor can show segments of the individual comments made by the parent and service provider describing how they felt about the interaction. The video on the individualized family service plan (IFSP) process (Project Copernicus, 1993) uses before and after segments (e.g., first contacts; identifying concerns, priorities, and resources; IFSP development) to demonstrate how a particular activity might be performed in a more traditional mode versus a family-centered approach.

A very powerful and direct strategy for examining assessment approaches is to have family members (one or a panel) talk about their experiences. When using this approach, it is important to be specific in asking family members what to address (e.g., What were some things that were very positive about the assessments your child has had? What things were not helpful? What suggestions do you have for professionals about how to make assessments better?). Another strategy is to arrange for preservice students to interview families about their assessment experiences and then compare and contrast their findings with other students in class. A recent Division for Early Childhood presentation (Kilgo, Davis, Gamel-McCormick, & Brittain, 1995) demonstrated an effective strategy for using family perceptions on assessment. The purpose of the session was to introduce participants to an assessment approach focusing on family and professional collaboration. As the professional presenters discussed each step in their model, the parent presenter discussed her experiences and reactions to each step. The presentation was a blend of professional and family information sharing and could serve as a model for both preservice and in-service activities focusing on introducing an effective assessment or intervention model to others. The point/counterpoint approach might also be useful in presenting contrasting viewpoints on a shared event such as assessment practices.

Additional strategies include having small- or large-group discussions on a variety of assessment issues. In structuring the discussions, materials that could be used include the Bailey, McWilliam, et al. (1992) instructional manual *Implementing Family-Centered Services in Early Intervention: A Team-Based Model for Change*. This manual provides activities to facilitate changes across a variety of early intervention services, including child assessment. Provided in the manual are content areas and outlines for presentations, small- and large-group discussion activities, reading lists for participants and instructors, challenge questions to stimulate discussion and help identify areas in need of change, and masters for handouts and overhead transparencies (including characteristics and limitations of traditional assessment).

An additional (or alternative) strategy may be to show an overhead of family-centered principles and to generate a list of family-centered goals that parents and professionals may set for assessments. As adapted from Bailey, McWilliam, et al. (1992), possible goals

may include identifying the family's concerns, priorities, and resources for enhancing the child's development; identifying the child's strengths and needs; identifying areas for assessment; identifying areas and settings for intervention; gaining consensus between professionals and family members on these issues; reinforcing parents' feelings of competence and worth; and creating ownership of decisions and plans by all interested parties. Small- or large-group discussions may be used to highlight possible goals and/or to compare them with goals that may be set using more traditional approaches.

Across all of these activities for examining assessment practices, participants could also be asked to document, from their own experiences or, in the case of students, those of others they observe, the kinds of activities that represent more traditional assessment practices and then to generate a list of modifications that could be accomplished to use more family-centered approaches. Common modifications include asking parents to identify the best time and location for assessment, providing parents with more choices throughout assessment, encouraging parents to take part in the assessment, and jointly identifying activities that will bring out the best in the child. Confidentiality and feelings should be respected when team members are attending inservice activities together or when students may be reporting about their practicum placements and supervisors. In addition, instructional strategies should encourage examination but not make participants feel uncomfortable or defensive about their existing practices. As suggested by Crais and Cripe (1996), participants should be encouraged to view the transition to more family-centered practices as an incremental process rather than as a set of completely new skills. The addition of family-centered practices may be seen as enriching the options available for the types of assessment services provided.

A practical strategy for having participants examine their own practices is to use a self-assessment tool. A comprehensive self-assessment tool for examining the degree to which one's practices are family centered is *Brass Tacks* (McWilliam & Winton, 1990). *Brass Tacks* has two sections—one for individual practitioners, one for entire teams—to be used to examine a variety of practices, including child assessment. The format allows individuals and/or teams to identify the degree (i.e., never, seldom, sometimes, usually, always) to which they perform certain activities (e.g., Do you conduct assessments at times convenient for families?). Then participants are asked to identify whether a change is needed, to prioritize the need, and to generate specific types of changes desired in that area. A second tool adapted from *Brass Tacks*, entitled *The Role of Parents in Child Assessment* (Crais & Wilson, 1996), is a short checklist of behaviors specific to assessment that can be completed by individual practitioners or teams to help them identify their own practices within assessment. It includes three broad areas within assessment: 1) preparing for assessment, 2) performing assessment, and 3) sharing assessment results. These types of self-assessments can also be used as a pre- and postinstruction activity to gauge the beliefs and practices of the participants at the beginning and the end of the instruction to help them document changes in their own perceptions. Learner outcomes for examining traditional and family-centered assessment approaches are listed in Table 12.2.

KEY COMPONENTS IN CHILD ASSESSMENT

In translating family-centered principles into practice, three components in the assessment process seem critical to facilitating a move to more family-centered assessment activities: preassessment planning, the roles available to families in assessment, and the sharing of assessment results. The following sections provide a rationale for each component, an

TABLE 12.2. Learner outcomes in examining traditional and family-centered assessment practices

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- Identify several characteristics of traditional assessment approaches.
 - Identify several limitations of traditional assessment approaches.
 - Demonstrate awareness of family members' perceptions regarding assessment services.
 - Identify key family-centered principles that need to be taken into account when planning and conducting child assessments.
 - Identify goals for assessment that represent a traditional approach.
 - Identify goals for assessment that represent a family-centered approach.
 - Demonstrate the ability to categorize one's own assessment practices (or those of others observed) as to their degree of family centeredness.
 - Identify the kinds of barriers that may inhibit practitioners from using family-centered practices in current practicum or job setting.
 - Identify a few family-centered practices that may be implemented in your current setting.
 - Identify some of the things (e.g., resources, activities) that may need to happen to make those types of modifications possible.
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overview of possible strategies and materials, specific issues and suggestions for preservice and inservice instruction, and learner outcomes.

Preassessment Planning

In an effort to individualize assessments for each child and family, preassessment planning can make a substantial difference in how assessments are conducted and perceived by both families and professionals. Preassessment planning is a process through which families and professionals set the many parameters of an upcoming assessment (Crais, 1993, 1996b; Kjerland & Kovach, 1990; McGonigel, Kaufman, & Johnson, 1991). It is a time to gather information from and provide information to families to facilitate collaborative decision making. Crais (1994) described common goals for preassessment planning as including identifying what families want and/or need from assessment, identifying family priorities and preferences for assessment, identifying areas and activities of strength for the child, and determining the roles that family members might take in assessment.

Professionals can begin by gathering information about parent concerns or questions and identifying what parents wish to gain from assessment. For children who have been assessed previously, it is helpful to ask the family about the kinds of activities that were performed, the types of activities that provided the most information, and what information from the previous assessment was most useful to them. Other information gathered can include the best time(s) and location(s) for the upcoming assessment, preferences for formal versus informal approaches, the child's favorite activities or toys, other people to include, and the order in which the activities will be performed. Part of the preassessment planning activities also typically include gathering information on the child's background (e.g., birth, medical, developmental histories) and current issues or behaviors.

For issues or behaviors of concern to families, initial information could be gained about the characteristics of the concerns, when and where problems occur or do not occur, any contributing health problems and physiological influences. Following the suggestions

of Winton and Bailey (1993), families can also be asked to describe what they have tried in these situations and what worked or did not work. Asking families about the advice they have received from others regarding these situations can also be informative. During the early phases of information gathering, it is also helpful to ask family members what happens when activities go well (e.g., when the child is able to indicate needs, when challenging behaviors do not occur). A detailed description of the activity and what led to the successful interaction can be useful. In addition, asking who was present and what they did can give families and professionals an idea of how the child responds to the efforts of others.

Using the preassessment planning time to identify the family's preferences for their roles and responsibilities in assessment is important. As the parameters of the upcoming assessment are set (e.g., informal versus formal approaches, identification of observation contexts, others who will be involved), professionals and families can discuss the options available and decide which roles and responsibilities they each will take. Once the parameters have been set, the family and professionals can identify the order of the activities (e.g., parent–child interaction, then professional–child interaction; hearing screening, then free play with toys and materials) to build the assessment plan collaboratively. Throughout the assessment, it is important that family members are familiar with each task before its introduction to the child. This familiarity must extend beyond the content of the activity to its relevance in determining those issues that originally prompted the assessment (Crais & Calculator, in press). The preassessment phase is an excellent time to discuss each assessment task and its relevance.

Throughout the assessment planning, it is important to consider the sociocultural beliefs and values of the families. Some families may readily take an active role in assessment planning and implementation, whereas others may be more hesitant and want the professionals to take the lead. Winton and Bailey (1993) suggested that the types of questions and how they are asked can influence the degree to which families take an active role in planning for their child. When professionals take the time to explore and honor the knowledge that family members have about their child, the results can be far reaching.

During the preassessment planning phase, time should also be spent discussing the “how, when, and where” of sharing assessment results. Family members can be asked their preferences in this regard, if there are others who may benefit from hearing and/or contributing to the results, and whether an additional follow-up meeting would be useful for the family or others who cannot be present. Families who will be performing observations or assessments themselves can be asked whether they feel comfortable sharing their findings during the postassessment meeting. Ideas for organizing these findings can be discussed, or summary forms can be provided for families to organize their results. In addition, some families may want to meet with one or more professionals before the actual sharing of results to discuss their findings and how these might be presented to the team. Families also need to be given the option of whether the assessment sharing and the development of the IFSP are combined into one meeting or whether a follow-up meeting will be held to actually generate the IFSP.

Instructional Strategies Focusing on Preassessment Planning

To begin instructional activities related to preassessment planning, the instructor needs to identify whether the targeted impact on participants will be at the knowledge, skill, or values level. Activities at the knowledge, or awareness, level could include a brief discussion of the basic purposes of preassessment planning and small- or large-group generation of goals and/or lists of information sought in preassessment planning. A further

means of knowledge development for trainees is to have them first read about preassessment planning, including articles or book chapters by Crais (1993, 1996a, 1996b), Kjerland and Kovach (1990), or McWilliam (1996). Practical materials that can demonstrate different methods for gathering preassessment information include written forms or checklists and videotapes. A popular tool used in preassessment planning is the Project Dakota preassessment planning form that appears in Bailey, McWilliam, et al. (1992) and McGonigel et al. (1991). This form has basic questions such as “What kinds of concerns do you or others have?” “Where would you like the assessment to take place?” and “What are your child’s favorite toys or activities to help him become focused, motivated, and comfortable?” Other tools that can be useful in preassessment planning include the *AEPS Family Interest Survey* (Bricker, 1993), which provides questions to identify areas in which the family may have an interest (e.g., knowing more about the child’s current strengths and needs, learning to talk and play with the child). At an awareness level, copies or overheads of these tools could be shared with participants to enhance their knowledge of the availability of the tools. Participants can then be asked to discuss what additional methods are (or could be) used in their work or practicum settings to gather this type of information.

Video examples that include preassessment discussions with families can be used to target both knowledge and skill levels within preassessment planning. Two available videos are the *Transdisciplinary Arena Assessment Process: A Resource for Teams* (Child Development Resources, 1992) and the first contacts portion of *The Family and the IFSP Process* (Project Copernicus, 1993). In addition, participants can familiarize themselves with several communication strategies for preassessment planning, such as those suggested by Crais (1996a) and those provided in Table 12.3. After some exposure to questions to ask or strategies useful in gathering preassessment information, participants can watch the videotapes to look for various communication strategies used by the professionals and then comment on their effectiveness. Once the major information to be sought during preassessment planning and some basic “how-to’s” have been discussed, participants can be asked to perform role-play activities (e.g., Activity 1 at the end of the chapter) using the suggested communication strategies.

The role plays can begin with detailed histories of the child and family or with only minimal information provided, such as in Activity 1. It may be easier for participants to perform the role plays if they do not have too many child or family facts to remember and can focus on the process. Because the participants will typically have opportunities to gather basic background information (e.g., child developmental, medical histories) in their practicum or work settings, this role-play activity does not focus specifically on this type of information gathering; however, it could be included if practice is needed. In a large group, the participants can first be asked to identify what they would want to accomplish in preassessment planning. Then, in four-person role plays (two professionals, one parent, and one observer), they can plan collaboratively an assessment for the child with the mother. The participants can later report to the large group their experiences and what they learned and can rate the effectiveness of different strategies they used.

An additional way for participants to gain experience in planning assessments is to enlist families they already work with or know (or are known to the instructor) who might be willing to let them practice this type of planning. Preservice students can also participate in actual preassessment meetings with “new” families to plan an upcoming initial assessment. Videotaping these sessions for later viewing and discussion by the professionals and students (and family) on the aspects of the meetings that promoted collaborative planning can be useful. With students (or inservice participants who will be seen

TABLE 12.3. Communication strategies for use in child assessment

Domains of interest	Questions^a
Understanding family priorities for assessment	<p>What are the areas in which you would like more information about [child]?</p> <p>What kinds of information would be most useful to you regarding [child]?</p> <p>What is it you want out of the assessment process?</p>
Understanding family preferences for assessment	<p>Where and when would be the best place and time that we can gather and share some information about [child]?</p> <p>Are there other locations that you believe would be important to include in our information gathering?</p> <p>Are there other people who you might like to have participate in the information gathering and sharing?</p> <p>Who would you like to be a part of helping [child] in the future?</p>
Understanding child's interests and strengths	<p>What are things [child] enjoys doing?</p> <p>What are things [child] is really good at doing?</p> <p>What kinds of toys does [child] enjoy playing with?</p> <p>How can we see [child] at his [or her] best?</p> <p>What activities have been tried with [child] before?</p> <p>Which ones worked and which ones didn't work?</p>
Understanding family priorities for participation	<p>Which activities would you like to be a part of (e.g., stay with [child], sit and observe, demonstrate what [child] likes and is able to do, fill out checklist or testing, confirm professional observations)?</p>

From Crais, E. (1994). *Increasing family participation in the assessment of children birth to five* [Continuing education manual and audiotapes]. Chicago: Applied Symbolix; adapted by permission.

^aThese questions might be used in determining family participation in assessment.

again), direct observation assignments can also be made, and participants can be asked to identify preassessment practices used in their own or their practicum settings. Tools such as *Brass Tacks* (McWilliam & Winton, 1990) or *The Role of Parents in Child Assessment: Self-Evaluation by Practicing Professionals* (Crais & Wilson, 1996) can be used in a checklist format for participants to note whether particular preassessment information was

typically gathered from families and what format was used. Participants can also be encouraged to identify ideas or to try to use strategies in their practicum or job settings and then to report to the class their efforts and results.

One activity that may bring about changes in the beliefs and values of participants is to ask family members to talk about their assessment experiences; this may be particularly powerful if families have experienced different types of assessment. To hear family members contrast different assessment practices and talk about the benefits they experienced when they had the opportunity to plan their child's assessment collaboratively with professionals can be quite striking.

Certain communication skills are vital to successful interactions within preassessment planning, as in all other parts of the assessment process. There are a number of resources available to encourage participants to examine their own communication skills and to begin to use more family-centered ones (see Chapter 10). The opportunity to apply these skills within an assessment framework provides participants with a realistic way to practice. Activities aimed toward enhancing communication skills in pre- and postassessment interactions and in interactions during assessment can provide a variety of opportunities. Learner outcomes associated with preassessment planning appear in Table 12.4, along with outcomes for other key components.

Family Roles in Assessment

There are numerous reasons that families are critical to the assessment process. Family members have unique knowledge about the child that is often unavailable to professionals (Bailey, 1989; Crais, 1993; McLean & McCormick, 1993). For example, family members can describe the child's interactions with a variety of people, in different settings, and under varied conditions. Through the combined efforts of family members and professionals, a larger sample of behaviors may be available for analysis.

Families and professionals may also contribute different information to the assessment process. For example, Morrow, Miranda, Beukelman, and Yorkston (1993) looked at parents', teachers', and speech-language pathologists' contributions to choosing vocabulary for children using augmentative systems. The authors noted that although there were many similarities in the words selected across the informants, each informant also contributed words that were unique to his or her interactions with the child. These findings indicate that no one informant group should have been left out of the vocabulary selection process.

In addition to what families can contribute to the assessment process, families can also gain from their participation in assessment. Taking care of a child with disabilities may be stressful and at times may place additional demands on families (Turnbull & Turnbull, 1990). The family's awareness, knowledge, and understanding of the child's special needs are important factors in their overall adjustment to the child (Barber, Turnbull, Behr, & Kerns, 1988). As families participate more fully in assessment and receive adequate support and information, they may gain increased understanding of their child's special needs. In addition, as they work together with professionals to build on their existing resources and generate strategies addressing their concerns, they may increase their ability to deal with stressful caregiving issues and to plan more effectively for their child (Dunst, Trivette, & Deal, 1988).

In addition to contributing to the family's understanding of the child's special needs and their ability to plan for their child, participation in assessment may also prompt awareness in specific areas. As indicated by the work of Bloch and Seitz (1989), Bricker

TABLE 12.4. Learner outcomes related to three key components of assessment**Preassessment planning**

- Identify the benefits of preassessment planning for both professionals and families.
- Identify the purposes of preassessment planning.
- Gain practice in conducting a preassessment planning meeting.
- Demonstrate the ability to examine one's own practices (or those of others observed) for evidence of preassessment planning.
- Describe different strategies that could be used for conducting preassessment planning (especially under different work setting constraints).

Family roles in assessment

- Identify several reasons that family input to the assessment process is invaluable.
- Identify several benefits that families may gain by participating in the assessment process.
- List some drawbacks to assessments that occur without participation by family members.
- Describe how the assessment process may lead to positive or negative feelings of the family toward the child.
- Identify the benefits of having a variety of assessment roles available to family members.
- Contrast the historical roles of family members with those available currently.
- Identify tools and techniques that may facilitate family participation for each role in assessment.^a
- Identify necessary skills for family members to fulfill each role in assessment.
- Recognize one's own biases about family members' abilities to evaluate the child.
- Gain awareness of recent findings and reasons for the findings relative to parents as evaluators.
- Recognize the need to honor family preferences in their assessment roles.

Reciprocal sharing of assessment results

- Describe the importance of sharing assessment results to family–professional relationships and the remainder of the early intervention process.
- Identify characteristics of traditional sharing of assessment results.
- Identify more family-centered alternatives to sharing assessment results.

^aSee Figure 12.1 for an illustration of family roles in assessment.

and Squires (1989), and Brinckerhoff and Vincent (1987), asking family members to complete a developmental assessment of their child helped the family to increase their awareness of current and future developmental milestones, pinpoint the child's strengths and needs, and take a greater role in intervention planning.

With the increased focus on service delivery models that encourage professionals to take a more consultative role, using families in an expanded assessment role is efficient for many reasons. At both a screening and an assessment level, the input of families not

only enhances the assessment process but also shortens it. Thus, using families as assessors is not only valuable for what it provides and promotes but can also be viewed as an efficient strategy for gaining a greater amount and variety of information.

Many professionals have been exposed to the abundant literature that has reported that parents typically “overestimate” their child’s skills or skill levels compared with professional judgments (Gradel, Thompson, & Sheehan, 1981; Sexton, Hall, & Thomas, 1983; Sheehan, 1988). As indicated by Bailey (1989), however, reliability between professionals and parents is often a multifaceted process dependent on demographic variables, the skill area assessed, and the age of the child. Furthermore, Bailey questioned whether parent–professional agreement is always an outcome to be desired; in contrast, Bailey supported the notion of using varied perspectives when assessing a young child.

A variety of professionals (Beukelman & Mirenda, 1992; Crais, 1991, 1995; Dunst, Trivette, et al., 1988) have suggested that the assessment process should be viewed as a series of consensus-building activities. Beukelman and Mirenda (1992) argued that a major goal of initial assessment should be the development of long-term consensus building and management. Dunst, Trivette, et al. (1988) focused on the lack of consensus building by professionals as a major reason for parent and professional conflict regarding early intervention services and the failure of families to follow professionally prescribed recommendations. Dunst and colleagues suggested that consensus building needs to take place around three critical points: 1) the nature of the presenting concern, 2) the need for treatment, and 3) the course of action that should be taken. The participation of family members in assessment may provide opportunities for consensus building that may facilitate current and future interactions between families and professionals.

Without active participation of families in the assessment process, not only will valuable information be missed, but families also may not assume ownership of the decisions made or the interventions planned (Beukelman & Mirenda, 1992). Furthermore, as suggested by Beukelman and Mirenda, if families have been excluded from the assessment phase when team dynamics and interaction styles are established, they may not learn to participate as team members and may not feel like part of the team.

If assessment and intervention activities are to be owned by families, the activities must match families’ perceptions of what is appropriate and important. Therefore, throughout the planning process, families’ cultural backgrounds, economic status, and value systems must be taken into account. In doing so, professionals may avoid cultural bias and the planning of activities that are not understood, are misunderstood, and are not supported by families (Bailey, 1989). The active participation of all of the child’s family can enhance both the validity and reliability of the assessment through collaborative planning and implementation.

Given that families are most often the primary intervention agents, their participation in assessment can enhance both the intervention planning and the implementation process. For some families, however, the role of primary interventionist may require too much time and energy, thus causing guilt and stress (Dunst, Leet, & Trivette, 1988; Tannock & Girolametto, 1992). As Tannock and Girolametto suggested, part of the assessment process should include consideration of the family’s and other caregivers’ roles in intervention. Professionals need to ensure that the intervention program does not overwhelm the family or other caregivers. The active participation of families in both assessment and intervention planning is one means of ensuring that the interventions planned match the family’s preferences and priorities.

Since the late 1980s, increasing attention has been paid to the explicit roles that family members take in assessment activities and specifically to increasing the participa-

tion of family members throughout the assessment process (Bailey, 1989; Crais, 1993; Kjerland & Kovach, 1990; Neisworth & Bagnato, 1988; Sheehan, 1988). Historically, families' roles in assessment have been limited to that of observer or informant of background information (Bailey, McWilliam, et al., 1992). The advent of arena assessment and the use of naturalistic assessment settings have provided increased opportunities for family members to play a more active part in the assessment of young children. For practicing professionals and students who were instructed in more traditional approaches, however, the transition to more active participation by family members may not be easy.

Instructional Strategies Focusing on Family Roles in Assessment

Activities such as parent panels, family interviews, or videos that focus on family perceptions of assessment can also be used to raise awareness of the importance of family participation in assessment. The video by Project Enlightenment (1989) provides comments by parents and professionals about the vital role that families play in child assessment. Books and articles written by parents of children with disabilities that touch on assessment issues include Butler (1983) and Failey (1993). In addition, articles or book chapters discussing family roles in assessment include those by Bailey, McWilliams, et al. (1992), Crais (1993), Crais and Calculator (in press), Kjerland and Kovach (1990), and McLean and McCormick (1993). Learner outcomes specific to family roles and recognizing what families can provide to and gain from child assessment appear in Table 12.4.

One way to introduce the idea of varied participation of family members in assessment is to talk about a continuum of less to more active roles as suggested by Bailey, McWilliam, et al. (1992), adapted by Crais (1994), and illustrated in Figure 12.1. To introduce the concept of family roles at an awareness level, the Bailey, McWilliam, et al. (1992) materials describe and provide characteristics of some of the roles on the continuum. Students or professionals can be asked to identify the strengths and limitations of each of the roles, particularly if only one role is offered to family members. An additional activity to highlight parental roles in assessment is to talk about the types of assessment tools and techniques that facilitate parents' taking each role. Through small- or large-group activities, participants (supplemented by the instructors) can generate a list of sample tools and techniques that may promote each of the roles identified. For tools that may be new to participants, overheads of protocols and video examples may be used to demonstrate the ways parents may take part in assessment. Crais (1993) discussed varied roles and described available tools and techniques for assessing both the overall development and the communication skills of young children. A brief annotated list of tools for increasing family and teacher participation in assessment is provided in Table 12.5.

An issue that often arises in both preservice and inservice groups concerning parental roles in assessment is that of the competence of parents as reporters and evaluators of their children's behaviors. One way to broach the topic of parental competence to fulfill various roles is to ask participants to generate a list of skills necessary to perform each role listed in Figure 12.1. Invariably, as they discuss the roles, they identify a core set of characteristics of family members or factors that might promote family participation in

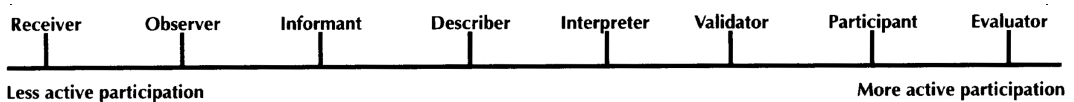


Figure 12.1. An illustration of less to more active roles of family members in assessment. (Adapted from Bailey, McWilliam, et al. [1992].)

TABLE 12.5. Tools and techniques for increasing family–professional participation in assessment

Bagnato, S., & Neisworth, J. (1990). *System to Plan Early Childhood Services (SPECES)*. Circle Pines, MN: American Guidance Service.

Judgment-based assessment by professionals and family members of children ages 2–6 years across communication, sensorimotor, physical, self-regulation, cognition, and self/social areas. Focuses on team assessment and program planning through consensus building.

Bricker, D. (Ed.). (1993). *Assessment, Evaluation, and Programming System (AEPS) for infants and children: Vol. 1. AEPS Measurement for birth to three years*. Baltimore: Paul H. Brookes Publishing Co.

Criterion-referenced assessment, evaluation, and family participation components. Areas include fine motor, gross motor, adaptive, cognitive, social-communication, and social. Also includes a Family Report for parents to assess their child; a Family Interest Survey to gain information on child, family, and community interests; a Data Recording Form to record child progress; and a Child Progress Record for parents and caregivers to keep track of their child's progress. Volume 2 includes curricular materials.

Bricker, D., Squires, J., Mounts, L., Potter, L., Nickel, R., & Farrell, J. (1995). *Ages & Stages Questionnaires (ASQ): A parent-completed, child-monitoring system*. Baltimore: Paul H. Brookes Publishing Co.

Set of 11 developmental questionnaires periodically sent to parents of children at risk between 4 and 48 months. Areas screened include fine motor, gross motor, communication, personal-social, and problem solving. A Spanish version is also available. Squires, Potter, & Bricker (1995) provides guidance for using the questionnaires.

Cardone, I., & Gilkerson, L. (1989). Family Administered Neonatal Activities. *Zero to Three*, 10(1), 23–28. Washington, DC: Bulletin of the National Center for Clinical Infant Programs.

Uses the Neonatal Behavioral Assessment Scale (Brazelton, 1973) to involve parents in observing and interpreting their newborn's actions and reactions. Focus is on confirming parents' perceptions of the newborn through observations.

Fenson, L., Dale, P., Reznick, S., Thal, D., Bates, E., Hartung, J., Pethick, S., & Reilly, J. (1993). *MacArthur Communicative Development Inventories*. San Diego: Singular.

Parent report instruments used to determine child's comprehension and production vocabularies (including single and combined words, gestures, imitations) for children 8–16 months using words and gestures, and production vocabulary for children 16–30 months using single words and word combinations. Dale (1991) describes the use and results of the instruments.

Ireland, H. (1992). *Child Development Inventories*. Minneapolis, MN: Behavior Science Systems.

Parent-completed instrument used to identify a child's skills across fine motor, gross motor, social, expressive language, language comprehension, general development, self-help, letters, and numbers. Age range covered is 15 months to 6 years. Other associated tools include a parent interview format and screening tools for infant development (birth to 15 months), ages 1–3 and 3–6, and kindergarten readiness.

Variety Pre-Schooler's Workshop. (1987). *Parent / Professional Preschool Performance Profile (5 P's)*. Syosset, NY: Author. (Available from Variety Pre-Schooler's Workshop, 47 Humphrey Drive, Syosset, NY 11791)

(continued)

TABLE 12.5. (continued)

Behavior scales for children from 6 to 60 months designed for home–school collaboration. Areas include social, motor, cognitive, self-help, language, and classroom adjustment. Parents and teachers complete the assessment based on their own observations of the child’s performance, respectively, at home and school. Then the parents and teachers meet to discuss ways to facilitate desired behaviors seen at home or school in the other setting. Available in English and Spanish.

Wetherby, A., & Prizant, B. (1993). *Communication and Symbolic Behavior Scales*. Chicago: Riverside.

Developed for 9 to 24-month-old preverbal to verbal children. Observation, interaction, and parent interview. Measures communicative functions and means, reciprocity, social-affective signaling, and verbal symbolic and nonverbal symbolic behavior. Includes eight communication temptations; unstructured, directed, and combinatorial play; and comprehension items. Also includes Caregiver Perception Rating form for caregivers to complete after the assessment to gain their perceptions of the child’s behavior and performance during the assessment.

From Crais, E. (1994). *Increasing family participation in the assessment of children birth to five* (pp. 67–69). Chicago: Applied Symbolix; adapted by permission.

assessment (e.g., interest in their child, opportunity to observe the child, ability to express their ideas about their child to others, time to meet with others, parents encouraged to choose their own level and type of participation). As the discussion continues, factors that participants may initially have thought were paramount (e.g., parental education level, instruction and experience with assessment measures) begin to lose prominence as counterarguments or individualized strategies are identified. For example, small- or large-group discussions often lead to comments such as, “Assessments can be tailored to most educational levels or cultural expectations,” “A lower educational level should not be assumed to preclude active participation if desired by parents,” “Most parents are interested in and care about their child despite their circumstances,” and “Sometimes parents, although interested, just don’t have the time or energy to participate very actively.” In addition to the practical ideas that students or professionals may generate, there is an emerging body of literature and research on parent participation of which participants may not be aware. The following are three findings since 1989 from this literature:

1. High correlations between family members’ concerns about their child’s developmental status and the outcome of developmental screening measures (Bricker & Squires, 1989; Glascoe, McLean, & Stone, 1991)
2. High correlations between maternal and professional estimates of the developmental status of the child (Bloch & Seitz, 1989; Sexton, Thompson, Perez, & Rheams, 1990)
3. High correlations between family members’ judgments of vocabulary and syntax levels and professional assessment using standardized testing and language sampling (Dale, 1991; Dale, Bates, Reznick, & Morisset, 1989)

One of the challenges for instructors is how to raise the awareness of participants to current findings related to these issues. A means used in both preservice and inservice instruction is to talk first about the traditional bias against family members as accurate reporters of information. It may be helpful to illustrate this by using personal examples (e.g., “I was instructed not to trust parents and to ask sensitive information at least twice for verification”). Asking participants to share the biases they were taught can also raise

a number of these issues. Throughout the discussion, it is important to reiterate that many professionals were taught these ideas because of the predominant findings in the literature. For example, in a review of empirical studies from 1950 to 1983, Sheehan (1988) reported that in 75% of the studies parents rated their child's performance higher than did the professionals. In addition, these beliefs were acquired because of practitioners' own experiences in asking parents to report when their child performed certain behaviors (e.g., rolled front to back, began to babble). It is now recognized that it is difficult for anyone to be accurate in remembering specific details about some behaviors (particularly those performed years ago).

To provide a contrast with traditional views of parent reliability, an overhead of the findings provided above can be shown and participants asked to generate the reasons they think these findings are in such contrast to more traditional findings. Often arising from the discussion are issues such as the variations in the types of instruments used (e.g., standardized versus criterion referenced), the use of recognition (e.g., "Does your child now do X?") versus recall (e.g., "When did your child do X?") formats, the conditions of testing (e.g., formal versus informal), the use of arena and play-based assessment, the increased regard for family members' unique knowledge of the child, the broader and more ecologically valid view of children in assessment (i.e., child in context rather than decontextualized), and the importance of gaining multiple sources and perspectives in assessment (Bailey, 1989; Meisels & Provence, 1989; Neisworth & Bagnato, 1988). Depending on the familiarity of the participants with newer assessment techniques and tools, the instructor may need to provide examples from current instruments and techniques (see Table 12.5).

At a skill-building level, several of the videotapes mentioned previously can be used to encourage participants to identify roles family members play in assessment and to begin a discussion of ways to facilitate increased opportunities for a variety of roles offered throughout assessment. To help participants identify areas in need of change, *Brass Tacks* (McWilliam & Winton, 1990) or *The Role of Parents in Child Assessment: Self-Evaluation by Practicing Professionals* (Crais & Wilson, 1996) can again be used. In inservice activities, small-group discussions can be used regarding the changes professionals can make to facilitate a greater variety of roles for families in assessment. Participants may often provide examples of creative ways to offer increased roles to families in assessment. The role play in Activity 1 can also be used to develop the skills of participants in working collaboratively with a family to identify and clarify their roles in assessment. Families who are experienced at the assessment game may also be willing to work with participants to provide them with "safe" practice opportunities. Finally, participants may be encouraged to try some of these ideas in their practicum or work settings and in particular may use videotaping as a means to review their interactions and identify strengths and areas in need of modification.

Issues that always need attention in instruction on family roles are that families will vary in the type and amount of participation they want in their child's assessment and that professionals need to honor these preferences. Both practicing professionals and students can be asked to generate a list of factors that might preclude some families from wanting or being able to take a more active role in the assessment of the child. Examples of factors include parents who are burned out from years of early intervention activities, lack of transportation or travel distance when assessments do not occur in the home, working parents who are unable to meet during the day, or parents who want unbiased opinions of their child without their presence. A discussion of each factor, how it may affect the assessment, what strategies may be used to attempt to lessen the factor, and

how family decisions can be honored by professionals may be useful. A quote by Sheehan (1988) on parental involvement in educational decision making can be a helpful reminder: "This different perspective is an awareness that parental involvement is not a universal good for all parents, for all children, or for all schools. Rather, it is an activity that has benefits for some parents, many children, and most schools" (p. 85). Learner outcomes for family roles in assessment are provided in Table 12.4.

Sharing of Assessment Results

Although instruction on new assessment methods and tools may be fairly common, less attention in both preservice and inservice instruction seems to be given to the sharing of the information gathered by families and professionals. As suggested by Olson (1988), discussing sensitive assessment information is perhaps one of the most difficult tasks associated with providing services to young children with disabilities, yet few professionals have received formal instruction in this area. As a means of continuing to build consensus between families and professionals, this step cannot be underestimated. Families who have been dissatisfied with their assessment experiences often report that it is not the gravity of the information shared but the way the information was shared (Martin, George, O'Neal, & Daly, 1987; Tarran, 1981). The type and amount of information that is shared and the way it is shared may have an impact on not only the follow-up decisions made but also on how families and professionals feel about the assessment process.

As with other phases, it is recommended that all those who can contribute to and gain from the sharing of the assessment information be present. In recognizing the wisdom of Beukelman and Mirenda (1992) in their suggestion to develop strategies to encourage participation by all team members during the assessment, the same suggestion may hold during the postassessment meeting. In contrast with traditional approaches in which professionals do most of the reporting, alternatives have included beginning the discussion by asking families to give their impressions of the assessment activities, addressing the parent's concerns first, and asking families what they view as the child's strengths or needs. Families and others who have played a more active role in assessment (e.g., performing observations, completing checklists, conducting assessment activities) may be asked to provide an overview of their assessment results. Families that have played a greater role in planning and assessing are more likely to be active in the sharing of results. Brinckerhoff and Vincent (1987) demonstrated this principle by asking families to complete a family profile, a developmental checklist, and a daily routine inventory before their child's individualized education program (IEP) meeting. These families also met with a school liaison before the IEP meeting to help organize their assessment findings. The families who were more actively involved in assessment were more likely to contribute to intervention planning and decision making compared with a control group of parents who were not asked to participate in the above activities before the IEP meeting.

As suggested by McLean and Crais (1996), whether or not families participate directly in assessment, they may be offered additional options that could help them prepare for the sharing session. For example, families may be encouraged to think about or write down characteristics of the child, what they would like the child to do in the next month or year, and what ways they see possible to help their child achieve in these areas. When there is time between the assessment activities and the sharing session, families may be given a list of questions to consider before the discussion (e.g., "What were your overall impressions of the assessment?" "What were the assessment activities that went well?" "What were the activities that did not go as well?" "What area would you like to discuss first?"). Consensus building can also be greatly facilitated by engaging families in a

process of validating assessment findings and corresponding interpretations of results. Families are encouraged to support as well as challenge the examiner's impressions, comparing these data to their own impressions. This is also a time in which results of assessment tasks can be tied to parental anecdotes, thus supporting the generalizability of results and others' abilities to relate what might otherwise be perceived as abstract impressions to daily interactions and outcomes with a particular child (Crais & Calculator, in press).

Another strategy that may build consensus and contribute to a collaborative relationship is to share assessment information in an ongoing manner throughout the assessment process. As each task, tool, or series of tasks is completed, families and professionals can discuss their findings and begin generating a list of ideas for either further assessment or later intervention planning. The ongoing sharing of assessment results may also reduce the amount of information that needs to be shared at the end (or at any one time), thus resulting in more accurate perceptions and understanding of what is shared.

Whether information is shared throughout or after the assessment, it is important that sharing be performed in a way that is useful to families in decision making, that promotes competence and hope, and that facilitates consensus building. It may be useful at the end of an assessment to ask families if their concerns and priorities were addressed and what, if anything, they still need from professionals. Returning to families' original concerns expressed at the beginning of the process may be a way to revisit these issues and to direct further efforts to areas not addressed satisfactorily or still in question. This may be particularly important for professionals who perform evaluations for eligibility purposes where little intervention planning actually takes place. In some of these instances, families may leave with little information on what specifically to do next with their child or with any immediate suggestions for ways to deal with their initial concerns. Ideally, in these situations, time could be spent initially addressing the family's immediate concerns even though more thorough planning will take place later. At the very least, family members should be well aware of the constraints of the evaluation setting so that they have realistic expectations of what they are likely and not likely to receive.

Instructional Strategies Focusing on Sharing Assessment Information

In considering instructional strategies at an awareness level, participants may again examine more traditional approaches to sharing assessment information and more family-centered approaches. Small- and large-group discussions are often useful to identify characteristics of traditional approaches, such as professional team members meeting and discussing their findings without the parents, team members giving lengthy reports with little time for questions or discussion by parents, professional "jargonese" being used that parents may not understand, and parents not being involved in decisions about what and how to share assessment findings. For identifying alternative practices, individual or panels of parents can be asked to relate some of their own experiences with the sharing of assessment results, particularly what they appreciated and valued. One strategy to raise the awareness level of participants is to use video- and audiotapes of parents talking about their experiences. In addition to the previously described videos, two other videos that include information of this type are *Improving the Post-Assessment Process: Families and Teams Together* (Moore, Ferguson, & Eiserman, 1995) and *Interdisciplinary Teamwork: A Guide for Trainers and Viewers* (Virginia Institute for Developmental Disabilities, 1990). Two videos that deal exclusively with the sharing of assessment information and how it is perceived by family members are *On This Journey Together: Part I. The Early Years* (Family First, 1991) and *Breaking the News*, developed by the Institute for Families of Blind Children (1990). In addition, *Breaking the News* also provides insight into the anguish experienced by professionals when having to share devastating news. This type

of video is particularly useful with parent–professional audiences and acknowledges professionals’ feelings and the awareness of the existence of these feelings by parents.

Written materials describing more family-centered approaches and strategies for sharing assessment results include book chapters by Kjerland and Kovach (1990) and Murphy (1990); a monograph by Olson (1988); a book by McWilliam, Winton, & Crais (1996); and an instructional curriculum that includes a focus on sharing and interpreting assessment results (Summers, Lane, Collier, & Friedebach, 1993). Crais (1994) also included a module devoted to identifying strategies to facilitate mutual sharing of assessment results.

Once some awareness-level activities have taken place (e.g., discussion, video viewing, reading), activities aimed more at skill building can occur. At a skill-building level, participants can be encouraged to identify characteristics or behaviors in the videos that either promote or inhibit mutual sharing of assessment information. Role-play activities using actual experiences of the participants can also be quite informative, as illustrated in Activity 2.

In trying variations of this activity for both preservice and inservice, scenarios created by the participants as well as prepared ones can be used. Although the prepared ones help the activity begin faster, the participant-created ones seem to work better. When the participants use their own experiences, they have background information to share before and after the role play regarding the scenario, and they also seem to gain from learning someone else’s perspectives and ideas for alternative approaches.

In considering the gradual move toward more family-centered assessment practices, the importance of sharing assessment information cannot be underestimated. No matter how family centered an assessment is, if sharing assessment information and further decision making are not very family centered, then the original purpose has been defeated. Learner outcomes for reciprocal sharing of assessment information are provided in Table 12.4.

CONCLUSION

The benefits of planning, performing, and sharing the findings of assessment in a collaborative manner cannot be overestimated. First, benefits may come from the relationship and the roles and expectations developed among the families, professionals, and others who interact routinely with the child. When families and professionals work collaboratively in assessment, they set the tone for future interactions and begin the process of continuous consensus building. In addition, when families are actively engaged in planning and conducting the assessment, the activities and results should better represent both the child’s typical functioning and the families’ views of the child. As suggested by Crais (1995), collaboratively planned assessments should also provide families with more of what they want and need from assessment and, therefore, be more useful to families than traditional assessments. Thus, active participation of families within the context of assessment becomes a beginning point for collaborative efforts throughout the intervention process. Although there is evidence that some professionals are offering more active roles to families in assessment (Crais & Wilson, 1996), there are still many tasks and activities that could be performed by family members desiring an active role, if provided the opportunity, the appropriate format, and the necessary support.

RESOURCES

Bailey, D.B., McWilliam, P.J., Winton, P., & Simeonsson, R. (1992). *Implementing family-centered services in early intervention: A team-based model for change*. Cambridge, MA: Brookline Books. Cost: \$19.95. (800) 666-2665.

Resources (goals, handouts, transparencies) for and description of a team-based decision-making workshop for implementing family-centered services. Materials included were developed to support instruction on the elements of a family-centered approach to identifying, establishing, and tracking family-centered plans.

Child Development Resources. (1992). *Transdisciplinary arena assessment process: A resource for teams* [Videotape]. Norge, VA: Author. Cost: \$149.95 (videotape and print viewing guide). (804) 566-3300.

A 43-minute videotape demonstrating a six-step, family-centered transdisciplinary approach to arena assessment and IFSP development. Viewing guide includes forms, activities, and materials suitable for teaching/instruction about the process as a whole or the component parts (e.g., pre-assessment planning).

Crais, E. (1994). *Increasing family participation in the assessment of children birth to five*. Chicago: Applied Symbolix. Cost: \$59. (800) 676-7551.

Workbook and audiotapes sharing information and strategies related to facilitating active participation by all caregivers in planning, conducting, analyzing, reporting, and interpreting assessment activities and results. Overviews are provided of main issues, along with detailed handouts, examples, and references suitable for use in preservice or inservice instruction.

Edelman, L. (1991). *Delivering family-centered, home-based services* [Videotape]. Bethesda, MD: Association for the Care of Children's Health. Cost: \$98 plus shipping and handling. (301) 654-1205.

Videotape includes five vignettes, each of which illustrates what happens when service providers fail to practice family-centered principles. Each vignette illustrates a different interaction (e.g., home-based assessment, an IFSP meeting) and provides instructors with material that can be used for awareness (e.g., identification of practices that are not family centered), knowledge (e.g., of alternative, desirable practices), and application (e.g., through role playing).

Family First. (1991). *On this journey together: Part I. The early years* [Videotape]. Columbus, OH: Author. Cost: \$10.95. (800) 875-2723.

A 22-minute videotape loaded with teaching/instructional examples provided by 16 Ohio families. Messages focus on initial reactions to diagnoses and labels, interactions with professionals that have been helpful or hurtful, and strategies for making collaboration around assessment more productive.

Fullerton, T. (Ed.). (1992). *Heart to heart* [Videotape]. Frankfort: Kentucky Developmental Disabilities Planning Council. Cost: \$10. (800) 928-6583.

A 45-minute videotape of parents and professionals discussing their roles and frustrations while exploring approaches for developing productive working relationships. There are approximately 25 different clips within this film that could be used to highlight and explore issues related to jargon, information sharing, decision making, program planning, and expectations.

Graham, M.A. (1993). *Evaluation and assessment of infants and toddlers: Creating family-centered, developmentally appropriate evaluations*. Tallahassee, FL: Center for Prevention and Early Intervention Policy Studies. Cost: \$27. (904) 644-6166.

Materials designed to convey to individuals involved in the screening, evaluation, and/or assessment of infants and toddlers the necessary information for creating family-centered, developmentally appropriate, multidisciplinary evaluations at the community level. Instructor's guidebook is thorough and well organized, offering pre- and posttests, overheads, handouts, activities, and references on a variety of assessment-related topics (e.g., "Review of Instruments," "Alternative Evaluation/Assessment Processes").

Institute for Families of Blind Children. (1990). *Breaking the news* [Videotape]. Los Angeles: Author. Cost: \$10. (213) 913-3455.

A 15-minute videotape developed for physicians with powerful teaching messages for any group assessing young children. Handles the content of sharing difficult diagnostic information sensitively and effectively.

McWilliam, P.J., & Winton, P. (1990). *Brass tacks: A self-rating of family-focused practices in early intervention, Part I. Program practices and policies; Part II. Individual interactions with families*. Chapel Hill: University of North Carolina at Chapel Hill, Frank Porter Graham Child Development Center. Cost: \$10. (919) 966-4221.

Instruments designed to assist groups (e.g., interdisciplinary professionals, family members, administrators) and individuals in examining and improving the quality and effectiveness of their interactions with families. Using a facilitated self-rating process, four areas of practice can be examined: "First Encounters with Families," "Identifying Goals for Intervention (Child and Family Assessment)," "Intervention Planning for Children and Families," and "Day-to-Day Service Provision."

Project Enlightenment. (1989). *First years together: Involving parents in infant assessment* [Videotape]. Raleigh, NC: Author. Cost: \$35 plus shipping and handling. (919) 856-7774.

This 19-minute videotape accomplishes several purposes: 1) provides family perspectives on what they like and dislike about assessments, 2) demonstrates family-professional collaboration in formal and informal assessment situations, and 3) illustrates how assessment can provide opportunities to plan interventions while supporting family strengths and accomplishments.

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ACTIVITY 1

GENERATING ASSESSMENT PLANS

Objectives:

- To give participants practice in identifying family concerns and priorities related to assessment
- To give participants practice in identifying child strengths and techniques to use in assessment
- To give participants practice in working collaboratively with families in planning an assessment process

Time: 35–45 minutes

Instructions:

1. Ask participants to divide into groups of four. Each group will take part in a role play with a “parent” and two “professionals.” The fourth person will be an observer.
2. Ask each group to first assign the “roles” and take a few minutes to acquaint themselves with their tasks and to read the referral information provided at the end of this activity.
3. The “professional’s” job is to gather information from the parent regarding her concerns and priorities for the child’s assessment, the child’s strengths and ideas/activities to help in planning assessment, and the role she would like to play in the assessment. The professionals can use the sample questions listed in Table 12.3 to help generate the dialogue. The two professionals will need to discuss briefly who will gather the various areas of information (e.g., priorities/concerns versus child strengths). The professionals may want to circle or highlight some of the questions on Table 12.3 for use in the role play.
4. The “parent’s” job is to provide any additional facts about her “child” that she would like to include. This person can draw from professional or personal experiences to enhance the information about the child described in the brief referral information. The parent can share this information with the professionals before the role play begins. The parent can make up information in response to the professionals’ questions as the role play continues.
5. Each group then begins a brief role play of the meeting between the professionals and the parent to discuss the upcoming assessment. Groups can “freeze frame” anytime during the role play to replay a question/response and try a different approach or to talk over issues.
6. After the role play, the observer in each group can lead a discussion about how the professionals and parent felt in their roles. Which strategies/questions were helpful and which ones were not?

Referral information:

Johnny Carter is a 14-month-old boy who was referred by his physician to the area child development center because of the physician’s concerns about Johnny’s overall developmental delays. Johnny is the child of a single mother (Ellen Carter) who works the night shift at the local factory so that she can spend her days with Johnny. Ms. Carter and Johnny live with her parents, and his grandmother helps take care of Johnny. In talking to Ms. Carter to set up the upcoming meeting, she noted that Johnny does not seem to be paying attention to people the way her nephew about the same age does. She said that he does not make many sounds and has trouble eating some foods. She also reported that she and her mother call him “Mr. Floppy” because he is so loose and has trouble sitting up by himself. She reported that his birth history was typical and that she did not notice anything was wrong with him until he was a few months old and he was not as active as her nephew.

ACTIVITY 2

SHARING ASSESSMENT RESULTS

Materials needed:

- Index cards

Instruction:

1. Participants can be asked to work in pairs to identify times when they had to share difficult information with families (or for students, information that they think would be hard to share).
2. Each pair is then asked to write one brief scenario on an index card. So that participants will realize they do not have to write too many details, a few examples should be given (e.g., You have to tell this family that you believe their child has autism, has a severe hearing loss, or has overall developmental delays). They can also add qualifying information to "help" the role players (e.g., "This family has had several different diagnoses for their child" "This is a young single mother" "The parents disagree on whether the child has difficulties").
3. Then ask each pair to trade index cards with another pair and role-play each other's scenarios as "professionals." In this way, the two who wrote the scenario have the opportunity to watch someone else try to share this information as they serve as the "parents." The "professional" pairs are encouraged to create any additional information/factors they want to add to the scenario (e.g., these parents have taken an active part in assessing the child, the professionals and parents have shared assessment information in an ongoing manner throughout the assessment, the parents have said that they are not interested in developmental levels but want ideas for working with their child). After the professional pairs have had several minutes to prepare, they then perform the role play and later discuss their impressions.
4. The other pair then role-plays the scenario they were given.
5. Large-group discussion following the role plays often generates a variety of approaches taken to sharing difficult information, and participants have the benefit of hearing others talk about facing some of the same issues they do.