



## Today's TA Topic

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**October 25, 2019**

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**Question:** How does authentic assessment inform program planning?

**Answer:** “Standardized materials and procedures that require infants, toddlers, and preschoolers with and without disabilities, to wait, share, take turns, follow directions, sit still, respond on command, point with their fingers, and adapt quickly to strangers are problematic in trying to find out what a child can and cannot do in real-life tasks” (Bagnato). Early intervention teams should rely on standardized tests solely to compare a child’s developmental levels to same age peers, provide scores to help establish eligibility, and show to what extent a child’s behavior or skills differ from the norm (Bagnato).

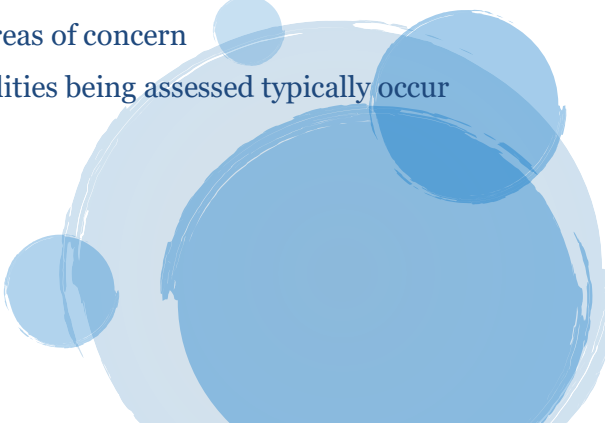
So, if standardized tests provide such a limited picture of a child’s abilities and participation in daily life, what do EI teams rely on to have a more comprehensive view? What information is most helpful to determine what interventions and services are needed to help meet outcomes?

Teams need to conduct *authentic assessments* to truly gather the information needed for program planning. Program planning is the process of analyzing assessment data to determine the child’s unique needs and the resources and supports needed for the family related to the child’s development. This leads to identifying the outcomes, steps, and EI services appropriate to address those needs.

Authentic assessment is assessment of the child’s skills in the real-life contexts of family, culture, and community rather than discrete isolated tasks irrelevant to daily life.

Authentic assessment practices include gathering information from families, observing the child, using criterion-referenced tools, and practicing strategies/problem solving. Authentic assessment involves the evaluator and assessors gathering rich information about the family in context of everyday routines and activities.

Authentic assessment occurs:

- In all settings where a child spends time (e.g., child care, home, or a relative’s house)
  - During activities the family has identified as priorities or areas of concern
  - Across the different activity settings in which skills and abilities being assessed typically occur
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Eliciting functional information from families involves:

- More than asking questions, or going over questionnaires and developmental profiles
- Listening and responding to the family's story
- Hearing about the child's engagement, independence, and social relationships with various day-to-day routines and activities
- Asking parents to show or describe new strategies they have tried and evaluate the effectiveness of the strategies
- Observing how the parent engages the child
- Observing play scenarios

One example of authentic assessment would be how the child sits in his or her highchair during mealtime. The family shows and describes how they frequently re-position the child during meals to ensure he is sitting up to eat. The family also describes how the sitter uses a Bumbo chair with a tray and how that seems to work better. After the assessors watch and listen, they ask permission to roll up a towel and place it in the seat for extra support. The family is appreciative of this strategy and they decide that a priority for them is to have the child sit in his highchair independently to eat lunch. The rolled towel and the use of the Bumbo chair are documented on the IFSP as strategies to help meet the outcome.

Lastly, authentic assessment would focus on the family and not just on the child. For example, questions would be asked about the health of the caregiver, resources of the caregiver and any additional supports they need to improve their overall functioning. Much of this information is collected through the family directed assessment process.

Authentic assessment along with the family-directed assessment process, should answer the following questions:

1. What types of activities do the child and parent enjoy doing together?
  2. What are the children and family's everyday routines and activities? Where do they spend time?
  3. How do the child and parent participate in these routines and activities?
  4. What does the child need help with? What has the family tried so far to help?
  5. What would the family like the focus of intervention to be?
  6. What can parents and caregivers immediately begin doing to help improve independence, engagement, and social connection in their child? Alternatively, what strategies, services, and interventions are needed to help the family meet outcomes?
  7. What interventions are needed to assist parents with helping achieve outcomes?
  8. What assistive technology may help the child be more independent within daily life?
  9. What instructional activities can be embedded within everyday routines to achieve outcomes?
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Please visit the following links to learn more about conducting authentic assessments and program planning.


- Birth-Five Evaluation and Assessment Module  
<http://olms.cte.jhu.edu/olms2/135091>

- DEC Recommended Practices on Assessment  
<https://ectacenter.org/decrp/topic-assessment.asp>

- LINKing Authentic Assessment & Early Childhood Intervention  
<http://archive.brookespublishing.com/author-interviews/bagnato-70472-interview.htm>

- Authentic Assessment for Early Intervention  
Physical therapist Megan Klish Fibbe describes and illustrates how authentic assessment practices enhance her early intervention work with children and their families, including the use of observation, conversations with families, and video. Click here to view the video. <https://www.youtube.com/watch?v=CjEgtSxhDDg>

- Authentic Assessment  
For additional information on functional assessment in early intervention please refer to the interactive module Initial and Ongoing Functional Assessment. Click here to view the module. <https://ectacenter.org/wamodules/functional.asp>



To: All Early Intervention contract managers and FCFC coordinators  
From: Nathan DeDino  
Date: October 25, 2019  
Subject: Early Intervention Program Updates, #1923

## ***MESSAGE FROM THE PART C COORDINATOR***

We are excited to unveil a new support for the EI field. Accompanying this communication is a “TA Topic.” In the coming months, we will release additional TA Topics about subjects of interest to the EI field. These TA Topics are an opportunity for us to provide more in-depth information than can be provided in a brief paragraph of the bi-weekly. Our first topic is authentic assessment and follows this Program Updates. Please take a look and let us know what you think.

I always invite your feedback. Do not hesitate to contact me at [nathan.dedino@dodd.ohio.gov](mailto:nathan.dedino@dodd.ohio.gov). I look forward to hearing from you.

## ***PROGRAM UPDATES***

### **Join Our Team!**

DODD has an opening on its EI team. Please consider applying for this vacancy in the EI data and monitoring section. You can access more information and apply here:

[https://dasstateoh.taleo.net/careersection/oh\\_int/jobdetail.ftl?job=190004DO&tz](https://dasstateoh.taleo.net/careersection/oh_int/jobdetail.ftl?job=190004DO&tz)

### **Funding Opportunity: Early Childhood Mental Health**

DODD and the Department of Mental Health and Addiction Services have issued a request for proposals to provide early childhood mental health consultation capacity across all statewide Early Intervention teams. Funding of up to \$400,000 per year for two years is available. You can learn more and access the request here:

<https://mha.ohio.gov/Schools-and-Communities/Funding-Opportunities>

### **New Pages on EI Website: NAS and Lead Exposure**

We have added two new pages to the EI website ([ohioearlyintervention.org](http://ohioearlyintervention.org)). Both are located in the Providers tab: Local, State and National Resources tile. These pages provide links to resources and training opportunities related to Neonatal Abstinence Syndrome (NAS) and childhood lead exposure. We will continue to add more resources in the coming months.

## **LEA Notification**

The November 1 LEA quarterly report requirement is approaching. The LEA notification report may be run in EIDS no earlier than October 22, 2019 and *must be sent to the appropriate LEAs no later than November 1, 2019*. Please do not submit copies to DODD, but you are encouraged to maintain copies on file.

If you are not sure which LEA should be selected for a specific child, we encourage you to contact the relevant Educational Service Center (ESC) for clarification. Contact information for all of the ESCs and Public School Districts, along with a map of districts, is available here:

<https://education.ohio.gov/Topics/Data/Ohio-Educational-Directory-System-OEDS>

Please remember that parent rights apply to any shared information if personally identifying details are disclosed. Only the appropriate pages of the LEA Report should be sent to each LEA.

We know that there is an issue with some records where the service coordinator's name is not appearing on the quarterly LEA report. The service coordinator's name is not a federal requirement, so please be sure to send the LEA report to your local school districts as is. We apologize for the inconvenience and will work to get a fix to the report for future reporting.

If you have any questions about the LEA reporting process, please contact Melissa Courts at [melissa.courts@dodd.ohio.gov](mailto:melissa.courts@dodd.ohio.gov).

## **SFY19 45-Day Analysis (Group 2)**

Activities related to the SFY19 45-Day analysis are underway. Applicable county inquiries were sent September 5 and are due back September 24. DODD is finalizing the analysis and results memos will be sent next week.

## **Updates to E&A Summary Page in EIDS**

There was previously a bug in EIDS that did not allow the E&A summary page to be saved if the second or third dropdown options, which indicate the family/team will not be proceeding with developing outcomes, were selected. This bug was fixed yesterday evening (10/24) and now any of the dropdown options can be selected and saved on the E&A summary page. Additionally, the E&A summary was added to the red 45-Day and redetermination reminder messages in child records. If you have any questions, please contact EIDS support at [EIDS@dodd.ohio.gov](mailto:EIDS@dodd.ohio.gov).

## ***RESOURCES AND TRAINING OPPORTUNITIES***

### **Motivational Interviewing Training with Dr. Robert Gallen**

Dr. Gallen will discuss the principles of motivational interviewing and how it can support Service Coordinators and Service Providers in coaching families to enact changes they would like to see in their families. The course addresses challenging situations families face including addiction,

mental illness, intellectual disability of caregivers, coping with a child's diagnosis, and homelessness. The training includes interactive practice with strategies to improve communication skills when receiving and sharing information in difficult situations.

December 6, 9:00am–4:30pm  
Allen County Board of Developmental Disabilities  
2500 Ada Road  
Lima, Ohio 45801

Please register on MyLearning. You will find the course under Early Intervention In-person Trainings – Other Trainings. If you have questions, please contact Lori Myers, [lori.e.myers@dodd.ohio.gov](mailto:lori.e.myers@dodd.ohio.gov).



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## Fidelity to Practices in Early Intervention: What is it and why is it important?

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Fidelity is becoming a buzzword in early intervention circles. In short, fidelity means that *practices match a standard*. One practitioner who uses a coaching interaction style with fidelity should have a lot in common with another. The only differences would be related to style and personality. Fidelity is not reading a script, but rather using a set of practice characteristics and indicators reliably. Here are three reasons why paying attention to fidelity can benefit early intervention teams:

### Practice:

Ensuring that you and your team have fidelity to research-based practices in early intervention directly impacts the services you provide to families. Practitioners who have regular fidelity monitoring are able to identify areas that may need improvement and ensure that their practice remains relevant and meets standards proven to have the

### Program Evaluation:

Fidelity to evidence-based practices is an important way to measure a team's or organization's progress. Tracking fidelity can be used to onboard new staff, address concerns and provide support to existing team members, and identify needs for staff training and professional development.

### Research:

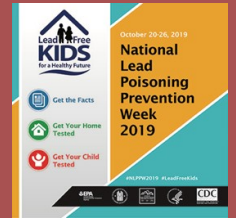
Practitioners with fidelity can be compared with one another and with practitioners not using a practice. This allows the field of early intervention to continue learning the ways in which practices impact child and family outcomes. Without fidelity, it is impossible to measure this impact and continue moving the field forward.

For more information about how your team can focus on fidelity, please contact your EI Program Consultant

# National Lead Poisoning Prevention Week

#NLPPW2019 #LeadFreeKidsOH

## Ohio Lead Free Kids Coalition



### Ohio is Committed to Preventing Child Lead Poisoning

### 7 Things You Can Do Now

There is no safe level of lead in a child's blood so preventing lead exposure is critical.



#### 1. Get the Facts!

Share good information with friends, family, and colleagues – especially if you or they are [pregnant](#) or a parent of young children. Check out this new [resource](#) from Ohio Department of Health.

#### 2. Know your Home & Child Care Setting!

Find out if your home, or where your child attends child care, was built before 1978. If it was built before 1978 contact 1-800-532-3723 to request information on getting a lead risk assessment and possibly [free lead hazard removal assistance](#) to protect your children from potential lead exposure.

Homes built before 1978 could have lead paint that could cause serious health problems.



- Is your child Medicaid eligible and under 19 years of age?
- Are you pregnant and Medicaid eligible?

If you answered yes to either of these questions you may qualify for FREE home testing and lead paint hazard removal.

Call 1-877-532-3723  
[www.odh.ohio.gov](http://www.odh.ohio.gov) Ohio

#### 3. Renovate Right!

If you are planning to remodel or renovate your pre-1978 home- be sure your contractor is [RRP-certified and uses lead-safe work practices](#). You may also qualify for the new Ohio Lead Abatement Tax Credit for up to \$10,000 in

work you have done to make your home lead-safe. Contact [lead@odh.ohio.gov](mailto:lead@odh.ohio.gov) or 1-800-532-3723 for details.



#### Hire a Professional



#### 4. Get Your Home Inspected for Lead!

You can find [state licensed](#) lead inspectors and lead risk assessors in your area. Access resources to keep your home lead-safe, like the [HEPA Vacuum](#) Loaner Program in [your community](#).

#### 5. Find lead-safe rental housing!

Use the [Ohio Rental Housing Locator](#) to find lead-safe apartments and homes. Check to see if a property is on the [Ohio Lead Hazardous Properties list](#).



#### 6. Get Your Child Tested & Supportive Services!



Talk to your child's doctor about lead poisoning and risk factors. If your child is 2 or under, consider having them tested (Medicaid requires testing for all 1 and 2 year-olds). If your child tests with elevated lead in the blood, contact [your local health department](#) for potential resources. They also automatically qualify for [early intervention \(EI\) supportive services](#). Call 1-800-755-GROW (4769) for EI services through the Ohio Department of Developmental Disabilities or find a [local EI contact in your county](#).

#### 7. Join the Ohio Lead-Free Kids Coalition (OLKFC)!

If you would like to join the OLFKC or learn more about the OLFKC and ways to educate policymakers and others concerned about child lead poisoning prevention, contact: [OHleadfreekids@gmail.com](mailto:OHleadfreekids@gmail.com)