The FAMILY indicates that they like the way Joey can dress himself. They have CONCERNS because he doesn't sleep well.

Joey can feed himself with a spoon and is using a fork. He is a CHILD who has many skills.
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TECHNICAL ASSISTANCE DOCUMENT FOR
EARLY CHILDHOOD ASSESSMENT REPORT WRITING

ACKNOWLEDGMENTS

This document was prepared as a collaborative effort with the Department of Education, the Department of Health, the University of New Mexico Center for Development and Disability (CDD), and New Mexico State University.

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We would also like to acknowledge the valuable contributions of families and professionals who assisted in the development of the original guidelines on which this document has been based and those individuals who provided valuable assistance in reviewing the original criteria and in pilot testing the report criteria and change process.
# Technical Assistance Document for Early Childhood Assessment Report Writing

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

Purpose

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

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

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

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

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

- initial comprehensive developmental or educational evaluations to assist in eligibility determination and subsequent reevaluations for continuing eligibility,
program planning and progress assessments (e.g., classroom-based assessments, ongoing developmental assessment, transition skills assessments),

specialized assessments (e.g., assistive technology evaluation, functional behavioral assessment, functional vision assessments, medical disability evaluations, psychological testing and assessment).

Why a Technical Assistance Document

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

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

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

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

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

New Mexico Part C regulations address the needs of infants and toddlers and their families. These regulations require that reports delineate specific and overall developmental functioning, ability to participate in family and community life, and recommendations regarding eligibility, approaches, and strategies.
Beyond these few notations, regulations are silent. Consequently, this technical assistance document addresses the need for support in writing good early childhood reports, with the following goals in mind:

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

Who Should Read this Document

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

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

How this Document is Organized

This document has four major parts.

Part I presents the criteria for written assessment reports. The criteria are grouped by report sections: background information, procedures and tools, findings, and conclusions and next steps. Within each section is information on what the section is about, potential problems that writers might encounter, ways of organizing information, and suggestions for writing. Each section concludes with questions and answers.
Part II contains recommendations for self assessment and initiating change in writing assessment reports. It also identifies some of the problems you may encounter as you begin to change your report writing style and how administrators can support the change process.

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

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

**Getting Ready to Write**

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

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

**Underlying Assumptions**

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

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

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

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

<table>
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<td>• recognizes the expertise of both families and professionals;</td>
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<td>• focuses on families’ priorities and concerns;</td>
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<tr>
<td>• supports family decision making;</td>
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<tr>
<td>• respects family choices, values, beliefs, and cultural and linguistic backgrounds;</td>
</tr>
<tr>
<td>• involves families in all aspects the assessment and evaluation process.</td>
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To Think About

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

The New Mexico Learning Community in Report Writing
June, 2001
Assessment Model:
The second assumption is that assessment teams have used an early childhood assessment model when evaluating children ages birth—9. An early childhood assessment model is holistic; comprehensive; and responsive to the cultural, linguistic, and experiential background of the child and the child’s family. Tools and procedures should be selected to accommodate a child’s unique characteristics and circumstances.

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

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

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

Being Mindful of Audience

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

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

Primary Consumers: Federal law is very clear about who is the audience. Families are the only federally mandated recipients of written assessment information. Consequently, the primary audience for an assessment report is the child’s family.
The family has a greater familiarity with the child than any other consumer. They have high variability in background. Some families will be very familiar with disabilities, technical terminology, and interventions. Other families will be new to the process, the technical terms, and the concept of disability. Regardless of background, they will read every word.

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

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

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

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

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

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

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

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

Strategies to Enhance Tone

- **audience**: control readability, enable consumer to understand the child’s strengths and needs, show cross-reader appeal

- **family friendly**: depict family as team member; include family input or reference throughout; relate information to family's culture, routines, community, preferences; present information in a way that is not overwhelming; tailor writing to reflect family's needs and experience; use positively worded statements

- **team member references**: use the standards of equity and respect to make decisions on how to refer to team members, clarify the relationship between person named and the child, use each member's preference for depicting name and title (including family members), use an appropriate noun/pronoun connection (team - we; physician - I, she; teacher - I, he; parents - we, they), be consistent in references throughout the report; provide first and last names to meet translation needs regarding gender

- **style**: avoid unneeded technical terms/jargon, explain needed technical terms, avoid distancing or depersonalizing phrases, use endearing terms (sweet, friendly) cautiously, use words instead of acronyms (occupational therapist, not OT); strive for first person, active voice, and consistent tense, particularly when translation is needed; use clear non-repetitious wording; edit for appropriate grammatical structure, punctuation, spelling; read it aloud – what does it sound like
PART I

CRITERIA FOR WRITING EARLY CHILDHOOD ASSESSMENT REPORTS

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

A Report that Makes Sense
Reports in early childhood reflect the partnership among families and providers and are guided by the families’ priorities, questions, and concerns. Reports present a shared vision of the child, convey useful and understandable information, and strike a balance among consumers’ needs unique to each child.

The New Mexico Learning Community in Report Writing
June, 2001
Section 1:
Writing the Background Information Section

What this Section is About

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

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

What to Include in this Section

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

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

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

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

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

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

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

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

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

Who is this child's family?

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

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

**Special circumstances:**

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

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

- **Environmental issues:** custody, foster care, high mobility, social service monitoring that affects the family's participation or child's performance
What prompted the assessment?

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

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

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

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

---

**Potential Problems in this Section**

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

---

**Do Not Include in Background Section**

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

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

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

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

---

*Background Information Organized by Subsections with Headings*

**John’s Family**

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

**John’s Medical History**

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

**John’s Intervention History**

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

**What are the reasons for John’s Assessment**

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

---

*Background Information Organized by Paragraph*

John is a 14 month-old (corrected age) boy who lives with his mother, stepfather, and a younger sister. Both of his parents work, and John attends a local daycare. John was born 3
weeks prematurely at a local hospital and weighed 4.5 lbs. He had difficulty with feeding from birth and gained weight slowly. He now weighs 20 lbs. and is in the 5th–10th percentile range for his corrected age. Robert and Irma, John’s parents, have been very concerned about his eating and weight since his birth. When we first met with her at the family’s home, Irma told us that John loves fruit, but often takes only a few bites and then loses interest. Both Robert and Irma said they feel frustrated with John’s eating, and “wish he would eat as much as his little sister.” Robert and Irma contacted the Sunrise Early Intervention Center when he was 4 months old, and he has received early intervention in the areas of nutrition and feeding since that time. Robert, Irma and John’s teacher, Margo, have concerns about John’s feeding and eating skills. One of the primary purposes of assessment was to examine John’s skills in the area of motor control, especially John’s control of his tongue, mouth, lips, and hands. John’s teacher is also concerned about language development. This prompted a second purpose of the assessment—to really look at John’s language development.

Helpful Hints for Writing

➢ Use subheadings or group related information.

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

➢ Be mindful of jargon and technical language.

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

➢ Consult with family and consider the relevancy of information.

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

Field Reviewer, Report Writing Guidelines, Spring, 2002
Be careful not to include assessment data gathered during this assessment process in the background section.

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

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

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

Helpful Hints to Enhance this Section

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

Cross-Check the Section

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

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

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

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

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

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

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

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

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

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

A:  Family concerns are legitimate reasons for referral. You must address these concerns in the report. The background section may be a good place to introduce family concerns. Address differences in a straightforward manner without judgment. For example, “John’s mother is very concerned about his motor development. John’s day care provider is concerned about his social skills.”
Q6: Are relevant developmental areas different from family or provider concerns?

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

Q7: Why should I include information about family routines?

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

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

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

Q9: How can this section be kept concise?

A: Organize and summarize. If the child has been in the hospital 10 times, do not describe each visit. Instead, summarize and give a brief statement about how all of these hospital stays may or may not impact what the child and family are doing now.
Section 2:

Writing the Procedures and Tools

What this Section is About

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

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

What to Include in this Section

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

- Who will read this report?
- What do the readers need to know about how you gathered this information?
- What mandatory disclosure statements apply to procedures in this report?
Description of tools: names of published tools, brief description of unpublished tools, identification of sources of information (family members, caregivers, early interventionists, teachers, bilingual educators, other assessment professionals), how assessment purposes related to choices of procedures and tools

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

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

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

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

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

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

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

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

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

Examples of Possible Formats

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

Procedures and Tools Listed by Chronological Order

Sequence of Assessment

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

2-18-02 Observation: conducted by Jane Smith at the day care for the purpose of assessing Eric's self help skills in his day care setting. Eric's family felt this area could be a strength for Eric.

Procedures and Tools Listed by Developmental Area

Fine Motor Measures

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

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

Procedures and Tools Listed by Procedural Area

Observations Over Settings and Time

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

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

Helpful Hints for Writing

➢ Group procedures and tools by developmental areas.

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

➤ Group other procedures such as observations or checklists together.

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

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

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

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

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

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

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

Helpful Hints to Enhance this Section

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

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

Questions and Answers

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

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

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

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

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

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

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

A: Yes. Observation of a child at play can reveal valuable and valid information. The results of a play-based assessment are especially important for children whose test-taking skills have not yet developed. However, remember that quality assessments use multiple sources, methods, perspectives, and reflect multiple points in time.
Q5: What needs to be included in the report if I had to deviate from the standardized administration procedures listed for the assessment tool?

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

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

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

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

A: Consider summary charts or very brief descriptions with an appendix of more explanations.
Section 3:

Writing the Findings

What this Section is About

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

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

What to Include in this Section

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

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

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

**What are this child's abilities?**

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

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

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

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

**What factors affect performance?**

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

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

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

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

- **Personality**: interaction of coping style, learning style, likes and dislikes, state, temperament with developmental performance.
Potential Problems in this Section

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

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

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

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

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**Do Not Include in Findings**

- **Decontextualized information**: test scores without appropriate explanation and examples, information that is organized by test or by who administered the assessment instead of by family concerns or developmental areas
- **Duplications**: information that duplicates what appears in background, procedures, or recommendations
- **Speculations**: theories about cause, rumors, long-range predictions, interpretations not grounded in data
Examples of Possible Formats

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

Organizing PRIOR to writing

Outlining by Family Concerns and Referral Questions

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

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

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

Preschool Language Scale—3
All area scores below age level
Particular difficulty with directions, classifying

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

Peabody Test of Motor Development
Scores: all age appropriate
Observations: very poor grasp
Needed visual demonstrations of instructions

Observation at daycare
Can handle a spoon, windup toys, scissors with hand-over-hand help
Needed modeling by teacher on craft activity to follow directions
Findings: Language (family concern)

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

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

**Preschool Language Scale: 3**
All area scores below age level; particular difficulty with directions, classifying

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Findings: Fine motor (referral question)

**Peabody Test of Motor Development**
Scores: all age appropriate

**Observations:** very poor grasp

Needed visual demonstrations of instructions

**Observation at daycare**
Can handle a spoon, windup toys, scissors with hand-over-hand help

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**Organizing within the written report**

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**Sections by Developmental Area**

**Carmen’s Fine Motor Skills**

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

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**Sections by family Concerns or Questions**

**Is Carmen having difficulty with language?**

Carmen’s family is concerned about her speaking and understanding. Results of a taped language sample showed that Carmen is using only one or two word phrases. This is not typical for children her age. Most children at Carmen’s age are combining three word
phrases on a regular basis. Carmen also has trouble with pronouns and uses only two pronouns, “me and her”. Mrs. Rodriguez, Carmen’s mom, said that the tape showed exactly how she speaks at home. Mrs. Rodriguez estimates that Carmen has maybe 100 words that she uses. Mrs. Rodriguez is really concerned about the problem Carmen has with directions. She had difficulty with directions in a craft activity we observed at her daycare. She also had difficulty with directions when completing fine motor activities on the Peabody Developmental Motor Scales. Carmen’s scores on the Preschool Language Scale are far below what is typical for her age (auditory comprehension - 74; expressive communication 81; total language score 75, age equivalence 2 y 4 m). After looking carefully at this test, we noticed that many of Carmen’s errors were related to directions.

Helpful Hints for Writing

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Helpful Hints to Enhance this Section

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

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

Questions and Answers

Q1: Should I report test scores?

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

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

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

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

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

A: Report scores as needed. Standardized tests and resulting scores can be valuable tools in the assessment process and are often desired by other agencies. If standardized tests were given and scores obtained, you have an ethical responsibility to report them. Report them clearly and simply, followed by your interpretations and explanations of their meaning in relation to this child.
Q4: Is there a better way to break down standard scores in my report so that they are more understandable and meaningful to teachers and families?

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

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

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

Q6: How do I address conflicting information, such as disagreement about skill levels or performance between parents and providers?

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

Q7: Should I include recommendations in this section?

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

Q8: How can I avoid focusing on the weaknesses of a child in my report?

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

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

A: It is okay when you have solid evidence from assessment data that supports your opinion. Be careful of interpretations based on isolated incidents in performance or extensive inferences from limited data. Your opinions as a professional are valuable and reflect your training and experience.
Section 4:
Writing the Conclusions and Next Steps

What this Section is About

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

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

What to Include in this Section

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

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

### What do these findings mean?

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

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

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

### What are the next steps?

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

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

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

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

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

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**Do Not Include in Conclusions and Next Steps**

| Conclusive determinations about eligibility: | unilateral statements about eligibility or declarations that child qualifies for early intervention or special education, statements about meeting eligibility criteria that are not based on data |
| Inappropriate conclusions: | interpretations that are not supported by information presented in the report, long-range theorizing or prognoses; opinions of others who are not part of the team unless clearly stated; scores or rankings (they are findings) |
| Insensitive suggestions: | recommendations that are impractical, expensive, or uncomfortable for families; suggestions that require large time commitments or are overwhelming in number; generic (canned) suggestions; suggestions that are so broad or vague that they cannot be translated to ordinary situations and activities |
| Labeling: | diagnosis (when that is part of the assessment) that labels a health, medical or physical condition without explanation of the underlying difficulties unique to the child or the relationship to child’s learning and development |
| Overly-prescribed recommendations: | recommendations for a specific program, curriculum, or person; listing of services without reference to activities related to child needs; suggestions that are so narrow that they only apply to one situation |
## Examples of Possible Formats

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

### Conclusions and Next Steps by Developmental Areas Within a Chart

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

**Area: Language**

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Needs</th>
<th>Possible Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manuel can name</td>
<td>Manuel needs to be able to follow 2-step directions. He needs to</td>
<td>For the family: Practice two-step directions at home with household chores, such as</td>
</tr>
<tr>
<td>pictures. He can</td>
<td>be able to talk in 4- and 5-word sentences. He also needs to be able</td>
<td>making a bed. Model sounds by saying the word correctly for Manuel if he mispronounces.</td>
</tr>
<tr>
<td>follow 1-step</td>
<td>to pronounce the t, c, and m sounds correctly. Following 2-step</td>
<td>For example, say, “You mean table, Manuel” and stress the t sound. Do not drill on</td>
</tr>
<tr>
<td>directions and</td>
<td>directions and using 4-5 word sentences are skills needed in</td>
<td>the sound alone.</td>
</tr>
<tr>
<td>make phrases of 2</td>
<td>kindergarten.</td>
<td>For service providers: Build sentence length using picture cards that Manuel can</td>
</tr>
<tr>
<td>and 3 words.</td>
<td></td>
<td>describe; use prompts and modeling of longer sentences.</td>
</tr>
</tbody>
</table>

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

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

**Strengths**

Manuel has many areas of strength. He is able to name pictures and follow two-step directions. Manuel is putting two and three word phrases together. Manuel can
pronounce most sounds correctly, but still has difficulty with three sounds.

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

Needs

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

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

Possible Strategies to Address Needs

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

Helpful Hints for Writing

➢ Review strengths, needs, and suggestions prior to writing.

For example: Make an outline chart before you begin to write. Be sure to include information from different assessment sources.

➢ Use headings or subheadings in the report. These help to organize information and help the reader to focus on information.

For example: Headings such as “strengths, present levels of performance, needs, instructional strategies, suggestions, or next steps could be used.
Group information by developmental area.

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

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

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

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

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

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

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

Helpful Hints to Enhance this Section

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

Q1: How do I organize all of this information?

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

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

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

Q3: How do I restate recommendations as “goal-focused” not “service-focused”?

A: Focus on what the child needs in terms of the skills to be acquired or capacities to be developed. This will help you to state recommendations in terms of what the child will accomplish instead of what services should be delivered.
Q4: Should I write recommendations in my report that extend beyond the classroom setting?

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

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

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

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

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

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

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

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

A: This happens frequently. Address the family’s concerns and questions even if they reflect future concerns that cannot be answered by current information. These future concerns and questions may reflect the family’s wishes and dreams, and you do not need to dismiss them. Also report quite honestly that the current assessment does not provide the type of information that would support a realistic answer to these future concerns and questions.
Q9: **Should I write recommendations in my report for other agencies, programs, or professionals?**

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

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

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

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

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

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

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

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

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

**Eligibility Recommendation for Environmental Risk [Part C]**

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

Eligibility Recommendation for Developmentally Delayed [Part B]

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

Eligibility Recommendation for Specific Learning Disability [Part B]

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

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

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

SELF-ASSESSMENT AND

THE CHANGE PROCESS

In the sections that follow, you will find strategies for beginning and sustaining the change process. The first section is a guide for making change with recommendations for conducting a self-assessment of your current report writing and creating a change plan for making small, step-by-step changes. In the section on supporting and sustaining change are suggestions for dealing with barriers that may arise and recommendations for administrators who are interested in facilitating change for their staff.
Writing is hard! Few of us have been prepared for the task of conveying assessment information in writing. Mostly, we learned on the job from those who came before us.

Change is hard! We grow comfortable with the style we use and seldom think about whether the style has ever changed to meet the needs of the children and families we are serving now.

Make it easy! Neither writing nor change should be approached as an all-or-none effort. Both written communication and a change in the style with which information is conveyed can be improved through approaching the task slowly and with specific, small goals in mind.

**Step-by-step.** We advise against attempting to change all at once. Select one element to work on (assessment situation portrayal, tone, background information). Work with that element until you have achieved the change you desire.

**Begin with strengths.** Begin your change process at your comfort level. If composing by developmental area is your strength, then evaluate your reports using the criteria that address reporting findings. Or, choose an element to change because it is personally meaningful rather than one fraught with problems. In order to maintain momentum for change, it is important to experience success. This will allow you to begin in strength; you can push the envelope as you gain confidence.

**Select relevant criteria.** Not all criteria should apply to all reports. Use the criteria relevant to this child, this child's family, and the purposes of this report.

**Self evaluate.** Examine several reports that you have composed and compare your composition to the criteria for the area you have selected. This will provide you with a baseline to monitor your progress.

## Conducting a Self-Assessment

Self-study, including self-assessment and change plans, are part of a professional’s role as a life-long learner. The process enables you to grow in your own practice, improve outcomes for the children and families your serve, and enhance your organization. As the first step in the change process, self-assessment provides you with ownership of the change process and
personal benchmarks for evaluating change. The self-assessment process will allow you to examine your own reports, identify strengths and needs, and determine areas to improve.

We recommend that you select one area to assess (background information, procedures and tools, findings, conclusions and next steps). Once you have chosen an area that you want to work on, select two reports that you have written in the past.

Then, rate the extent to which the criteria for the area you have chosen are present in your reports. [A self-assessment form appears in Appendix A.] Remember to consider each indicator in relation to the particular child, the family, and the purposes of the specific report.

- **Strength** indicates that this indicator is a strength in this report.
- **Needs change** indicates that this indicator is present but needs improvement.
- **Missing** indicates that this indicator is not present but should be.
- **Not needed** indicates that this indicator is not appropriate or applicable to this report.

After evaluating both reports, examine the self-evaluation form for indicators consistently marked Needs Change or Missing. This will help you to pinpoint what you may want to change. Remember, not all criteria should apply to all reports.

You can repeat this self-assessment process to evaluate progress toward change in report writing and to select new areas to target for change.

**Writing a Change Plan**

![THE POWER OF CHANGE](image)

- **Crystalize your desire to change into clear steps**
- **Identify and use key people to execute those steps**
- **Focus your resources on achieving those steps**

Change plans should be simple. They involve setting a goal, identifying several activities to meet the goal, and creating a way to evaluate progress toward the goal. By having a written plan for improving your report writing practice, you can avoid trying to change too much at time. You can monitor closely your progress in the area you have selected. A change plan form appears in Appendix A.
The steps in creating a plan are listed below.

1. Briefly summarize the aspect of report writing that you have identified for change through your self-assessment at the top of your change plan;

2. List three actions you could take to move toward accomplishing your goal for change.

3. Identify the time frame for accomplishing your intended change and any resources (human or material) you might need to complete the change. Resources might include securing email access to other team members, identifying a peer to read passages that you have composed, or obtaining more timely access to equipment. [A form for identifying resources available at your site appears in Appendix A.]

4. Identify any potential barriers to implementing your change plan. Keep in mind the universal barriers:
   - It always takes longer than you expect.  
     Solution: Cultivate persistence.
   - Great expectations fall in the face of reality  
     Solution: Take baby steps. Remember, you are not trying to cure but to move in the desired direction.
   - Don't do it unless you can do it perfectly.  
     Solution: Perfection is for the next life, not for this one. You will make mistakes, but celebrate your progress.

5. Now it is time to implement your change plan. Work with the element you have identified for several weeks, through several reports. When you feel comfortable with the change you have made, conduct another self-assessment. Select two newly written reports and repeat the self-assessment process.

### Sample Change Plan

**Strand: Background Information**
**FINDINGS:** little information available regarding child’s family to put in the report

<table>
<thead>
<tr>
<th>Plan of Action</th>
<th>Timeline</th>
<th>Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 1: review intake form for specific family information</td>
<td>6/30</td>
<td>child find team for discussion; secretary for typing team</td>
</tr>
<tr>
<td>Step 2: revise form</td>
<td>7/30</td>
<td></td>
</tr>
<tr>
<td>Step 3: use revised form in assessment process and resulting report</td>
<td>9/30</td>
<td></td>
</tr>
</tbody>
</table>

**Barriers [list potential barriers to change them]**
busy time for holding discussions with others
some team members may find this process intrusive
Section 2:

Supporting and Sustaining Change

James Belasco, in his book *Teaching the Elephant to Dance*, describes the change process in corporations and bureaucracies as working with elephants which have been shackled and taught to move in one and only one way. Then, when you remove the shackles, the elephant moves in one and only one way. To produce change you need to light a fire under the elephant to get him to move in different ways without burning down the circus tent. The shackles we are all familiar with: "We have always done it that way!", "But the law says...", "We tried that. It didn't work.", "We already do that.", or "It's a good idea, but...

THE POWER OF VISION

- Focuses attention
- Inspires commitment
- Guides action

The purpose of a Vision Statement is to light the fire. It is a statement about what we want assessment reports to look like and should permeate everything that we do. A good quality vision statement focuses our attention on where we want to go. It inspires us to do the painful work to get there. And it also provides us with a guide for action. The vision statement by the Learning Community guided our work in generating criteria and assembling this technical assistance document. It can assist you as you strive to sustain change as you ask yourself: Are my actions contributing to the vision?

The New Mexico Learning Community in Report Writing
June, 2001
Problems to Anticipate

All systems and all work environments contain elements which can constrain progress in making change. It is important to identify as part of constructing your change plan any barriers that you foresee. A barrier not named will not be noticed in time to do something about it or avoid it.

Sometimes barriers are HOT buttons; they need to be worded carefully on your change plan. For example:

For an equity barrier in which the family believes in teacher expertise and you believe in partnership, instead of writing “family resistance to partnership,” try “clear separation of family and teacher roles.”

For a superficial review of family rights, instead of writing “the school is not interested in families,” try “the school is not ready to change its family involvement model.”

Rarely are barriers as simple as the two or three-word phrases we use to describe them. For example, you might identify district resources as a barrier to active family involvement. Often the solutions to such apparently simple barriers will need researching, perhaps a change in team composition, may need thinking outside of the box.

Then, there are predictable barriers such as those that field testers encountered when using the report writing criteria. It is very likely that you will encounter similar barriers.

Time

Time is a barrier to almost every innovation. There is never enough time to do what we need to do or what we think we should do. Case loads rise; evaluations stack up; someone resigns and we inherit their cases; the district is behind so we have 17 IEPs next week. And time marches on.

One of the ways to make time less burdensome during the change process is to break the task into very small steps. Change is not accomplished all at one time. Rather, change is one step at a time. And each of those steps need to be celebrated. So, if you find yourself unable to begin because you are overwhelmed by not enough time, stop. Pick something to do that is very small. Perhaps read the section of the document that addresses an area in which you have interest. Then, stop. You have just made a change. Recognize it. Celebrate it. Then, pick something else that is very, very small.

High case load

High case loads can be particularly difficult in any attempt to change how we practice what we do. Even when we are successful in selecting a small piece for change (e.g., active, first person verb structures), attempting to implement the change in all assessment reports can be overwhelming when case loads are too high. The situation can become even more complex if
the choice for change involves learning a new skill such as writing results that are integrated across assessment tools.

One of the ways to make case load less constraining during the change process is to select only a portion of the cases on which to practice the change in report writing. As you become more fluent in the change you have selected, you can phase in a larger number of cases.

**Resource allocation**

Access to resources can be both a constraint and a facilitator. Resources include funding and time for scheduling meetings with other staff as well as opportunities for professional development, access to expertise, written documents, peer support for coaching and feedback, hardware and software for report production, among others.

Typically, we notice only what we do not have and the lack makes attaining the change we seek more difficult. We are less likely to notice those resources woven into the fabric of everyday practice; e.g., the laptop we drag around from site to site, the manual in the office on technical writing, the informal conversations with other staff about refining family partnerships, access to e-mail.

One of the ways to mitigate difficulties with resources is to have a thorough understanding of the resources available at your site and your pattern of using them (see Appendix A for a scale to help you identify environmental resources). Professionals who participated in the field testing frequently commented that they had not given much thought to the resources available to them. Some resources that you seldom access can be used to bypass problems in other areas. For example, when there is little opportunity for face-to-face contact with colleagues, e-mail can serve as a means of obtaining feedback and support from colleagues.

Some resource constraints present problems that cannot be bypassed easily. For example, outdated equipment that has a high rate of failure creates barriers not only to you as you implement change but also to everyone at your site who relies on that equipment. It can be treated as an insurmountable barrier that feeds office stress. Alternatively, it can be treated as an occasion for collaborative problem solving to create a plan for updating the equipment. Administrators who are informed about both the problem and potential solutions are in a better position to act toward resolution.

**Information access**

One of the issues that can surface as you begin to redesign your report is access to information. Perhaps you have targeted cultural and linguistic diversity within the Background Information section and you discover there is little information beyond the language spoken at home. Or you have selected addressing activities for families within Conclusions and Next Steps but can find no information on family preferences and routines. Missing or limited information can be seen as a barrier to the change process. It also can serve as a red flag for examining how information is gathered and shared among team members.
There are many reasons for access problems. Information may have been collected and stored in a written form but not circulated among team members. Or the information collected may not include items that would help you in addressing your targeted areas.

Sometimes information is collected but not stored in a format that can be readily shared across team members such as shorthand on sticky notes or information held in working memory of the team member who has had the most contact with the referral source or the family. Then, there will be times when the information is simply missing.

When you encounter information access problems, you need to identify the reason. Solutions for problems of information sharing are different from solutions for problems of missing information. Making the assumption that information is missing when it is simply not shared can lead to duplication of efforts; e.g., several team members collect the same information from the same source. Several people asking a teacher, family member, or child care provider the same question can have the unintended side-effect of decreasing participation in the assessment process.

Strategies for improving information sharing across team members have been described in the overview to Part I of this document. In addition, teams might want to consider formalizing information sharing by developing a procedure for access to intake information, child study team reports, child find data, etc.

Strategies for addressing missing information might include redesigning intake or referral forms, adding environmental components to the assessment process (family routines, classroom routines), increasing the role of families and significant others in the assessment planning process, and identifying who will collect information and how the team member will make it available to others during assessment planning.

**But, writing is so hard**

Yes, that is the truth. Sinclair Lewis once noted:

>“Writing is just work – there’s no secret. If you dictate or use a pen or type or write with your toes – it is still just work”.

But we do many things to make it even harder than it is. We worry that it won’t sound intelligent and then decorate the passages with empty phrasing and jargon. We have flashbacks to our college writing teachers and their notorious red pens and then refrain from showing a difficult passage to a colleague for feedback. Or we surround ourselves with raw assessment data in the hope that something will rise to the surface and then become paralyzed by information overload. Occasionally, we have panic attacks, so worried that we will make a mistake that we write nothing of substance. And we force ourselves into thinking through the whole thing perfectly before we commit to writing, forgetting the wisdom of E. M. Forster: “How do I know what I think until I see what I say.”

These and other writer’s blocks are barriers we impose on ourselves, unnecessary baggage that makes writing a painful act. One way of overcoming them is to invest in prewriting activities. Using lists and charts to organize information can help alleviate information overload. Concept
maps and diagrams can help capture how a child’s skills and capacities are interrelated. Some writers may find it helpful to use the criteria as stimuli for composing sections or paragraphs. When the words just won’t come, talking to a tape recorder can get you past the blank page syndrome. All the information generated in prewriting activities can be pulled together into a detailed outline. Assessment reports are technical writing, not creative writing, and benefit greatly from detailed outlining. The more information that you can arrange within an outline, the easier it will be to create the draft. Sample drafts illustrating a report outline for a toddler, a preschooler, and a second grader appear in Appendix B.

How Administrators Can Help

In their examination of supports for change, the Division for Early Childhood observed that recommended practices are more likely to be used when administrative support is present. For example, change happens when policy, structure, and resources promote the practice. Change is painful; we are comfortable with what we do. Change is anxiety producing; we worry about not being able to do what we need to do. Change is risky; we worry about the consequences of failing. Yet, change is motivated by pain (I wrote a terrible report), anxiety (what if they misinterpret what I wrote), and risk (I have to find a way to do this better). Administrators who are successful in promoting change recognize that it requires more than aligning policy, structure, and resources with the desired outcomes. It also requires creating a work climate aligned with self-directed change. There are three primary things administrators can do to support the change process in assessment report writing: examining local documents, fostering family partnership, and supporting professional development.

Examining local documents

The early childhood field emphasizes a participatory role for families in all levels of policy—federal, state, and local. In keeping with this position, families were part of the learning community which generated the report writing criteria, the vision statement, and the principles of report writing. Families also served as reviewers for this technical assistance document. But policy is not just federal and state regulations, interagency agreements, and technical assistance documents. It also includes local procedures and documents.

One issue that emerged during the field test of the criteria was the perception that their sites (Part C and Part B) did not have written philosophy and procedures at the local level that addressed report writing and the family’s role within that task. For some sites, it may not be addressed. For others, it may be part of orientation but not part of the ongoing staff development process. For still others, it may be part of mentoring but not incorporated within the vision or mission documents.

Having access to a written statement of the program’s philosophy regarding the family’s role in the assessment process (including report writing) enables staff to share that information with families. It also helps staff in making decisions about professional growth. It also can be a vehicle for breaking down interpersonal barriers within the staff stemming from issues of territorialism, cross disciplinary communication, and professional trust.
Administrators can support the change process by

- Evaluating current program policy against early childhood recommended practices for policy (see annotated bibliography for recommended practices)
- Reviewing and revising program vision and mission statements in the company of stakeholders such as families, service providers, specialists, diagnosticians, other administrators (see annotated bibliography for additional information on vision/mission).
- Ensuring that written policies are part of the orientation for new personnel
- Enfolding written policies into staff problem solving activities
- Using written policies as part of the program review process

**Fostering family partnerships**

Consistent with the 1997 revision of IDEA, the early childhood field has articulated a choice-based role for families in all phases of assessment: planning, team composition and style, information sharing, conducting assessments, interpreting information, etc. The perception held by field testers was that their sites (Part C and Part B) supported a singular role for families within the context of report writing: the recipient of the report. This perception can present a major barrier to change for those professionals who seek to enhance family partnerships in the area of assessment report writing.

Administrators can support the change process by:

- Becoming familiar with the ways in which partnerships with families can enhance both service delivery and systems change (see annotated bibliography)
- Reviewing program policies and procedures to ensure that written philosophy is in accordance with family centered context
- Providing for site-based inservice training opportunities family partnerships that include all the disciplines and families
- Examining human and material resource deployment for aspects that impinge on a participatory role for families (e.g., scheduling, caseloads, hardware deployment, telephone restrictions)

**Supporting professional development**

One of the characteristics of providing early childhood services (birth to age 9) is meeting the challenge of solving complicated problems within complex environments. Whether assessment or intervention, much of the work is completed in professional isolation. Opportunities to engage in reflective dialogue that seems to be a foundation for successful self study are rare. Yet, mutual support can be instrumental in maintaining the momentum for change. Peer support and coaching can aid professionals in (a) keeping change targets small and manageable, (b) clarifying
targets for change and steps to attain change, (c) providing encouragement during the acquisition and practice stages, (d) listening to feelings and frustrations, (e) reviewing passages and providing feedback, and (f) celebrating accomplishments.

Administrators can support the change process by

- Recognizing self study in report writing as part of official professional development
- Disentangling self study in report writing from mechanisms of staff evaluation
- Providing mechanisms for peer coaching separate from traditional supervisory practices (see annotated bibliography for additional information)
- Encouraging partnerships for peer coaching that are voluntary and arise from common interest
PART III

DEVELOPMENT OF THE ASSESSMENT

REPORT WRITING CRITERIA

Part III of this technical assistance document provides a history of the development of the criteria for early childhood assessment report writing. It describes the formation of a Learning Community in report writing and the development of a vision for early childhood reports. It illustrates how the Learning Community developed the criteria that form the core of this document and identifies the principles that the Learning Community used as a foundation for each section of the assessment report. This part briefly outlines how these criteria were reviewed and tested by individuals in New Mexico who write assessment reports for Part B and Part C programs and by consumers of those reports. Finally, this part closes with a listing of individuals involved in the Learning Community in report writing.
The Development of the Assessment

Report Writing Criteria

In the spring of 2001, we formed a Learning Community with participants from Albuquerque Public Schools, Early Childhood Services at the UNM Center for Development and Disabilities, Las Cruces Public Schools, Native American Pueblo Parent Resources (NAPPR), New Mexico State University, and Tresco TOTS. The Learning Community included parents, interpreters, diagnosticians, developmental specialists, teachers, occupational and physical therapists, speech-language pathologists, and physicians. These community members came together because they expressed mutual concerns regarding the quality of assessment reports, expressed interest in learning about how to construct more useful reports, and possessed a collective expertise in various areas of assessment and communication of findings.

DEVELOPING THE VISION

The purpose of a vision statement is to focus attention, to inspire change, and to guide action. During the first session of the Learning Community in Report Writing, the community members came together to study issues in writing early childhood reports and examine guidance from law, regulation, and literature. Through discussion, this Learning Community identified problems that we all have encountered in reports about young children: reports the size of dissertations; lists of services in place of goals and strategies; conflicting expectations about what families need and what service providers (e.g., physicians, occupational therapists, school personnel) need; results driven by test scores instead of functional capacities; content not responsive to families’ culture, language, and experiential background.

To criticize is easy. To create a new direction for early childhood assessment reports is more challenging. To begin the change process, members discussed their expectations and contributions, what knowledge and expertise each brings to the table, beliefs about best practice, and desired outcomes. The Learning Community began creating the new direction by examining an evaluation report written on behalf of a child and family who were making the transition from Part C to Part B. Members identified the strengths and weaknesses of the report and engaged in discussion of information that should be excluded or added. They evaluated the report in terms of what was useful to families, service providers, and administrators.

The facilitation team conducted a content analysis of the vision discussion to identify overarching themes and framed themes into a vision statement. We introduced this statement at the second meeting, in June 2001. Members discussed, debated, revised, and edited the statement until consensus was attained.
A Report that Makes Sense

Reports in early childhood reflect the partnership among families and providers and are guided by the families’ priorities, questions, and concerns. Reports present a shared vision of the child, convey useful and understandable information, and strike a balance among consumers’ needs unique to each child.

The vision generated is what we chose to work toward for early childhood reports, whether they address infants, preschool children, or children in K-3. The vision reflects the desired outcome for all sectors represented in the Learning Community: the families, the early intervention system, the early childhood evaluation system, and the school system. It informed all decision making about what to include in the original guidelines and in this technical assistance document.

DEVELOPING THE CRITERIA

In an effort to generate criteria to guide report writing, we reviewed laws regulations, technical assistance documents, and what little literature exists on report writing. We evaluated reports, identified likes and dislikes, and highlighted useful and relevant information. We debated, discussed, revised criteria, and then tested them against our vision of what an early childhood report should be. We used the audio taped record and our written activities to emerge the criteria to guide report writing. These criteria reflect values held by the Learning Community, the needs served by early childhood reports, and the vision held regarding what early childhood reports could become – wisdom born of practice. The criteria generated compose the majority of Part I of this technical assistance document.

PRINCIPLES GUIDING ASSESSMENT REPORT WRITING

Besides generating the criteria for report writing, the Learning Community also identified principles of report writing linked to the four main sections of a report: background information, procedures and tools, findings, and conclusions and next steps.

Principle #1 is a shared portrait of this child's history.

The background information section should help the reader see the child as a person who has a family and life experiences, not just a case. Through integrating information across sources (family perspectives, records, initial contact), this section should reveal a preliminary picture of this child and what experiences this child brings to the assessment process.
Principle #2 is family priorities.

Much information may have been gathered about the child and the child's family; not all of it should be included in a report. When families have good rapport with other members of the assessment team, they may share information orally that they do not want to see in print later. Report writers need to explain to families how background information will be used and why it is helpful to readers of the report. Families need to be asked what they want included in the background section of the personal information they have shared.

Principle #3 is usefulness.

Each detail included in the background section needs to have a connection to the report as a whole; that is, to the reasons for the assessment, the decisions regarding assessment strategies, the findings, or the conclusions and recommendations. Do not include information merely because it is interesting or because it is traditionally reported. Include only the necessary and helpful details.

Principle #4 is individualization.

In early childhood assessment, concerns and purposes drive decisions on how, where, and when to assess. The procedures and tools section needs to show the connection between family concerns, assessment purposes, and the choices made for procedures and tools. The reader should be able to detect how procedural choices addressed the characteristics of the child (e.g., language used, communication style, interests, sensory and response capacities). Consistent with the increased family role in the reauthorization of IDEA, the section also should reflect the family's chosen level of involvement in the assessment process; for example, that the parent was present during the assessment process and provided comments on the quality or consistency of the child's performance.

Principle #5 is multimethod description.

Early childhood assessment is dependent upon using multiple sources, multiple tools, and multiple occasions or settings to obtain a valid appraisal of child's strengths and needs. Tools might include checklists, documents, environmental inventories, interviews, observations, tests, and video and audiotapes. When assessors use clinical and naturalistic observations, interviews, or rating scales to collect assessment data, they need to include descriptions of these measures in addition to their descriptions of the tests used in the procedures and tools section.

Principle #6 is credibility.

Readers will make judgments about the worth of information in an assessment report based, in part, on how assessors collected that information. The procedures and tools section should document the circumstances of assessment such as who collected information, where the information was collected (e.g., classroom, daycare, home, playground, office), who was present during data collection (e.g., extended family, peers, siblings), and session characteristics (e.g., length, frequency, time of day).
Principles

Under some circumstances, the team may need to note specialized training (e.g., training in assessing children who are bilingual, deaf-blind, etc.) When readers judge the procedures and tools as acceptable, they are more likely to use the findings and recommendations.

**Principle #7 is relationship to primary concerns.**

The findings section should directly and visibly address the family's questions and concerns. Families should not have to search through the findings to locate the answers to the questions they raised. Even when a family expresses the concern as a forecast (when will my child walk?), the issue needs to be addressed clearly and honestly.

Reports may have additional purposes generated during the planning phase of assessment (e.g., current developmental status across domains, preparation for transition). Findings need to be portrayed in a way that provides clear and useful information on these concerns for the reader. When an identified concern will be addressed under separate cover, writers should address that fact; but they still should convey available information on the concern (e.g., reporting fine motor performance within the context of assessing communication and cognition).

**Principle #8 is presentation of an individual portrait of the child.**

The goal of the findings section is to present the reader with an integrated portrait of this child. The focus needs to be on individual strengths and needs. The findings need to be balanced; findings should not focus on a singular domain nor be presented as a listing of weaknesses, deficits, or test scores. Even when the purpose of a report is to provide information on a single concern (e.g., articulation), findings need to address how the concern influences other developmental areas (e.g., social interaction, friendships, classroom participation, etc.).

**Principle #9 is relevant information from multiple sources.**

Families and other care providers have important contributions to make to the quality and depth of assessment findings. Families help focus concerns and provide input. Family members also hold perspectives on child strengths, how the child functions within a natural context, and the quality of abilities that are not likely to be revealed within an assessment session. A child who does not jump on command during a Brigance administration may jump on the bed at home. Other care providers can contribute valuable information regarding behavioral variability, coping and social capacities within group routines as well as perceptions of individual capacities and challenges. When sources of information are expanded to include natural contexts, findings can illustrate how the child functions in structured and unstructured situations, compensates for limitations, interacts with peers and siblings, and engages toys and materials.

**Principle #10 is connection to primary concerns.**

The conclusions and next steps section should address the interpretation of the child's overall performance in relation to the family's concerns, questions, and priorities. Some reports may also draw conclusions regarding the child's performance compared
with criteria for categories of eligibility (purpose as initial evaluation), the quality of progress since the last assessment (purpose as progress report), or how patterns of strengths and needs relate to the demands of the next educational setting (purpose as transition).

**Principle #11 is understandable and useful guidance.**

Regardless of purpose, assessment must lead to improving outcomes for children and their families. The conclusions and next steps section should address concrete suggestions in relation to child’s strengths and needs. Suggestions that easily translate to instruction, intervention, and family activities are more likely to be immediately useful for families and service providers. These suggestions need to be realistic and workable within the everyday context.

**Principle #12 is coordination of information.**

Information can be very difficult to assimilate and retain, especially when the information is new or different from our expectations. Often, we explain well what the assessment findings mean, how families can help their children develop, and what programs and services might help. Seldom do we include the same rich description in the report itself. Having something explained once during a meeting is different from having the information in writing. Careful coordination of suggestions shared orally with those included in the written report eases understanding.

**FIELD TESTING AND REVIEW**

During the Spring of 2002, we conducted a field test and evaluative review of the New Mexico Guidelines for Early Childhood Assessment Reports. This review process had two objectives: to obtain data on the context and process of implementing the guidelines and to obtain feedback from administrators, diagnosticians, families, and other consumers of reports on the content, clarity, and perceived usefulness of the guidelines. Field testers included professionals involved in report writing from both Part C and Part B programs. Disciplines represented included developmental specialists, educational diagnosticians, pediatric nurses, physical therapists, occupational therapists, service coordinators, and speech/language pathologists. Field testers attended two, hour-long meetings, completed a site survey of resources for report writing, conducted a self assessment of their own report writing, and developed and implemented a change plan. These steps have been incorporated within Part II of this technical assistance document to assist document users in the change process.

In addition, key informants throughout New Mexico served as reviewers for the guidelines. Reviews included members from Head Start, public schools, and Part C programs. Reviewers received a copy of the guidelines, a review form which they returned to us with their commentary and evaluation. We conducted a content analysis of the information collected during the field test and review. This included a systematic analysis of the feasibility of applying the guidelines in both early intervention and school settings and the barriers and benefits in incorporating the criteria into early childhood assessment reports. We compiled suggested revisions from the field test and review and used them in the creation of this technical assistance document. Finally, we analyzed the resulting revision to ensure compatibility with
both the requirements of the early intervention system (Department of Health) and the requirements of the preschool and school-age service delivery system (Department of Education).

THE LEARNING COMMUNITY IN ASSESSMENT REPORT WRITING

The following individuals participated in the creation of the vision for early childhood assessment reports, the generation of criteria, and the identification of guiding principles for report writing.

Facilitators:
- Kristine Renée Derer, New Mexico State University
- Joyce Hill, New Mexico State University
- Catherine Martinez, New Mexico State University
- Mette Pedersen, Early Childhood Division/CDD, University of New Mexico

Learning Community Contributors:
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- Melissa L. Brown, Educational Diagnostician, Las Cruces Public Schools
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- Sandy Heimerl, Physical Therapist, Early Childhood Evaluation Program/CDD
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- Michele Marshall, Preschool Special Education Teacher, Gadsden Independent School District
- Karen Patrick, Child Find, Albuquerque Public Schools
- Sharon Pecha, Registered Nurse, Early Childhood Evaluation Program/CDD
- Beth Provost, Physical Therapist, Early Childhood Evaluation Program/CDD
- Joe Stephenson, Child Find, Albuquerque Public Schools
- Dianne R. Rivera-Valencia, Director, Tresco-TOTS
- Julie Lindsay Sainz, Developmental Evaluator, Early Childhood Evaluation Program/CDD
- Ann Stile, Service Coordinator, Tresco-TOTS
- Christine Begay Vining, Speech Language Pathologist, Early Childhood Evaluation Program/CDD

The Learning Community in Report Writing, the resulting New Mexico Guidelines for Early Childhood Assessment Reports, and the field testing of the guidelines were funded by the New Mexico Department of Health/Long Term Services Division/Family Infant Toddler Program and The New Mexico State Department of Education.
PART IV

GENERAL INFORMATION

Part IV of this technical assistance document provides general information as a supplement to other parts of this technical assistance document. It summarizes what to consider when writing a report that must address the needs of special audiences. It includes additional questions and answers that address assessment reports in general. Next is a listing of regulatory language that addresses report writing. It closes with additional resources in the form of an annotated bibliography.
Special Audiences

Meeting Insurance Documentation Needs

Many children receive medical coverage and benefits through their family’s private medical insurance company, including children being evaluated for special needs. The documentation provided in the evaluation report may determine the family’s ability to access therapies, medical care, durable medical equipment, or other supports through their private insurance carrier.

Acceptable terminology, evidence of need, and language describing medical or therapeutic necessity, varies from insurer to insurer. Individual company policies and practices will also change over time. A discussion with families prior to conducting the evaluation regarding their insurance coverage is advisable. It is also important to be informed of current expectations by the private insurer in order to help the family meet insurance requirements in order to best serve their child's needs over time.

Meeting SSI Documentation Needs

Currently, the 2001 edition of Disability Evaluation Under Social Security governs eligibility decisions for families seeking benefits under the Supplemental Security Income (SSI) program funded under Title XVI of the Social Security Act. The primary evidence for determination is medical evidence from physicians, psychologists, and optometrists. SSI has a preference for treating sources because they can provide a longitudinal picture. Reports should include medical history, clinical findings (physical or mental status examinations), laboratory findings, diagnosis, treatment prescribed and prognosis, and statements of functional limitations in learning, motor functioning, self care, communication, socializing, completing tasks, and, if the child is below age one, responsiveness to stimuli.

In the section specific to children, standardized tests are the preferred method of documentation when such tests are available and valid; two standard deviations below the mean is the definition of marked restriction. However, there is recognition that standardized devices may not be valid, given a child’s age or background (social, linguistic, and cultural). Also, each impairment has different, explicit criteria. Not all impairments require standardized testing. For example, documentation of Down syndrome does not require IQ testing. Documentation for cerebral palsy is highly dependent on description of functional limitations. It is advisable to provide scores when available and information on functional limitations from someone who is familiar with the child and can address the child’s ability to do age-related activities. Programs that regularly prepare information for SSI should consider obtaining a copy of the Disability Evaluation book. (See Additional Resources section.)
Meeting DD Waiver Documentation Needs

When a child may be eligible for benefits under the Developmentally Disabled (DD) Waiver, it is important to inform the family about the application process, which may be included as a recommendation in the report. Personnel of the Long Term Services Division of the Department of Health make the eligibility determination for persons with severe chronic developmental disability (not including mental illness) and mental retardation or a specific, related condition who require individualized, life-long services. The Division bases disability determination on evidence of substantial functional limitations in three or more major life activities: e.g., self care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self sufficiency (8.290.400 NMAC). Providing a specific statement of the level of development (as a range, suspected level, or a score) along with clear documentation of functional limitations within the report or as a tabled attachment is important. Norm-referenced test data are preferred, including standard scores and age equivalents. Documentation of functional limitations through professional judgment supported by criterion referenced tools and observation can be useful when results from standardized tests have questionable validity due to the child's age, cultural/linguistic background, or other circumstances that prohibit standardized test administration.

Frequently Asked Questions

In case you still have some unanswered questions about what should be in assessment reports, we have included the following.

Q1: What does a family-centered report include?

A: Family centered is not a particular section in a report nor the inclusion of specific items. A report is family centered when it supports the family in their roles as partners and decision makers. Using the family's knowledge about their child’s capacities, routines, and circumstances supports that partnership. Addressing their concerns in a clear and specific manner enables them to make program decisions in an informed and responsible way. Respecting their choices about how they wish to be involved in assessment and report writing, including the choice to be minimally involved, is a family-centered action.

Q2: What are some techniques to emphasize the family as an integral partner in the assessment process and report?

A: Start by listing the family as a team member in the assessment. Report family comments from interviews or rating scales. List or describe family concerns and questions in statements about why the
child is being assessed. Have family members work with you when writing the report.

Q3: Being family centered is all well and good, but what about those families, you know—the ones who won’t participate?

A: Each family has its own reasons for choosing how to participate. Limited involvement can reflect a cultural expectation that decisions about what goes in a report should be made by the professional. Other reasons might include past experience in which professionals did not value the family’s perspective, attention to competing demands such as food and shelter which leave little time and energy for one more task, a belief that one has nothing valuable to contribute, among others. When the family’s choice about level of participation is different from your expectation, follow the family’s lead. Family centered means presenting opportunities, cultivating partnerships, and respecting choices.

Q4: How do I write a report that parents can understand and professionals can get the technical information they need?

A: Write it in standard English in a well-organized and concise way. Adapt your use of technical language to the family’s experiences and familiarity. Some families will need more explanation; other families will be comfortable with technical information. Clear explanation of technical information will not offend the professionals with similar training to yours; they will read more quickly and skip the portions that they do not need. For professionals whose training is different from yours, clear explanation will ensure that they understand the information you are providing.

Q5: Isn’t a picture of the child the same as the family’s concerns?

A: To some extent, yes. A part of the picture is the concerns about the child. These concerns may reflect an area(s) or skill(s) in which the child is experiencing difficulty or the family needs help or sees a need for intervention. But the other part of the picture is what the child does well, enjoys, and likes.

Q6: Can I include direct questions from the parents in the report?

A: Absolutely. But first, check with parents to see if they want them in the report and how they want them stated.

Q7: Where do I put referral questions or concerns?

A: This information could appear in a brief introduction at the beginning of the report. It could also appear as a short subsection in the background section.
ALTERNATIVE:
It would also be way cool if you came back around to it in the conclusions and next steps section.

Q8: Can there be more than one focus in a report?
A: If you think of your report as a portrait of a child, then the one focus of the report is that child. However, there may be several major areas or purposes concerning the child that need to be written about, such as medical concerns and motor development.

Q9: If I change my report style to one that is more clear and direct, won’t specialists such as doctors and therapists see it as unprofessional?
A: No. Like you, specialists have high caseloads and tight schedules. They do not have the time to read 20 page reports, particularly ones laced with specialized language. Describing an 8-year-old’s problem solving in terms of fluid and crystalized intelligence or a 1-year-old’s toy play as tertiary circular reactivity will send the best cognitive specialists back to the textbook. Even technical language that enjoys wide-spread familiarity can fail in communicating your intent. For example, the observation that Kim displays oral tactile defensiveness is very telegraphic. It does not convey the same understanding as the observation that Kim jerks her head backwards when a spoon or a finger touches her lips and tongue. Both parents and professionals need clear and complete information to make decisions that are sensitive to a child’s unique strengths and needs.

Q10: What is an appropriate length of a report?
A: The length of a report is wholly dependent on the extensiveness of the assessment and the individual child. There is no one appropriate length. However, keep this in mind: summarizing and being concise really help the reader.

ALTERNATIVE:
Abraham Lincoln, when asked how long a man’s legs should be, replied long enough to touch the ground. That seems just about right for a report, long enough to tell the story.

Q11: How do I scale back a lengthy report yet keep it meaningful?
A: Summarize information, such as complex or extensive medical background. Try incorporating some charts to shorten lengthy information. Consider an appendix for a lengthy tools and procedures sections. Go through and eliminate redundant words or information.
Q12: What if I am testing a child who is culturally and/or linguistically diverse, is there specific information that needs to be included in the report?

A: Yes! You need to include information about language dominance, preference, and proficiency about both the child and the family in the report. You also need to include information that describes any assessment procedures used to determine dominance, preference, or proficiency. Report any strategies you used to account for diversity in testing, observation, or interview. You also need to discuss the impact that differences in language or culture may have on the child’s current or future performance, the family’s goals, the family’s participation in intervention, or other related issues.

Q13: Where do I report information concerning the child and family’s language dominance and proficiency?

A: This information should appear in some manner throughout the report, especially if the language is other than English. Language should certainly be addressed in the background section. If assessment procedures were used to determine dominance and proficiency, the procedures should be addressed in the procedures and tools section and the results in the findings section. Additionally, the impact of language should be addressed in the conclusions and next steps section.

Q14: Are there situations in which I can use the case history information instead of conducting a parent interview?

A: Yes, there might be these situations. You do need to include information from parents in the report. Be mindful about checking the case history. Did it come from parents? Is it a case history derived from another case history? Is it a case history from a relative no longer involved with the family? Is it a case history from another agency? Check on the case history, and ask the question, “Is this case history a good reflection of parent input and the current status of the child?”

Q15: Do I address other developmental areas if the purpose for the assessment was very specific, such as evaluation of articulation skills?

A: Yes. You need to refer to other areas of development, at least with statements about the typicality of these areas. Areas of development for young children often overlap and impact one another. You also need to explain the impact that articulation may have on other developmental areas (e.g., social interaction, classroom participation). Keep in mind that you are trying to present a picture of a child, not just the “parts” of a child.
Q16: When is it okay to incorporate jargon in a report?

A: Technical language or jargon may occasionally enhance meaning, especially for other professionals or parents who are well versed in the language of their child’s disability. It is important to remember that technical terms need brief plain English definitions to accompany them because not all readers will be familiar with the specific terms of all professions.

ALTERNATIVE:
Murphy’s Law—If you run across a technical term in a report that you do not understand, just skip it; chances are it doesn’t mean anything anyway.

Q17: How can I check to see if my report is meeting all required regulations?

A: We have included some of the regulations governing reports from both Part B and Part C of federal legislation, as well as information from New Mexico State Regulations. The best way to check your report is to access regulations (either online or with a written copy) and cross check your report.

Regulatory Language

This section contains verbatim federal and state language addressing elements of report writing. We have included passages from IDEA, the Code of Federal Regulations, New Mexico Administrative Code for special education and for the Family Infant Toddler Early Intervention Services.

Federal Legislative and Regulatory Language

Addressing Report Writing

Individuals with Disabilities Education Act Amendments of 1997 (P. L. 105-17)

Sec.614. Evaluations, Eligibility Determinations, Individualized Education Programs, and Educational Placements

(b)(4)(B) “a copy of the evaluation report and the documentation of determination of eligibility will be given to the parent.”

Federal Regulations for the Assistance to States for Education of Children with Disabilities (part 300), the Preschool Grants for Children with Disabilities (part 301), and the Early Intervention Program for Infants and Toddlers with Disabilities (part 303).
Federal Register Part V, 34 CFR Part 300, §300.532

Note 3: If an assessment is not conducted under standard conditions, information about the extent to which the assessment varied from standard conditions, such as the qualifications of the person administering the test or the method of test administration, needs to be included in the evaluation report. This information is needed so that the team of qualified professionals can evaluate the effects of these variances on the validity and reliability of the information reported and to determine whether additional assessments are needed.

Federal Register Part V, 34 CFR Part 300, §300.543 Written report

(a) For a child suspected of having a specific learning disability, the documentation of the team’s determination of eligibility, as required by §300.534 (a) (2), must include a statement of:

(1) Whether the child has a specific learning disability;
(2) The basis for making the determination;
(3) The relevant behavior noted during the observation of the child;
(4) The relationship of that behavior to the child’s academic functioning;
(5) The educationally relevant medical findings, if any;
(6) Whether there is a severe discrepancy between achievement and ability that is not correctable without special education and related services; and
(7) The determination of the team concerning the effects of environmental, cultural, or economic disadvantage.

(b) Each team member shall certify in writing whether the report reflects his or her conclusion. If it does not reflect his or her conclusion, the team member must submit a separate statement presenting his or her conclusions.

(Authority: 20 U. S. C. 1411 note)

New Mexico Regulatory Language Addressing Report Writing

New Mexico Department of Education
Special Education Regulations

NMAC 6.31.2.10 D

(5) Each public agency shall maintain a record of the receipt, processing and disposition of any referral for an individualized evaluation or reevaluation. Each evaluation or reevaluation shall be completed within a reasonable time and all appropriate evaluation data, including summary reports from all individuals evaluating the child, shall be reported in writing for presentation to the IEP team.
NMAC 6.31.2.10 E

(4) Public agencies in New Mexico shall devote particular attention to the foregoing requirements in light of the state’s cultural and linguistic diversity. Persons assessing culturally or linguistically diverse children shall consult appropriate professional standards to ensure that their evaluations are not impermissibly discriminatory and should include appropriate references to such standards and concerns in their written reports.

NMAC 6.31.2.10 F

(1) (b) The public agency must provide a copy of the evaluation report and the documentation of determination of eligibility to the parent.

New Mexico Department of Health
Requirements for Family Infant Toddler Early Intervention Services

NMAC 7.30.8.10 E. (6) (7)

(6) An evaluation report shall be generated that summarizes the findings of the interdisciplinary evaluation team. The report shall summarize the child’s level of functioning in each developmental area based on assessments conducted and give a picture of the child’s overall functioning and ability to participate in family and community life. The report shall include recommendations regarding the child’s eligibility for the Family Infant Toddler Program. The report shall include recommendations regarding approaches and strategies to be considered when developing IFSP outcomes.

(7) Parents shall receive a copy of the evaluation report and shall have the results and recommendations of the evaluation report explained to them by a member of the evaluation team or the service coordinator with prior consultation with the evaluation team.

ADDITIONAL RESOURCES

In compiling this technical assistance document, we consulted several resources. We have provided very brief descriptions of each one to help those who desire more information. The bibliography is organized around three themes: family partnerships, report writing, and supporting the change process.

Family Partnerships


Discusses the importance of including family input in the assessment report. Gives specific examples and strategies for incorporating a family perspective in the report.

Describes a survey sent to parents in an attempt to find out what kind of information parents want from teachers and assessment professionals. Lists parents’ recommendations to teachers, psychologists, and physicians.


Provides suggestions to restructure the assessment process to facilitate the building of partnerships with families.


Describes eight case studies that illustrate cultural differences in response to the special education process. Illustrates the concept of developing a posture of cultural reciprocity.


Outlines assessment practices that emphasize collaboration, appropriateness, utility, information sharing, and procedural requirements. It highlights the vital role of families in the assessment process and the critical need to accommodate young children’s developmental and individual characteristics.


Outlines small steps toward building strong family-professional partnerships at both the service delivery level and the policy level. It has useful illustrations of balanced partnership and cultural competence. It highlights addressing families unique needs and building mutual respect.

**Report Writing**


Describes an alternate method of presenting information in an assessment report. Illustrates a report written using a question and answer format.
Resources


A general guide on the writing of assessment reports. Offers some specific suggestions on ways to improve reports.


A practical reference guide for professional writing. It covers design and layout, grammar, organization, paragraph and sentence construction, word usage, writing style, among others.


Presents some practical suggestions on how to eliminate technical language when dealing with parents and other professionals.


Describes different types of assessment reports. Presents specific suggestions and examples for the preparation of clinical reports.


Describes different disability programs administered by the Social Security Administration. It explains medical and other evidence required to make disability determinations, requirements for specific impairments, and requirements relevant to children under age 18.


Discusses potential influences on report writing. Presents an approach to writing a report and discusses some of the challenges in dealing with sensitive information.

Supporting the Change Process


A practical examination of planning and implementing change in primarily corporate organizations. It has useful illustrations of developing a vision for change and enlisting key stakeholders in creating change.

Identifies infrastructure elements within and across agencies and suggestions for developing that infrastructure. It highlights the roles of family collaboration and administrative leadership in effecting change.


Describes key issues and specific practices that distinguish different supports for personnel development. The chapter delineates coaching tasks and provides additional resources for the coaching process.


Describes strategies designed to enhance transfer of training to the work environment. The chapter illustrates developing an individual change plan within the context of peer support groups.
APPENDIX A

SELF-STUDY FORMS

✧ Self-Assessment for Report Writing
✧ Environmental Support for Report Writing
✧ Individual Change Plan for Report Writing
Completing a Self-Assessment of Report Writing

The assessment instrument is divided into four areas: Background information, Procedures and Tools, Findings, Conclusions and Next Steps. Each area has a section on Content Indicators which addresses the specific content that you might consider including in your report. Each section also has a part on Quality Enhancement, which addresses items to avoid as well as composition and organization items.

Select two reports for assessment. For each report selected, enter your judgment on the self-assessment form of the degree to which the report reflects the criteria listed. Although you can assess your reports against all four areas, it may be more useful to select one area to assess. Work within that area until you are satisfied with the changes you have accomplished. Then, select another area.

1. To record your judgment, place a checkmark under the appropriate column.

   - **Strength** indicates that this indicator is a strength in this report.
   - **Needs change** indicates that this indicator is present but needs improvement.
   - **Missing** indicates that this indicator is not present but should be.
   - **Not needed** indicates that this indicator is not appropriate or applicable to this report.

2. After evaluating both reports, examine the self-evaluation form for indicators consistently marked Needs Change or Missing. This will help you in pinpointing which elements you may want to change. Remember, not all criteria should apply to all reports. Enter potential elements for change at the end of the section you assessed.

3. Select one element to work (e.g., tools portrayal, tone, background information – child’s family, etc.). Mark your selection by entering the date next to the element under the appropriate section.

   **Selection advice:**
   a. We advise against attempting to change everything all at once. Work with your chosen element until you have achieved the change you desire.
   b. Choose an element to change because it is personally meaningful rather than one fraught with problems. In order to maintain momentum for change, it is important to experience success.
<table>
<thead>
<tr>
<th>Area: Background Information -- Content Indicators</th>
<th>Report One</th>
<th>Report Two</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Child’s Information</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Characteristics: likes and dislikes, personality, self-regulation, social interaction, temperament, uniqueness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demographics: age, sex, family composition (parents, guardians, siblings, etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Developmental/learning history: learning preference/style, milestone accomplishments, needs for specific structure or cues, play, summary of previous assessment results</td>
<td></td>
<td></td>
</tr>
<tr>
<td>History of concerns: how family's concern/question developed, duration of concern, situations in which concern is displayed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical status: appearance, birth history, growth, health status, hearing and vision, medical history, medicines, nutrition and eating</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Typical day: activities and routines, coping with routines and change in routines, opportunities to interact with age peers and learning activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Special circumstances: extended hospital stays, medical diagnoses, impact of medical conditions on routines, current/previous program eligibility/participation</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Family’s Information</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family history: family routines, occupational information, significant medical history, length of time in the community, where the family lived previously</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family resources: child care, community programs, early intervention participation, extended family, Head Start</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Special Circumstances</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cultural/language differences: picture of language in the home, translation needs, language dominance, acculturation, family values/beliefs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Economic issues: housing or other financial hardships that the family believes is important to include</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Special Circumstances, cont.

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

### Assessment Purposes

| Family concerns: concerns about the child, the progress of intervention, daily participation in activities |
| Family questions: questions about the child's skills or abilities, progress in therapy or intervention, the child's needs |
| Family priorities: goals and dreams the family has for the child, priorities about intervention or therapy, priorities concerning schedules |
| Referral or progress questions: questions from teachers, daycare providers, or other program personnel; questions from other agencies (e.g., doctors, social workers, insurance personnel); questions resulting from additional assessment requests |

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### Area: Background Information -- Quality Enhancement

| This section of the report avoids: |
| Duplications: information that is current to this report by restating purposes, reporting information acquired during assessment process, stating interpretations, or providing recommendations |
| Other histories: information that addresses other people's background (e.g., training or experience of this child's daycare providers, assessor's experiences in building rapport) |
| Speculations: causes, rumors, statements regarding how life history contributed to problems, family's reluctance to share information, opinions about family's acceptance of disability |

---

<table>
<thead>
<tr>
<th>Report One</th>
<th>Report Two</th>
</tr>
</thead>
<tbody>
<tr>
<td>strength</td>
<td>needs</td>
</tr>
</tbody>
</table>
This section of the report includes:

- Items that personalize the history; e.g., child’s favorite toy, food, routine
- Information on family’s joys, pleasures, and hopes for child
- Information on assessors’ initial contact

As a whole, this section of the report:

- Provides a beginning portrait of this child
- Reflects what this family believes is important
- Reflects family’s chosen level of participation in report preparation
- Includes information that is helpful in understanding the report
- Includes a level of detail consistent with the purposes of the report without redundancy
- Reports information carefully, factually, with minimal technical terms
- Shows cross-audience appeal
- Avoids impersonal tone

SELF-ASSESSMENT SUMMARY FOR BACKGROUND INFORMATION

[List potential elements to change. Select one element to work on. Mark selection by entering the date.]
### Appendix A

## Area: Procedures and Tools -- Content Indicators

### Information Gathering

<table>
<thead>
<tr>
<th>Description of tools: [answer for each item listed]</th>
</tr>
</thead>
<tbody>
<tr>
<td>names of published tools ........................................</td>
</tr>
<tr>
<td>brief description of unpublished tools .....................</td>
</tr>
<tr>
<td>identification of all sources of information ................</td>
</tr>
<tr>
<td>shows how purposes are related to choices of procedures &amp; tools ..................................................</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Procedures: [answer for each item listed]</th>
</tr>
</thead>
<tbody>
<tr>
<td>team members and their roles, including the family's chosen role .............................................</td>
</tr>
<tr>
<td>situational circumstances including where, when, how long, how often, and persons present ..................</td>
</tr>
<tr>
<td>unusual circumstances that might affect findings and interpretations .............................................</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>General accommodations: descriptions of methods used to address child's unique characteristics and needs including [answer for each item listed]</th>
</tr>
</thead>
<tbody>
<tr>
<td>adaptive strategies (e.g., response modes, breaks, etc)........................................</td>
</tr>
<tr>
<td>alterations to any standardized procedure ........................................................................</td>
</tr>
<tr>
<td>cultural considerations ..........................................................................................</td>
</tr>
<tr>
<td>interpreters or translations needed .........................................................................</td>
</tr>
<tr>
<td>language used in assessment ..................................................................................</td>
</tr>
<tr>
<td>rapport-building procedures ...................................................................................</td>
</tr>
</tbody>
</table>

### Disclosures That May Be Required by Program or by Law/regulation

<table>
<thead>
<tr>
<th>Compliance with statutes and regulations regarding nondiscriminatory testing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description of the extent to which assessment varied from standard conditions</td>
</tr>
<tr>
<td>Basis for making learning disability determination</td>
</tr>
<tr>
<td>Reference to professional standards for assessing CLD diverse children</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Report One</th>
<th>Report Two</th>
</tr>
</thead>
<tbody>
<tr>
<td>strength</td>
<td>needs change</td>
</tr>
</tbody>
</table>

Technical Assistance Document for Early Childhood Assessment Report Writing 90
### Area: Procedures and Tools -- Quality Enhancement

<table>
<thead>
<tr>
<th>This section of the report avoids:</th>
<th>Report One</th>
<th>Report Two</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment results: test scores, observation data, interview information, details on the findings regarding language dominance; details on the findings regarding dynamic assessment of adaptive strategies</td>
<td>strength</td>
<td>needs change</td>
</tr>
<tr>
<td>Irrelevant detail: excessive detail on the assessment setting, psychometric properties of tests, technical description or exhaustive listing of what a test measures</td>
<td>strength</td>
<td>needs change</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>This section of the report includes:</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Describing tools used across team members first, followed by tools addressing particular concerns</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Using bullets that link information in place of narrative (e.g., Preschool Language Scale—Spanish Ed., taped language sample—home 30 min, daycare 30 min)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Using a table format (e.g., purpose, tools, and circumstances)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>As a whole, this section of the report:</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Shows how the tools are related to the purposes of assessment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Connects the procedures to the unique needs of this child</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shows how this family participated in collecting the information</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Helps the reader understand how the information was gathered</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Avoids unexplained technical terms and impersonal tone</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shows cross-audience appeal</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SELF-ASSESSMENT SUMMARY FOR PROCEDURES AND TOOLS

[List potential elements to change. Select one element to work on. Mark selection by entering the date.]
### Area: Findings -- Content Indicators

<table>
<thead>
<tr>
<th>Child’s Developmental and Functional Abilities</th>
<th>Report One</th>
<th>Report Two</th>
</tr>
</thead>
<tbody>
<tr>
<td>Concrete comparisons: current to previous performance, specific examples of what is typical or what would be expected next; test scores reported as range with explanation of the meaning and examples of skills present</td>
<td>strength</td>
<td>needs change</td>
</tr>
<tr>
<td>Integrated developmental description: all areas of concern (family questions, report purposes), progress in areas no longer of concern, specific examples illustrating skill or ability, focus on strengths and needs, influence of difficulties in one developmental area on performance in another area</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family and professional interpretations: how child attends, plays with peers and toys, reacts in structured vs. unstructured situations; quality and representativeness of child's responses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Limitations of evaluation/assessment: problems the assessment team experienced in establishing and maintaining rapport, obtaining an adequate sample of skills and behaviors, accommodating the child's unique cultural, linguistic, or response capacities</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Related Considerations That Affect this Child's Performance

<p>| Cultural/linguistic differences: culturally-linked developmental expectations, exposure to learning activities, materials, and play experiences; family-child interaction styles; linguistic skills and proficiency in first and second language; language use and exposure across natural settings and conversational partners | | | | |
| Environmental factors: adult expectations, environmental supports (instruction, routines, schedules, structure), and physical layout | | | | |
| Family context (at family's discretion): unique knowledge, resources, and experiences that enhance development; self-identified needs for information and support; beliefs, preferences, and values regarding child-rearing, development, learning | | | | |
| Health/sensory capacities: interaction of health, medical conditions, medicines and developmental performance | | | | |
| Personality: interaction of coping style, learning style, likes and dislikes, state, temperament and developmental performance | | | | |</p>
<table>
<thead>
<tr>
<th>Area: Findings -- Quality Enhancement</th>
<th>Report One</th>
<th>Report Two</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>This section of the report avoids:</strong></td>
<td>strength</td>
<td>needs change</td>
</tr>
<tr>
<td>Decontextualized information: test scores without appropriate explanation and examples, information that is organized by test or by who administered the assessment instead of by family concerns or developmental areas</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Duplications: information that duplicates what appears in background, procedures, or recommendations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Speculations: theories about cause, rumors, long-range predictions, interpretations not grounded in data</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>This section of the report includes:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specific examples to illustrate performance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clear, direct statements to relate findings to family concerns</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Integration of information from different tools to describe and interpret performance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comparisons to previous performance</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>As a whole, this section of the report:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Answers the family’s questions and concerns</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Directly relates to the assessment purposes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provide a balanced portrait of this child</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reflects family’s chosen level of participation in report preparation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Avoids unexplained technical terms and impersonal tone</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SELF-ASSESSMENT SUMMARY FOR FINDINGS**

[List potential elements to change. Select one element to work on. Mark selection by entering the date.]
### Understanding the Child’s Strengths and Needs

<table>
<thead>
<tr>
<th>Description</th>
<th>Report One</th>
<th>Report Two</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child performance: [answer for each item listed]</td>
<td>strength</td>
<td>strength</td>
</tr>
<tr>
<td>- comments addressing consistent patterns</td>
<td>needs</td>
<td>needs</td>
</tr>
<tr>
<td>- relationship of patterns to characteristics/circumstances</td>
<td>change</td>
<td>change</td>
</tr>
<tr>
<td>- relationship of patterns to environmental demands</td>
<td>missing</td>
<td>missing</td>
</tr>
<tr>
<td>- scaffolding approaches that supported performance</td>
<td>not</td>
<td>not</td>
</tr>
<tr>
<td>- comments relating patterns to questions arising from previous IEPs, IFSPs,</td>
<td>needed</td>
<td>needed</td>
</tr>
<tr>
<td>or service provider concerns</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description</th>
<th>Report One</th>
<th>Report Two</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family priorities: [answer for each item listed]</td>
<td>strength</td>
<td>strength</td>
</tr>
<tr>
<td>- comments relating to family concerns, questions, and priorities</td>
<td>needs</td>
<td>needs</td>
</tr>
<tr>
<td>- explanations of any diagnostic information</td>
<td>change</td>
<td>change</td>
</tr>
<tr>
<td>- family’s interpretations of child’s pattern of strengths and needs</td>
<td>missing</td>
<td>missing</td>
</tr>
<tr>
<td>- family's interpretations of child's pattern of strengths and needs</td>
<td>not</td>
<td>not</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description</th>
<th>Report One</th>
<th>Report Two</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other consumers’ needs: [answer for each item listed]</td>
<td>strength</td>
<td>strength</td>
</tr>
<tr>
<td>- explanation accompanies diagnosed health or medical conditions</td>
<td>needs</td>
<td>needs</td>
</tr>
<tr>
<td>- eligibility recommendations accompanied by explanation of child’s level of</td>
<td>change</td>
<td>change</td>
</tr>
<tr>
<td>functioning in relation to meeting criteria for categories of eligibility</td>
<td>missing</td>
<td>missing</td>
</tr>
<tr>
<td>- appendices for reporting to agencies that require test scores or</td>
<td>not</td>
<td>not</td>
</tr>
<tr>
<td>diagnostic labels (e.g., SSI, DD Waiver)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Next Steps for Promoting Optimal Development

<table>
<thead>
<tr>
<th>Description</th>
<th>Report One</th>
<th>Report Two</th>
</tr>
</thead>
<tbody>
<tr>
<td>At home activities: concrete suggestions tailored to the family --</td>
<td>strength</td>
<td>strength</td>
</tr>
<tr>
<td>- address family priorities, build on family suggestions and ideas, are</td>
<td>needs</td>
<td>needs</td>
</tr>
<tr>
<td>sensitive to family routines, culture, and community; manageable</td>
<td>change</td>
<td>change</td>
</tr>
<tr>
<td>given family's interests and preferences</td>
<td>missing</td>
<td>missing</td>
</tr>
<tr>
<td>Intervention suggestions: recommendations with specific examples that</td>
<td>strength</td>
<td>strength</td>
</tr>
<tr>
<td>provide a starting place for developing IEP goals and IFSP outcomes,</td>
<td>needs</td>
<td>needs</td>
</tr>
<tr>
<td>creating domain-specific instructional activities, integrating</td>
<td>change</td>
<td>change</td>
</tr>
<tr>
<td>intervention within natural environments/naturally occurring events,</td>
<td>missing</td>
<td>missing</td>
</tr>
<tr>
<td>incorporating special considerations into instructional programs</td>
<td>not</td>
<td>not</td>
</tr>
<tr>
<td>Services that might be helpful: additional assessments to clarify</td>
<td>strength</td>
<td>strength</td>
</tr>
<tr>
<td>unresolved questions, follow-up with family pediatrician, programs</td>
<td>needs</td>
<td>needs</td>
</tr>
<tr>
<td>families might consider, specific services; clear linkages between</td>
<td>change</td>
<td>change</td>
</tr>
<tr>
<td>service recommendations and outcomes for the child and family</td>
<td>missing</td>
<td>missing</td>
</tr>
</tbody>
</table>
### Area: Conclusions and Next Steps -- Quality Enhancement

<table>
<thead>
<tr>
<th>This section of the report avoids:</th>
<th>Report One</th>
<th>Report Two</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conclusive determinations about eligibility: unilateral statements about</td>
<td>strength</td>
<td>needs</td>
</tr>
<tr>
<td>eligibility or declarations that child qualifies for early intervention or</td>
<td>change</td>
<td>change</td>
</tr>
<tr>
<td>special education, statements about meeting eligibility criteria that are</td>
<td></td>
<td></td>
</tr>
<tr>
<td>not based on data</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inappropriate conclusions: interpretations that are not supported by</td>
<td></td>
<td></td>
</tr>
<tr>
<td>information presented in the report, long-range theorizing or prognoses;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>opinions of others who are not part of the team unless clearly stated;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>scores or rankings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insensitive suggestions: recommendations that are impractical, expensive,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>or uncomfortable for families; suggestions that require large time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>commitments or are overwhelming in number; generic (canned) suggestions;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>broad or vague suggestions that cannot be translated to ordinary activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Labeling: diagnosis (when that is part of the assessment) that labels a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>health, medical or physical condition without explanation of the</td>
<td></td>
<td></td>
</tr>
<tr>
<td>underlying difficulties unique to the child or the relationship to child’s</td>
<td></td>
<td></td>
</tr>
<tr>
<td>learning and development</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overly-prescribed recommendations: recommendations for a specific program,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>curriculum, or person; listing of services without reference to activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>related to child needs; suggestions that are so narrow that they only</td>
<td></td>
<td></td>
</tr>
<tr>
<td>apply to one situation</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| This section of the report includes:                                      |            |            |
| Description of relationships and patterns across different assessment     |            |            |
| strategies, times, persons                                               |            |            |
| Personal information about the child; restatement of family’s goals,     |            |            |
| wishes, dreams                                                           |            |            |
| Recommendations that cross settings or cross disciplines                  |            |            |
| Several (not many) carefully chosen, good examples                       |            |            |

**As a whole, this section of the report:**

- Provides an overall interpretation of this child’s strengths and needs
- Relates conclusions to the family’s questions and concerns and assessment purposes
- Directly relates to the assessment purposes
- Reflects family’s chosen level of participation in report preparation
- Is helpful in guiding program planning and service access
### Area: Conclusions and Next Steps -- Quality Enhancement, cont.

<table>
<thead>
<tr>
<th>As a whole, this section of the report, cont:</th>
<th>Report One</th>
<th>Report Two</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>strength</td>
<td>needs change</td>
</tr>
<tr>
<td>Avoids unexplained technical terms and impersonal tone</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Includes a level of detail consistent with the purposes of the report without redundancy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shows cross-audience appeal</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SELF-ASSESSMENT SUMMARY FOR CONCLUSIONS AND NEXT STEPS**

[List potential elements to change. Select one element to work on. Mark selection by entering the date.]
ADDENDUM ON WRITING STYLE

NOTE: This addendum to the self-assessment is provided for individuals who want to focus on writing style. Ratings for this section need to be based on the report as a whole, not just specific sections. Use the same procedure of rating two reports against the listed criteria.

<table>
<thead>
<tr>
<th>Area: Report Writing Style</th>
<th>Report One</th>
<th>Report Two</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Organization [answer for each item listed]</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>uses headings and subheadings</td>
<td>strength</td>
<td>needs change</td>
</tr>
<tr>
<td>arranges headings in a logical order</td>
<td></td>
<td></td>
</tr>
<tr>
<td>organizes by developmental areas</td>
<td></td>
<td></td>
</tr>
<tr>
<td>connects information to family concerns within developmental area</td>
<td></td>
<td></td>
</tr>
<tr>
<td>integrates information within developmental areas from multiple sources</td>
<td></td>
<td></td>
</tr>
<tr>
<td>organizes within developmental areas by strengths and then needs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>organizes within strengths and needs by general statements and specific examples</td>
<td></td>
<td></td>
</tr>
<tr>
<td>separates clearly interpretations from recommendations</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Page Layout [answer for each item listed]</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>uses a font that is easy to read</td>
<td></td>
<td></td>
</tr>
<tr>
<td>separates sections with extra spacing</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Words and Phrases to Convey the Message [answer for each item listed]</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>uses clearly worded statements</td>
<td></td>
<td></td>
</tr>
<tr>
<td>edited for appropriate grammatical structure, punctuation, spelling, proofing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>explains needed technical terms</td>
<td></td>
<td></td>
</tr>
<tr>
<td>uses lean, non-repetitious wording</td>
<td></td>
<td></td>
</tr>
<tr>
<td>uses positively worded statements</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Audience: [answer for each item listed]</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>controls readability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>enables consumer to understand the strengths and the delays</td>
<td></td>
<td></td>
</tr>
<tr>
<td>shows cross reader appeal</td>
<td></td>
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<tr>
<td>Strategies That Can Enhance Tone</td>
<td></td>
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</tr>
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<td>---------------------------------</td>
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</tr>
<tr>
<td>Family friendly: [answer for each item listed]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- depicts family as team member .................................................................</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- includes family input or reference throughout ...........................................</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- relates information to family's culture, routines, community, preferences ..........</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- presents information in a manner that is not overwhelming ............................</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- tailors composition to reflect family's individual needs and experience ................</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Team member references: [answer for each item listed]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- choices in how to refer to team members are governed by equity and respect ..........</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- clarifies the relationship between person named and the child ........................</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- uses each member's preference for depicting name and title ..........................</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- uses an appropriate noun/pronoun connection .............................................</td>
<td></td>
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</tr>
<tr>
<td>- is consistent in references throughout the report ........................................</td>
<td></td>
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</tr>
<tr>
<td>- provides first and last names to meet translation needs regarding gender ..............</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Style: [answer for each item listed]</td>
<td></td>
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</tr>
<tr>
<td>- avoids unneeded technical terms/jargon ......................................................</td>
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<tr>
<td>- avoids clinical tone (distancing or depersonalizing phrases) ..........................</td>
<td></td>
<td></td>
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<tr>
<td>- uses endearing terms (sweet, friendly) cautiously ........................................</td>
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<tr>
<td>- uses words instead of acronyms ...................................................................</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- strives for first person, active voice, and consistent tense .............................</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SELF-ASSESSMENT SUMMARY FOR WRITING STYLE

[List potential elements to change. Select one element to work on. Mark selection by entering the date.]
ENVIRONMENTAL SUPPORT FOR REPORT WRITING

For each area below, circle the box that most closely resembles your estimate of support available in your setting.

<table>
<thead>
<tr>
<th>SUPPORT AREA</th>
<th>least</th>
<th>LEVEL OF SUPPORT</th>
<th>most</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1: Philosophy [shared beliefs about what is a</td>
<td>never mentioned or none</td>
<td>shared orally on hiring</td>
<td>informal discussions among staff on philosophy</td>
</tr>
<tr>
<td>good report]</td>
<td></td>
<td>written philosophy statement(s)</td>
<td>staff development on philosophy</td>
</tr>
<tr>
<td>Q2: Report writing policies and procedures</td>
<td>never mentioned or none</td>
<td>oral feedback following report</td>
<td>report model provided</td>
</tr>
<tr>
<td></td>
<td></td>
<td>written feedback following report</td>
<td>written guidelines and rules provided</td>
</tr>
<tr>
<td>Q3: Assessment instruments for children</td>
<td>no devices are used</td>
<td>one specific device is required</td>
<td>one required device with additional options encouraged</td>
</tr>
<tr>
<td></td>
<td></td>
<td>several specific devices are required</td>
<td>no specific device requirement but many options</td>
</tr>
<tr>
<td>Q4: Assessment instruments for families</td>
<td>no devices are used</td>
<td>one specific device is required</td>
<td>one required device with additional options encouraged</td>
</tr>
<tr>
<td></td>
<td></td>
<td>several specific devices are required</td>
<td>no specific device requirement but many options</td>
</tr>
<tr>
<td>Q5: Orientation to writing reports</td>
<td>Unidisciplinary- one person does it all</td>
<td>multidisciplinary- each does own, clipped together</td>
<td>interdisciplinary- team discusses, each does own, clipped together</td>
</tr>
<tr>
<td></td>
<td></td>
<td>interdisciplinary- team discusses, each does own, clipped together</td>
<td>interdisciplinary- team discusses, each does own, one person integrates</td>
</tr>
<tr>
<td></td>
<td></td>
<td>interdisciplinary- team discusses, each does own, clipped together</td>
<td>transdisciplinary- jointly write report as a team</td>
</tr>
<tr>
<td>Q6: Software for report production</td>
<td>program does not provide; I use my own program</td>
<td>program software is unreliable; adds time to</td>
<td>flexible but limited software; allows choice in formats</td>
</tr>
<tr>
<td></td>
<td></td>
<td>report writing</td>
<td>software choices; flexible in format, content, phrasing</td>
</tr>
<tr>
<td>Q7: Hardware for report production</td>
<td>program does not provide; I use my own program</td>
<td>program hardware is dated and unreliable</td>
<td>easy access to fixed location hardware that is</td>
</tr>
<tr>
<td></td>
<td></td>
<td>access to reliable hardware limited by location, number of users</td>
<td>reliable</td>
</tr>
<tr>
<td>Q8: Access to colleagues for consultation</td>
<td>colleagues seem uninterested</td>
<td>colleagues have interest; impossible to meet with them</td>
<td>we meet to consult but not as frequently as I would</td>
</tr>
<tr>
<td></td>
<td></td>
<td>meetings are possible but scheduling is difficult</td>
<td>would like</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>access is ongoing and a major support for report</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>writing</td>
</tr>
<tr>
<td>SUPPORT AREA</td>
<td>least</td>
<td>LEVEL OF SUPPORT</td>
<td>most</td>
</tr>
<tr>
<td>--------------</td>
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<td>------------------</td>
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</tr>
<tr>
<td>Q9: Time allocated for report writing</td>
<td>I write on my own time</td>
<td>I have to work it into my other duties</td>
<td>writing time built into the day or week schedule</td>
</tr>
<tr>
<td>Q10: Access to information to aid report writing</td>
<td>only to my own material</td>
<td>current oral reports of others</td>
<td>current written reports of others</td>
</tr>
<tr>
<td>Q11: Family role in report writing</td>
<td>family receives finished product</td>
<td>family suggests areas to cover</td>
<td>family helps construct report outline</td>
</tr>
</tbody>
</table>
Completing the INDIVIDUAL CHANGE PLAN
FOR REPORT WRITING

Develop a plan for improving report-writing practice based on indicators that you judge necessary and appropriate for your site. This step may include plans for changes in report content (Background Information, Procedures and Tools, Findings, or Conclusions and Next Steps) or to the report’s Structure and Composition.

This step may include plans for monitoring change and additional self-evaluations of your reports. Change plans should be simple constructions, involving a goal, several activities to meet the goal, and a way to evaluate progress toward the goal.

1. Indicate the area (e.g., background information, findings, composition) you intend to work on; then, briefly summarize at the top of the change plan the aspect of report writing that you identified for change through your self-assessment;

2. List three actions you could take to move toward accomplishing your goal for change;

3. Briefly note time frame for accomplishing your change and any resources (human or material) you might need to complete the change;

4. Note any potential barriers in the bottom section of the plan.
## INDIVIDUAL CHANGE PLAN FOR REPORT WRITING

<table>
<thead>
<tr>
<th>Area:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>What element of this strand do you want to change?</td>
<td></td>
</tr>
<tr>
<td><strong>Plan of Action</strong></td>
<td><strong>Timeline</strong></td>
</tr>
<tr>
<td>Step 1:</td>
<td></td>
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<tr>
<td>Step 2:</td>
<td></td>
</tr>
<tr>
<td>Step 3:</td>
<td></td>
</tr>
<tr>
<td><strong>Barriers</strong> [list potential barriers to the change process]</td>
<td></td>
</tr>
<tr>
<td><strong>Date Accomplished:</strong></td>
<td></td>
</tr>
</tbody>
</table>
INDIVIDUAL CHANGE PLAN FOR REPORT WRITING

APPENDIX B

ASSESSMENT REPORT OUTLINES

- Joseph, Age 18 months
- Sandra, Age 4 years 8 months
- Ramon, Age 7 years
The following outlines are for the purpose of illustration, only. They are not meant to suggest that all assessment reports should have this information in them. Decisions on what to include in a particular assessment report should be made based on the individual child, the child’s family, and the purposes of assessment.

Sample Outline for a Report

Joseph
Age 18 months

General Theme of Assessment: Medical Concerns and Developmental Progress

I. Background—organized with paragraph style
   A. Joseph’s family
   B. Joseph’s medical history
      Include these areas: birth complications, hospital stays and diagnosis; surgeries; previous diagnosis; medications; limitations, concerns, and physician’s recommendations; previous vision and hearing status
   C. Joseph’s intervention history
      Include information concerning: medical therapies, respiratory, and G tube; physical therapy history and previous progress; home intervention history
   D. Family concerns, questions, priorities
      Discuss these issues:
      Concerns: motor skill development, prognosis for walking, prognosis for speech, assistive technology for speech, medical safety away from home
      Questions: Will Joseph be capable of oral speech? Does he need some sort of device to assist with speech? What should be done at home to help him talk? When will Joseph walk? What can be done at home? Does he need therapy with his hand skills? Are his thinking skills OK for his age? Will Joseph be able to go to a center-based program or preschool later? What about all of his medical problems and medication if he went to a center-based program?
      Priorities: Speech, walking, and medical safety. What needs to be done now to get Joseph ready to attend some sort of center-based program or even preschool when he is 3?
   E. Questions and concerns from physical therapist, speech therapist, and home interventionist
      Include these areas: What type of intervention needs to be done now in preparation for preschool? Do we need assistive technology, if so what type? Does Joseph have the oral motor, respiratory and trunk capacity to
support speech? Are Joseph’s fine motor skills age appropriate? What are Joseph’s thinking skills like? What type of programs are available for Joseph later?

II. Tools and procedures—listed by procedure area

A. Observations over settings and time
   - Include these tools: observation of thinking skills in home, observation of motor skills in play group, observation of communication skills in play group and at home, ecological observation of center-based program and public preschool

B. Interviews over settings and time
   - Include these tools: interview with mother, phone interview with father, interview/consultation with assistive tech specialist

C. Checklists and rating instruments
   - Include these tools: Vineland Adaptive Behavior Scales interview edition; thinking skills checklist; safety checklist for new environment

D. Standardized test instruments
   - Include these tools: Peabody Developmental Motor Scales, Bayley Scales of Infant Development, Early Language Milestone (ELM) Scale-2

E. Medical evaluation by physician
   - Include these tools: Growth Evaluation, Physical Examination, Vision and hearing

III. Findings—organized by family concerns, questions, priorities

A. Motor skill development/prognosis for walking
   - Discuss information from these sources: findings from observations, interviews, Peabody Developmental Motor Scale, Vineland Adaptive Behavior Scales, physician input

B. Speech
   - Include information from: findings from observations; interviews; Early Language Milestone (ELM) Scale-2; Vineland Adaptive Behavior Scales; observation and physical evaluation of oral motor skills; respiratory and trunk capacity; assistive technology specialist input

C. Thinking skills
   - Discuss these areas: results of observations, checklist, Bayley Scales of Infant Development

E. Medical safety and concerns
   - Discuss findings from: review of records; interviews with parents; medical examination; status of respiratory capacity and G tube; evaluation of oral motor, respiratory, trunk capacity; ecological observation of center-based program and preschool; safety checklist information

IV. Conclusions and Next Steps—integrated strength, needs, suggestions and headings across developmental areas

A. Strengths:
   - Include these areas: thinking skills, fine motor skills, parent support, medical interventions

B. Needs
   - Include these areas: motor skill development, communication development, oral motor development, strengthening of trunk for support for speech,
monitoring of respiratory capacity, assistive communication technology, medical monitoring and consideration of impact of medical concerns for instruction, safety plan, medication plan, training for all personnel concerning safety issues and G tube, transition plan

C. Possible strategies to address needs
   motor intervention: trunk and leg strength, mobility, graduation to a walker
   prespeech development: oral motor exercises, modeling of single syllable words, beginning use of simple therapist made communication boards to express needs
   medical monitoring: continuous updating of records, listing of medications, attention to fatigue levels during therapies or interventions, monthly consultation with parents by early intervention nurse
   strategies to mitigate fatigue during instruction or therapies --session length, time of day
   transition planning with center-based staff for trial attendance, transition planning with public school staff in preparation for possible preschool

V. Summary—brief paragraph about Joseph and his family

Sample Outline for a Report

Sandra
Age 4 years 8 months

General Theme of Assessment: Transition

I. Background—organized by subsections with headings
   A. Sandra’s family
   B. Sandra’s medical history
      Include these areas: low birth weight and feeding difficulties, previous surgeries, current health status
   C. Sandra’s intervention history
      Include this information: intervention as infant, preschool program and progress
   D. Family concerns, questions, priorities
      Include these areas:
      concerns: readiness for kindergarten, Sandra’s thinking skills
      questions: Why doesn’t Sandra seem to understand things? Will she be able to handle kindergarten?
      priorities: Getting Sandra ready for kindergarten. Doing things at home to help her and build skills.
   E. Teacher and speech therapists questions
      Include these areas: Are Sandra’s thinking skills appropriate for her age? Is Sandra’s difficulty with directions a language problem or something else?
II. Tools and Procedures—organized by developmental area with headings

A. Cognitive skills
   Include information about these tools:
   Mullen Scales of Early Learning
   observation in preschool classroom
   parent interview
   skills checklist from teacher
   evaluation of future kindergarten classroom

B. Language skills
   Include these tools:
   Preschool Language Scale-3
   language Sample
   observation of Sandra at home
   skills checklist from parent
   evaluation of demands of kindergarten classroom

C. Other areas of development
   Include these tools: interview of parent, interview of teacher, review of records and classroom progress notes

III. Findings—organized by developmental area with headings

A. Cognitive skills
   Integrate this information:
   description of abilities based on information from Mullen Scales
   description of abilities demonstrated in current classroom
   abilities that parents see in the home
   abilities that current teacher has observed
   description of the cognitive demands of kindergarten environment and how Sandra’s abilities will “match”

B. Language skills
   Integrate this information:
   description of language skills based on Preschool Language Scale items
   description of language sample and how Sandra uses language at home from observation and parent checklist
   Sandra’s language abilities in relation to the demands of kindergarten
description of how language and cognitive skills interact

C. Other developmental areas
   Include this information:
   General description of skills from interviews, progress, and records check

IV. Conclusions and Next Steps—organized by developmental areas within a chart

A. Cognitive skills
   Include these areas:
   Strengths
   Needs and response to family and staff referral concerns, questions
   Possible strategies and response to family priorities
   Possible strategies and response to demands of kindergarten environment

B. Language skills
   Strengths
   Needs and response to family and staff referral concerns, questions
   Possible strategies and response to family priorities
C. Possible impact of Sandra’s medical history on performance in kindergarten curriculum and environment

V. Summary—brief paragraph about Sandra and her family

Sample Outline for a Report

Ramon
Age 7 years

General Theme of Assessment: Academic Achievement

I. Background—information organized with paragraph style
   A. Ramon’s family
      Include these areas
      family history: composition, time in community, views about school and reading, routines at home
      history of family language use and preference
   B. Ramon’s medical
      Include information from: review of records, vision and hearing screening
   C. Ramon’s educational history
      Include these areas: kindergarten and first grade progress and difficulties, experiences with bilingual instruction, parent report of language development
   D. Family concerns, questions, priorities
      Discuss these issues:
      Concerns: reading grades, parent teacher conference report about reading, thinking skills, Ramon’s attitude towards school
      Questions: Why does Ramon have problems with reading? Are Ramon’s thinking skills average? Will Ramon have to stay back in second grade? What can we do about Ramon’s “don’t care” attitude towards school?
      Priorities: making sure Ramon learns to read, having Ramon ready for third grade, changing Ramon’s attitude towards school.
   E. Teacher concerns and questions:
      Include these areas: Is language an issue for Ramon? Could the fact that Ramon’s parents speak Spanish to him at home be a problem? Does Ramon have a learning disability in reading?

II. Tools and Procedures—organized by developmental area with headings
   A. Language proficiency, dominance and preference
      Include these tools:
      consultation with bilingual assessment professionals
      interview with parents
Home Bilingual Usage Estimate
Language Assessment Scale I & II
observation of Ramon in the classroom
case conference with staff and parents
determination of appropriate language and tools of assessment
determination of translator or interpreter needs

B. Thinking skills
Include these tools:
   Universal Nonverbal Intelligence Test
   interview with parents

C. Reading area
Include these tools:
   Bateria Woodcock-Munoz Pruebas de Aprovechamiento-Revisada
   Woodcock-Johnson III Tests of Achievement
   Woodcock Reading Mastery Tests–Revised
   oral reading sample from Ramon
   review of school records
   interview with teacher
   review of student work samples
   observation of language use in the classroom

D. Ramon’s attitude towards school
Include these tools: interviews with Ramon, parents, teacher, school principal;
observation of Ramon on playground

III. Findings—organized by developmental area with headings
A. Language dominance, proficiency, preference
   Integrate information from:
   interview with parents
   results of Home Bilingual Usage Estimate
   results of Language Assessment Scale I & II
   observation of Ramon
   consultation with bilingual assessment professionals
   case conference with teacher, staff, and parents
   comparison of performance on English and Spanish measures

B. Thinking skills
Include these areas:
   results of Universal Nonverbal Intelligence Test
   results of interview with parents

C. Reading area
Include information from:
   results of Woodcock Achievement tests—both Spanish and English
   analysis of oral reading sample
   results of record review, and review of work samples
   results of interview with teacher
   observation of classroom language use and instructional language

D. Ramon’s attitude towards school
   Discuss information from: interviews with Ramon, parents, teacher, and principal;
   observation of Ramon on playground
IV. Conclusions and Next Steps—organized by developmental areas within a chart
   A. Language Dominance, proficiency, preference
      Strengths
      Needs and response to teacher concerns about language
      Possible strategies and response to language concerns
   B. Thinking skills
      Strengths
      Possible strategies to incorporate strengths into instruction
   C. Ramon's attitude towards school
      Strengths
      Needs and response to parent concerns
      Possible strategies for Ramon, parents, and teacher concerning attitude
   D. Reading area
      Strengths
      Needs and response to family and teacher concerns
      Impact of language dominance, proficiency, and preference upon reading
      Consideration and comparison of assessment results to criteria for specific learning disability: basis for determination; relevant behavior noted during observation; relationship of behavior to academic functioning; discrepancies; effects of environmental, cultural, economic factors
      Possible strategies to address family concerns and priorities
      Possible strategies to utilize strengths for reading instruction
      Specific strategies to address reading concerns at school
      Strategies for parents to use at home for reading

V. Summary—brief paragraph about Ramon and his family