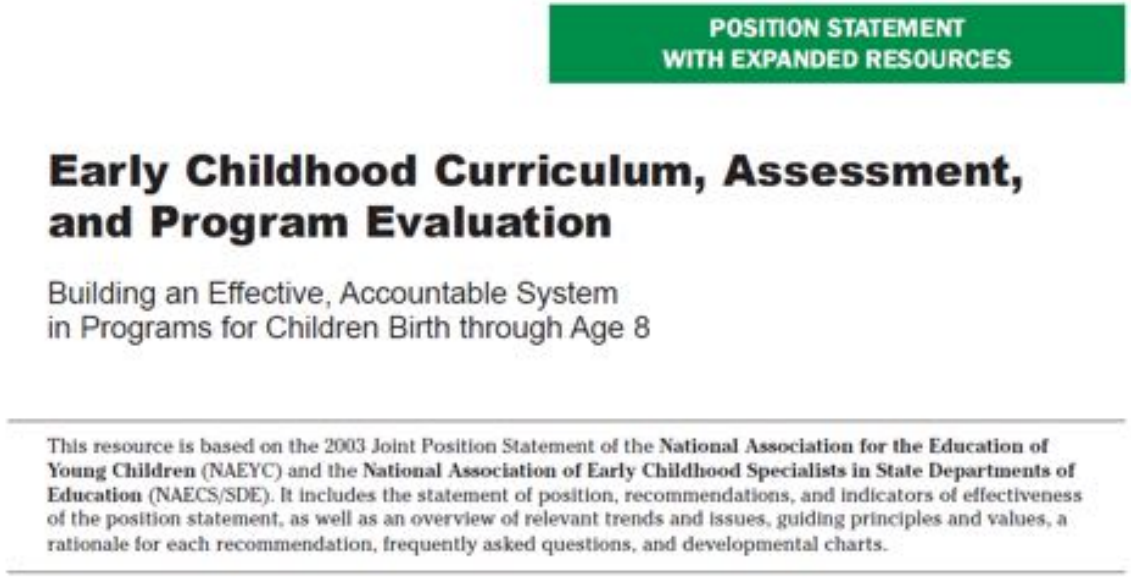
Authentic Child Assessment: Special Considerations

Participant Handouts

SESSION 2



POSITION STATEMENT
WITH EXPANDED RESOURCES

Early Childhood Curriculum, Assessment, and Program Evaluation

Building an Effective, Accountable System
in Programs for Children Birth through Age 8

This resource is based on the 2003 Joint Position Statement of the **National Association for the Education of Young Children** (NAEYC) and the **National Association of Early Childhood Specialists in State Departments of Education** (NAECS/SDE). It includes the statement of position, recommendations, and indicators of effectiveness of the position statement, as well as an overview of relevant trends and issues, guiding principles and values, a rationale for each recommendation, frequently asked questions, and developmental charts.

The 30 page document above can be found at the following link:
https://www.naeyc.org/files/naeyc/file/positions/pscape.pdf

Additional resources

Akers, L., P. Del Grosso, S. Atkins-Burnett, S. Monahan, K. Boller, J. Carta, and B.A. Wasik. "Research Brief—Tailored Teaching: The Need for Stronger Evidence about Early Childhood Teachers' Use of Ongoing Assessment to Individualize Instruction." Washington, DC: Mathematica Policy Research, 2015.

Akers, L., P. Del Grosso, S. Atkins-Burnett, S. Monahan, K. Boller, J. Carta, and B.A. Wasik. "Research Brief—What Do We Know About How Early Childhood Teachers' Use Ongoing Assessment?." Washington, DC: Mathematica Policy Research, 2015.

Akers, L., P. Del Grosso, S. Atkins-Burnett, K. Boller, J. Carta, and B.A. Wasik. "Tailored Teaching: Teachers' Use of Ongoing Child Assessment to Individualize Instruction (Volume II)." Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research & Evaluation, 2014.

Atkins-Burnett, S., S. Monahan, L. Akers, J. Carta, B.A. Wasik, and K. Boller. "Tailored Teaching: Teachers' Use of Ongoing Child Assessment to Individualize Instruction (Volume I)." Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research & Evaluation, 2014.

BRIGANCE®

IED III Standardized Research Base

Standardization | Reliability | Validity

Standardization

The sample of children is nationally representative in terms of geographic, demographic, and socioeconomic characteristics.

Outer Pie Chart: U.S. Population

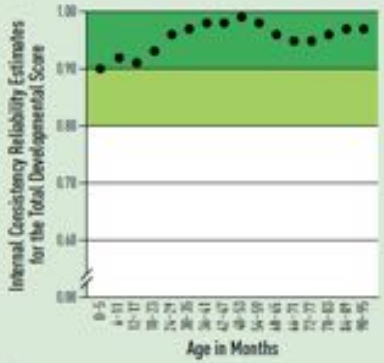
Inner Pie Chart: IED III Sample

Reliability

The scores of the children assessed were consistent when examined repeatedly. Differences in scores were attributable to real differences in abilities, as opposed to chance error.

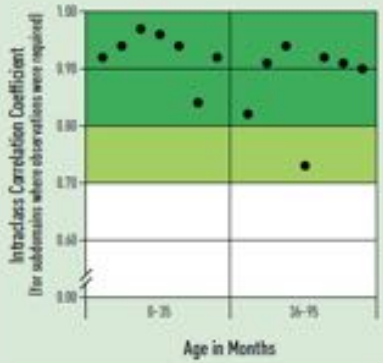
Internal Consistency

Items measuring the same concept were correlated with one another.



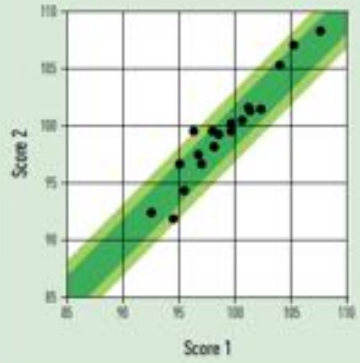
Inter-Rater Reliability

Observations/ratings of performance were consistent across multiple examiners.



Test-Retest Reliability

Domain and Total Developmental Scores were stable when tested at multiple points in time.

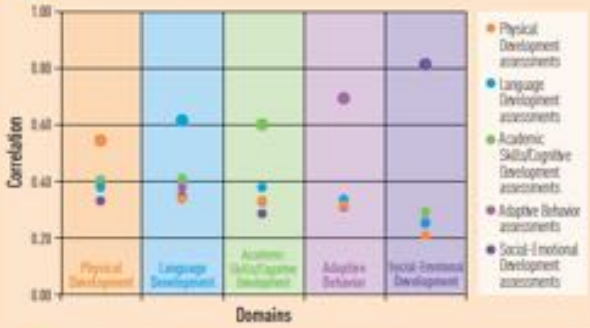


Validity

The decisions based on test scores and the inferences on which the decisions are based are justified by supporting evidence.

Construct Validity—Internal Structure

The correlation is strong between individual assessments and their respective domains and weaker between those assessments and the other domains.



Construct Validity—Fairness

Children of similar ability have the same chance of receiving credit regardless of their demographic.

684 ITEMS EXAMINED FOR BIAS

IN THE CATEGORIES OF **GENDER** & **RACE**

USING **DIFFERENTIAL ITEM FUNCTIONING** ANALYSIS (**DIF**)

BASED ON A **CHI-SQUARE DIFFERENCE TEST**

ONLY 6 ITEMS HAD LARGE ENOUGH DIF WORTH INVESTIGATING

A SEPARATE FAIRNESS & BIAS REVIEW WAS ALSO CONDUCTED BY A **REVIEW PANEL**

TOGETHER, DIF & BIAS REVIEWS CONCLUDED: **0 ITEMS WERE BIASED**

Content Validity

Items test the developmental and early academic skills that are considered to be important by developmental researchers and educators.

Criterion-Related Validity

Correlates with other early development, achievement, intelligence, and language tests.

by Tomoko Wakabayashi

HighScope makes every effort to ensure that their instruments are reliable and valid, and the best in the field. A reliable and valid instrument, however, is no different from any other untested instrument if the user does not use it in a reliable way. Take an extreme example: Someone scores an assessment instrument written in Spanish with very minimal knowledge of the language. The instrument may be valid, reliable, and highly regarded; however, because the assessment was not used in a reliable way, your scores would not be valid. Similarly, if a teacher scores HighScope's COR Advantage without gathering and recording any anecdotes, this assessment tool will not produce reliable results.

So what does this mean? To ensure that a reliable and valid instrument truly provides reliable and valid scores and outcomes, users need to be trained, reliable users of the instrument. HighScope offers COR Advantage training and reliability assessment, which we encourage all COR Advantage users to complete. Passing the reliability assessment (80 percent agreement or higher) certifies that the teachers know how to use the has high interrater (or interscorer) reliability. If trained, different individuals can score the same child and conclude similarly about that child's development.

Second, using the actual COR Advantage classroom data, our analysis found high "internal consistency" for each content area. This means that a set of items in each content area are very closely related to each other, and they measure the same construct (e.g., math items all measure math; language items all measure language).

> Findings from our Phase I validation study indicate COR Advantage is a reliable and valid instrument.

Documenting Validity

The validity of COR Advantage was documented in three ways. First, the content aspect of validity was established by having knowledgeable experts review the instrument. These content experts included renowned scholars and practitioners in the field of early childhood.

Second, we looked at whether the structure of the instrument was solid.

Third, we examined external validity (or concurrent validity) to determine how well the various COR Advantage content areas capture important skills and knowledge in these areas as assessed by other established instruments. We therefore examined associations between children's COR Advantage scores and their standardized assessment scores, measured using the Woodcock-Johnson III Tests of Achievement (2001),[1] the Bayley Scales for Infant and Toddler Development (2005),[2] and the Social Skills Improvement System (2008).[3] We found strong correlations, highly significant, between infant-toddler's COR Advantage scores and Bayley-III scores in all content areas. For preschool and kindergarten, the correlations were moderate to high in many content areas, but especially so in language, literacy, and communication, and mathematics. Highly significant correlations mean that children who received a high score in a given content area for COR Advantage also received high scores on similar corresponding items when assessed using valid standardized assessments.

Phase I of the validation study gave us abundant opportunity to receive feedback from our users and content experts to refine our instruments. The COR Advantage that was released in the

instrument in the way it was designed to be used.

In the spring of 2012, Phase I validation of COR Advantage began in partnership with an expert consultant at the University of Illinois at Chicago. Findings from our Phase I validation study indicate that COR Advantage is a reliable and valid instrument. Here's how we know.

Documenting Reliability

The reliability of COR Advantage was documented in two ways. First, around 70 trained teachers were asked to score over 90 video vignettes and anecdotes as part of their reliability assessment. They agreed 85.7% of the time, indicating that COR Advantage

Preliminary analyses indicated that the differences in scores at age category (0, 1, 2, 3, 4, 5 years old) were highly significant. In other words, children's progress, as indicated by the COR Advantage scores, followed the expected developmental progression.

fall of 2013 has integrated all of these valuable inputs. Planning of Phase II validation study is underway. This will be a larger, more comprehensive study. We are consistently trying to improve. So, stay tuned! ■

Tomoko Wakabayashi, EdD, is the director of the Center for Early Education Evaluation at HighScope.

[1] Mather, N., & Woodcock, R.W. (2001). *Examiner's manual. Woodcock-Johnson III Tests of Achievement.* Itasca, IL: Riverside Publishing; McGrew, K.S., & Woodcock, R. W. (2001). *Technical Manual. Woodcock-Johnson III.* Itasca, IL: Riverside Publishing.

[2] Bayley, N. (2005). *Bayley Scales for Infant and Toddler Development, Third edition.* San Antonio, TX: Pearson.

[3] Gresham, F., & Elliott, S. N. (2008). *Social Skills Improvement System.* San Antonio, TX: Pearson.

Outcomes Study

LEVEL OF EVIDENCE
Gold Standard

Teaching Strategies GOLD® Assessment System

Technical Summary

Summary Findings of a Study Conducted by
The Center for Educational Measurement and Evaluation
The University of North Carolina at Charlotte

Teaching Strategies GOLD® Assessment System

Technical Summary

Introduction

Selecting a Meaningful Assessment Instrument

When selecting an assessment instrument to administer to children, the most important considerations are the *validity* and *reliability* of the measure. Validity refers to *what* the assessment tool measures and *how well* it does so. Reliability refers to the consistency of scores obtained for the same children when reexamined with the same assessment instrument on different occasions, with different sets of equivalent items, or under other variable assessment conditions.

To ensure that *Teaching Strategies GOLD*® is both valid and reliable, The Center for Educational Measurement and Evaluation (CEME), The University of North Carolina at Charlotte, conducted extensive research with thousands of children and teachers. This document is a summary of the results obtained from that research.

Teaching Strategies GOLD® Overview

Teaching Strategies GOLD® is an authentic observation-based assessment system for children from birth through kindergarten. The system may be implemented with any developmentally appropriate curriculum. It blends ongoing observational assessment for all areas of development and learning with performance tasks for selected predictors of school success in the areas of literacy and numeracy. *Teaching Strategies GOLD®* can be used to assess all children, including English-language learners, children with disabilities, and children who demonstrate competencies beyond typical developmental expectations.

Using Teaching Strategies GOLD®

The primary purpose of *Teaching Strategies GOLD®* is to document children's learning over time, inform instruction, and facilitate communication with families and other stakeholders. It is important to remember that *Teaching Strategies GOLD®* is not intended as a screening or diagnostic measure, an achievement test, or a program-evaluation tool.

Objectives for Development and Learning

Teaching Strategies GOLD® enables educators to focus on and measure the knowledge, skills, and behaviors most predictive of school success. The tool has a total of 38 objectives. Two objectives are related specifically to English language acquisition, and the other 36 objectives are organized into nine areas of development and content-area learning. The areas are

- Social–Emotional
- Physical
- Language
- Cognitive
- Literacy
- Mathematics
- Science and Technology

Teaching Strategies Gold® Progressions of Development and Learning

Teaching Strategies Gold® presents progressions of development and learning for objectives in the areas of social–emotional, physical, language, and cognitive development and in the content areas of literacy, mathematics, and English-language acquisition. Indicators and examples enable tool administrators to rate children's knowledge, skills, and behaviors on a 10-point scale of "Not Yet" to level 9. Furthermore, with the exception of those for English language acquisition, the progressions use colored bands to show widely held expectations for various ages (birth–1 year, 1–2 years, and 2–3 years) and for various classes/grades (preschool 3, pre-K 4, and kindergarten). At a glance, these colored bands show educators and families which skills and behaviors are typical for children of a particular age or class/grade. The bands help teachers manage the complexity of young children's development, which *Teaching Strategies Gold®* recognizes as being uneven and rapidly changing. They also help teachers and families understand that expectations for a particular age or class often overlap expectations for another.

Here is the progression for Objective 1, Dimension a:

The Norm Sample

Determining the Sample

When determining the validity and reliability of an early childhood assessment instrument, it is important to identify a large sample of children who are representative of the nation's population of similarly aged children. Doing so allows teachers and administrators to assume that the instrument will be used equally effectively with children from all parts of the country; children in all types of instructional settings; and children with different backgrounds, races, ethnicities, and special needs.

CEME determined the norm sample from a total of 111,059 children rated by using *Teaching Strategies GOLD®*. The total population was divided into 3-month age bands, for a total of 24 age bands ranging from 0–2 months to 69–71 months. Teachers answered questions about each child's background, race, and ethnicity that were identical to those employed by the U.S. Census Bureau. The goal was to represent each of the twenty-four 3-month age bands with 500 randomly selected children. This sampling procedure was used to match the U.S. Census Bureau 2009 estimates for children ages birth to 5 years, 11 months with respect to seven ethnic subgroups.

Final Sample

The final sample used to evaluate the validity and reliability of *Teaching Strategies GOLD®* retained a total of 10,963 children. This extremely diverse group of children received educational services in 618 different programs at 2,525 different early childhood centers located across the United States. These programs included Head Start, private child care, and school-based sites. Forty-eight states and the District of Columbia were represented in the final sample. A total of 4,580 teachers was selected as raters to administer *Teaching Strategies GOLD®*. Overall, the final sample used in this research was large, broad, and highly representative of young children in the United States.

Construct Validity

Construct validity refers to whether the assessment instrument measures the theoretical constructs (e.g., knowledge, skills, or behaviors) that it is intended to measure. To determine whether *Teaching Strategies GOLD®* is a valid tool for measuring early childhood development and learning, several analyses were conducted.

Factors Measured by Teaching Strategies GOLD®

The first step was to confirm the areas of development that *Teaching Strategies GOLD®* is intended to measure. Researchers examined a six-factor model that corresponded to the design of the instrument. This model evaluated each assessment item's "fit" within one of six areas: social–emotional, physical, language, cognitive, literacy, and mathematics. Statistically, the study's goal was to find a Root Mean Square Error of Approximation (RSMEA) value of <.06, a Standardized Root Mean Square Residual (SRMR) value of < .08, and a Comparative Fit Index (CFI) value of at least .90. The overall results supported the six-factor design of *Teaching Strategies GOLD®* with a RMSEA = .066, a SRMR = .055, and a CFI = .931. All of these analyses were statistically significant at $p < .001$, demonstrating that the assessment instrument reliably measures those six factors of child development (social–emotional, physical, language, cognitive, literacy, and math).

Scale and Item Analysis

Researchers further conducted an analysis known as Rasch scaling to determine that the six areas of *Teaching Strategies GOLD®*, and the items within those areas, measure one and only one factor (e.g., social–emotional but not language development.) This is also referred to as *unidimensionality*. For each of the six areas (social–emotional, physical, language, cognitive, literacy, and mathematics), the results of the analysis indicated that they are unidimensional, meaning they are distinct from one another and acceptably measure only one factor within the overall assessment. Furthermore, with the exception of one literacy item and one mathematics item, all individual objectives and dimensions within each area of *Teaching Strategies GOLD®* are distinct and measure only one of the six areas.

Rating Scale Effectiveness

The items in *Teaching Strategies GOLD®* are measured on a 10-point scale from level 0 to level 9. Researchers evaluated the rating process for each of the six scales to determine whether teachers were administering the instrument in the way it was intended. Statistical analysis should ideally demonstrate that the average performance on the various scales strictly advanced as the individual ratings advanced, which was the case for the social–emotional, physical, and cognitive scales. For the language, literacy, and mathematics scales, two of the possible ratings on the scale (e.g., 0 vs. 1 and 7 vs. 8) overlapped, indicating that the descriptions of those particular ratings might have been somewhat redundant and therefore challenging for teachers to discriminate between when evaluating children.

Item Difficulty

Finally, researchers evaluated the specific items within the six factors of *Teaching Strategies GOLD®* to determine whether they progress in difficulty as expected for typically developing children. Results confirmed that the six factors (social–emotional, physical, language, cognitive, literacy, and mathematics), or scales, consisted of items that increased in difficulty and align with accepted developmental milestones. According to the CEME researchers, the developers of *Teaching Strategies GOLD®* were "very successful in creating measures that offer a developmental pathway of sequential milestones that agree with developmental theory."

Reliability

Several analyses were conducted to determine whether *Teaching Strategies GOLD®* is a reliable measure of development and learning. These included person and item reliabilities, internal consistency reliability, and interrater reliability.

Person and Item Reliabilities

High person and/or item reliability means that there is a high probability of replicating the instrument's results. Specifically, person reliability estimates the likelihood of children's performing the same across other items measuring the same constructs of child development as those measured by *Teaching Strategies GOLD®*. Similarly, item reliability estimates the likelihood that the instrument's items would follow the same developmental progression if

of .8 and higher are considered strong indicators of reliability. Across the six scales of *Teaching Strategies GOLD®*, person reliabilities ranged from .95 to .98, while item reliabilities were .99 for all six scales. These values indicate very high person and item reliability for *Teaching Strategies GOLD®*.

Internal Consistency Reliability

Internal consistency reliability refers to the consistency of children's responses to all items within each area of the instrument. The more homogeneous the domain measured, the higher the internal consistency reliability should be. Researchers measured the internal consistency of the items within each area of *Teaching Strategies GOLD®*. They determined internal consistency reliability estimates ranging from .957 for the physical scale to .980 for the cognitive scale. These values represent extremely high internal consistency reliability.

Interrater Reliability

Interrater reliability refers to the consistency of scores obtained when two different people administer the same instrument to the same child. If the tool is reliable, the results should be the same (or nearly the same) regardless of the user. Researchers conducted an interrater reliability study by examining the correlations between the ratings of a *Teaching Strategies GOLD®* master teacher/trainer and the ratings of teachers to whom the assessment system is new. This study was conducted by first having a master teacher/trainer rate the skills of 18 children on all items of the instrument. Next, a sample of 557 teachers examined video clips of the same children and provided their ratings for all assessment items. Each teacher rated the skills of only those children who matched the age-group he or she worked with, meaning that no teacher rated all 18 children. Researchers determined the correlations at the area level (e.g., physical, cognitive, language, etc.) between the teacher ratings and the master teacher/trainer ratings. Correlations were very high, with all but one being above .90 and the lowest correlation still being high at .80. The highest level of agreement between the master teacher/trainer and the new teachers was found in the literacy scale. This is very strong evidence of interrater reliability for *Teaching Strategies GOLD®*.

Scale Scores and Age Bands

Scale scores are generally considered more reliable and meaningful than raw scores when analyzing assessment data. Researchers determined scale scores for *Teaching Strategies GOLD®* by using strategies common in both educational and psychological testing. Children's ability estimates were rescaled to conform to a normal distribution with a mean of 500 and standard deviation of 100. Scores three or more standard deviations below the mean were given a value of 200, while values three or more standard deviations above the mean were given a value of 800. Data was analyzed by separating children into 3-month age bands based on their age in months at the time of the first assessment checkpoint in October 2010.

Results indicate that the means for each scale score is appropriately occurring around age 36 months, which is the middle age range for which *Teaching Strategies GOLD®* is intended. Scale scores correlate moderately strongly with age, suggesting that teachers are generally giving higher scores to older children and lower scores to younger children. Since *Teaching Strategies GOLD®* is meant to measure progress across skills that follow a developmental progression, these results are positive and promising. Furthermore, mean scores for the age bands increase with age at a steady pace. This finding indicates that *Teaching Strategies GOLD®* can be used to track and monitor the developmental progress of children from year to year.

Differential Item Analysis

Assessment instruments should ideally be valid and reliable with all populations of children, including those with disabilities and those for whom English is not a home language. Researchers used differential item analysis to determine whether any items of *Teaching Strategies GOLD®* were operating differently for different populations of children. Three age-groups (3-, 4-, and 5-year-olds) were selected for this study. Data was analyzed according to each child's primary language and disability status, forming three groups of interest: children with disabilities, English-language learners (ELLs), and Spanish-speaking children. There is strong evidence that the items in *Teaching Strategies GOLD®* are operating the same way for different groups of children, meaning that the assessment instrument is equally valid and reliable for children with special needs and for those whose home language

Conclusion

The *Teaching Strategies GOLD®* assessment system yields highly valid and reliable results. The results of the current research strongly validates that teachers are able to use *Teaching Strategies GOLD®* to make valid ratings of the developmental progress of children across the intended age range from birth through kindergarten. Future analysis will focus on the variance in the ratings that can be attributed to child age, within teacher variability and between teacher variability. Additional evidence of concurrent validity will be released in fall 2011.

Early Childhood Teachers' Use of Ongoing Child Assessment to Individualize Instruction

OPRE Brief #2015-61

June 2015

What Does it Mean to use Ongoing Assessment to Individualize Instruction in Early Childhood?

by Lauren Akers, Sally Atkins-Burnett, Shannon Monahan, Judith Carta, Barbara A. Wasik, and Kimberly Boller

Using ongoing child assessment to individualize instruction is considered a best practice in early childhood education[1] and is a requirement in the Head Start Performance Standards.[2] Teachers who use ongoing assessment to individualize instruction may reduce the school readiness gap for children at risk, deliver more effective instruction, and have students who achieve better outcomes.[3] Practitioners, researchers, and policymakers are paying closer attention to how early childhood education (ECE) teachers use ongoing child assessments to track children's progress and tailor instruction to each child's unique strengths, needs, and interests.

What is a curriculum-embedded approach to ongoing assessment?

Curriculum-embedded approaches and General Outcomes Measures (GOMs; see Appendix) are the two main approaches for ongoing child assessment. Our conceptual framework focuses on curriculum-embedded approaches because they are (1) more common in early childhood settings than GOMs; (2) more comprehensive, as they usually cover several domains of development; and (3) they require greater teacher skill and knowledge to use. There is a strong need for research on teachers' use of curriculum-embedded approaches as:

This is one of a series of briefs about ongoing assessment for individualizing instruction.

This brief provides a conceptual framework that shows practitioners and researchers how practitioners can use ongoing assessment for individualization.

An additional brief titled "Tailored Teaching: The Need for Stronger Evidence About Early Childhood Teachers' Use of Ongoing Assessment to Individualize Instruction" describes a review of the literature on ongoing assessment in early childhood settings for researchers and practitioners.

Finally, the brief "What Do We Know about How Early Childhood Teachers Use Ongoing Assessment?" succinctly summarizes findings from the review of the literature for practitioners.

- These approaches link assessment of children's progress to early learning standards, skills, and knowledge taught by a specific curriculum.
- Teachers can use these approaches to inform daily instruction and interventions, identify children's strengths and difficulties, and monitor child progress.
- Some of these assessments are created by curriculum developers and linked to lesson plans. Other assessments are created based on national standards and developmental expectations.

Definitions of Key Terms

Ongoing child assessment: Repeated assessments and observations of a child's performance and progress over time.

Conceptual framework: A way to represent how we think about a topic, in this case, showing the steps in cycles of ongoing assessment and teaching.

Individualization: The process in which a teacher uses data to identify a child's skill level for a learning goal and tailor instruction for that child. The teacher uses data on an ongoing basis to see whether the child is progressing in response to the instructional changes and adjusts instruction as needed.

- Assessments track a child's skills across many developmental and school readiness domains, documenting what a child knows and is able to do.
- Teachers typically rate children's performance with rubrics provided by the assessment system. These rubrics describe behaviors for different levels of performance along a continuum, building toward end-of-year goals.
- Teachers collect assessment data from many sources (e.g., observation, direct assessment, or parent and child interviews). Most assessments are based on daily activities.
- Performance on curriculum-embedded assessments can help teachers individualize instruction by:

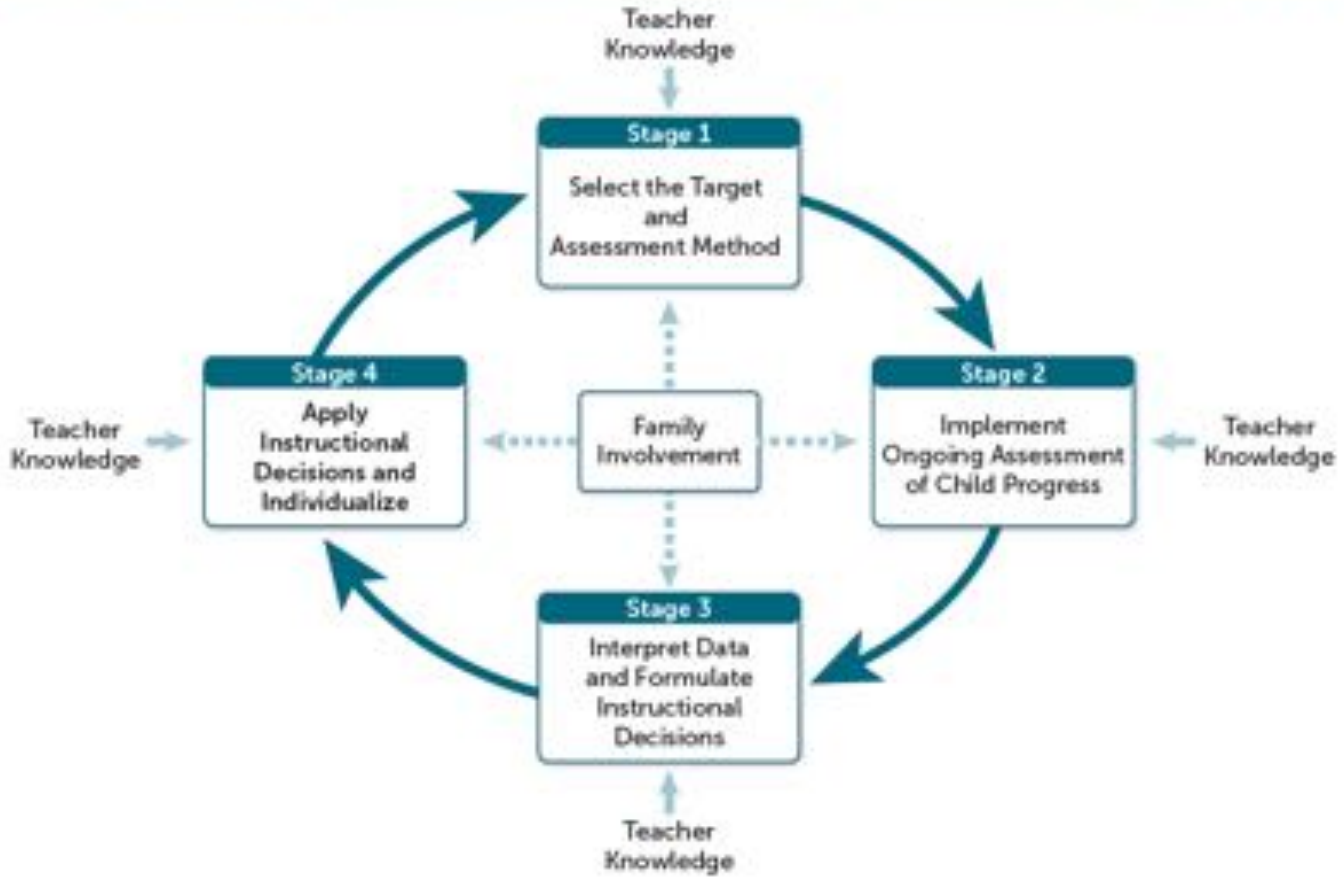
A conceptual framework for curriculum-embedded approaches

This conceptual framework for curriculum-embedded approaches describes the steps teachers take when using ongoing assessment for individualization. Practitioners can use this conceptual framework to improve current ongoing assessment efforts, and researchers may find the framework useful for measuring this process. The conceptual framework for using curriculum-embedded approaches to track children's progress and individualize instruction is a repeating cycle with four stages: (1) selecting what to assess (the **assessment target**) and how (the **assessment method**); (2) implementing the assessment; (3) interpreting the assessment data, including setting hypotheses about why the child was or was not

- Indicating that a child has met a standard and is ready to learn the next skill
- Identifying the circumstances under which a child is able to demonstrate a skill

successful, and making instructional decisions; and (4) applying instructional decisions (Figure 1). At each stage, teachers need different types of knowledge. Families can be involved at each of the stages, but they are most frequently involved in the interpretation and

Figure 1. Conceptual framework for curriculum-embedded approaches to ongoing child assessment



Definitions of Key Terms

Assessment target: The knowledge, skill, or behavior that the teacher wants to assess.

Assessment method: The way that the teacher gathers information about the skill, knowledge, or behavior of interest.

instructional decision-making stage. Different aspects of the context can influence how effectively teachers implement each of the stages. To the extent possible, the framework was informed by a review of the literature[4] on ongoing assessment in early childhood. The literature review found few studies with rigorous evidence, so the framework also draws on theory and expert opinion.

Next, we describe each of the four stages and recommended practices for each stage.

Stage 1: Selecting the assessment target and method for monitoring child progress

The assessment method is the way that the teacher gathers information about the skill, knowledge, or behavior of interest. In curriculum-embedded approaches, the teacher systematically records developmental observations over time about a child's naturally occurring behaviors and competencies during daily activities. The field sometimes refers to these assessments as authentic. Some examples of assessment methods include the following:

- Observations of a child going about his or her day-to-day tasks and routines
- Video- and audio-recordings
- Samples of a child's work or play, such as drawings, dictation of what a child says, and pictures of three-dimensional structures that a child builds
- Structured tasks, such as asking a child to name pictures, shapes, numbers, or letters using flash-cards; zip a zipper; or copy a block structure

Ongoing child assessment begins when the teacher selects an assessment target and method. The assessment system is often selected by program managers rather than the teacher, but it influences what and how teachers assess. For example, some assessment systems ask the teacher to select the assessment target from a menu of curriculum goals and objectives. The supports available to the teacher within different assessment systems also vary. Some assessment systems link more closely to the curriculum than others.

The assessment target is the knowledge, skill, or behavior that the teacher wants to assess. Examples of assessment targets in preschool include the following:

- Recognize shapes or colors when they are named
- Show understanding of cause-and-effect relationships
- Follow a two-step direction
- Persist in assembling a puzzle with fewer than 20 pieces
- Take turns with another child when playing a matching game
- Standardized probes and questions, such as asking a child, "When is your birthday?" or, "Where should I begin reading?"

Box 1 shows recommendations for how teachers should select an assessment target and method.

Box 1. Recommendations for selecting the assessment target and method

- Focus on meaningful and developmentally appropriate behaviors, knowledge, or skills.
- Observe the child's behavior and response to activities and questions that support the curriculum.
- Focus on behaviors that can be observed and measured in a variety of settings or formats.
- Focus on behaviors that can change in response to instruction and intervention.
- Use a data collection approach that makes sense to the child, is appropriate for the child, and captures the child's skills, knowledge, or behavior.
- Select a method that can be used efficiently and frequently, either taking place within the curricular activities or in a way that can quickly and easily capture what the child knows and can do.
- Collect data frequently enough to guide the child's expected progress.

Next, we present some examples.

- **Select meaningful assessment targets that examine a skill, knowledge, or behavior that a child needs to be successful, either now or in the future.** Early childhood teachers should select targets in a key domain related to school readiness and success in school. These domains include language and literacy development, cognition and general knowledge, approaches to learning, physical well-being and motor development, and social and emotional development.
- **Select targets that focus on a *generalizable* outcome—that is, a skill, knowledge, or behavior that a child can demonstrate in a variety of settings or formats.** For example, children can demonstrate letter recognition knowledge when they see a certain letter in their name, on an index card by itself, or at the beginning of a word in a book.

for a given assessment target. The teacher could collect some data each week, and more frequently in the areas currently being taught each day.

Stage 2: Implementing ongoing assessment of child progress

Typically, teachers weave assessment tasks into instructional activities. They then document the data they collect, often through the use of anecdotal records, photos, videos, checklists, rubrics, or ratings.

Box 2 shows recommendations for how teachers should implement and document ongoing assessment.

Box 2. Recommendations for implementing ongoing assessment

- Conduct the assessment efficiently to maximize instructional time.

- **Select an assessment method that makes sense to the child. The child should understand what he or she is being asked to do.** The assessment task should be something that children would be expected to do in a familiar environment, rather than something so unusual that they might not understand what to do. If children do not understand the task, they might not be able to show their knowledge or skills. Whenever needed, the teacher should use adaptations or prompts to ensure that children understand the task. Teachers should also make the task accessible for children with special learning needs (including cultural and language differences). For example, the teacher could allow a dual language learner with a Spanish home language to respond to English prompts in either English or Spanish.

- **Collect data frequently enough to guide each child's expected progress over time in each learning domain.** The schedule for data collection should match the pace of a child's expected progress. Data should be collected often enough that the teacher knows when the child needs more or less support or challenge. For example, the schedule should allow the teacher to review progress quarterly, with a minimum of three observations

- Make the assessment fair, ensuring that the following occur:
  - The context for the assessment makes sense for the child.
  - The child understands the task at hand.
- Document information objectively, reliably, completely, and efficiently.

Next, we present some examples

- **Conduct the assessment efficiently, maximizing instructional time.** Efficient assessments reduce time away from instruction. If the teacher is busy writing lengthy notes, then he or she is not interacting with children and actively supporting their learning. Efficiency also helps the teacher avoid missing critical information. For example, a teacher writing copious notes is not able to observe carefully. By planning the specific information to collect, the teacher can easily document important context for the assessment by copying and pasting from the activity plan. Assessing a naturally occurring activity is often the most efficient method—for example, teachers might find it more efficient to observe whether a child can zip a coat when getting ready to go outside rather than during a small-group activity.

- **Document assessment information objectively and completely.** The documentation should describe what happened rather than make inferences or judgments. The teacher should also note important information about the child's behavior, the task, and the context of the assessment. Such information includes the following:
  - Date
  - Time
  - Group size
  - Type of activity
  - Presence of adult, peer, and/or environmental supports
  - Use of prompts
  - Any other adults involved in the assessment activity

  All of these could influence whether the child is successful at a task.

Box 3 shows recommendations for how teachers should interpret data and apply instructional decisions.

Box 3. Recommendations for interpreting data and formulating instructional decisions

- Organize information so that it does the following:
  - Helps teachers interpret data.
  - Facilitates communication with families.
  - Minimizes demand on teachers' time.
  - Supports consistent, reliable data entry if a computerized system is used.
  - Helps teachers compare progress across different areas within a single child's development and across all children or groups of children for specific learning domains.
- Use the data to reflect on and interpret children's behavior, and consider other explanations for a child's performance and progress, such as

Stage 3: Interpreting data and making instructional decisions

Teachers organize the data they collect to make it easier to interpret what they see in the data. Ultimately, well-organized data will help teachers communicate important information to families and team members. Teachers interpret the data on each child's performance compared to expected performance based on developmental guidelines, curricular guidelines, or typical same-age peers. Teachers also can interpret the assessment data in light of other relevant data, such as information on the frequency of instructional activities, peers' performance, national benchmarks, and input from families and specialists. Finally, teachers use the data to identify children's strengths, weaknesses, interests, and learning differences. Based on the findings, they select the best way to support each child's progress. Teachers can perform these activities in teams, with support from other teachers, coaches, consultants, and family members.

whether a child is just imitating what he or she sees other children doing.

Examples include the following:

- **Organize information in a way that supports valid interpretation.** The organization should make it easy to examine change over time in specific skills, knowledge, and behavior. The teacher should be able to look for patterns in data collected from multiple sources using multiple methods across multiple time points.
- **Use the data to reflect on and interpret children's behavior and consider other explanations for children's performance and progress.** The teacher should draw on information from multiple time points, sources, and methods of assessment, rather than from a single response. The teacher should also consider other explanations for a child's behavior, developing hypotheses to test at the next instructional opportunity. For example, "Could she do the task if I provide more visual cues?" or, "Could he do this in a different context?"

Stage 4: Applying instructional decisions and individualizing

To maximize each child's progress, teachers individualize instruction. They use the child's data to plan and deliver high-quality, evidence-based instruction that is designed to meet that child's needs at that point in time. The teacher then returns to Stage 1 of the framework to assess whether the individualized instruction helped the child make greater progress on the targeted learning objective.

Box 4 shows recommendations for teachers' interpretation of the data and application of instructional decisions.

Box 4. Recommendations for applying instructional decisions and individualizing instruction

- Use evidence-based instructional strategies that are:
  - Responsive to the data.
  - Implemented with fidelity (that is, the way that they are supposed to be implemented).
  - Evaluated in an ongoing manner.
- Use a variety of instructional approaches that build on children's strengths and interests while supporting areas needing growth.

Box 5. Key factors that influence whether and how well teachers are able to use curriculum-embedded approaches to ongoing child assessment

- Program supports for ongoing child assessment, including the following:
  - Availability of training, professional development, coaching, or consultation related to assessment
  - Policy requirements and support for frequent assessments of children's progress, including a schedule for assessing children and for reviewing and reflecting on children's progress
  - Availability of adequate time for reflection and planning
  - A culture that supports use of data and collaboration among teachers in assessing and interpreting data
  - Access to information on evidence-based instructional strategies that are linked to the curriculum and availability of support for selecting appropriate strategies
- Teachers' knowledge of and beliefs about the following:
  - Child development
  - Teaching, learning, and curriculum
  - Assessment
  - Evidence-based instruction

Examples include the following:

- **Use instructional strategies that are responsive to the data.** For example, the teacher should increase or vary opportunities for learning and practice for children with weaknesses identified in the data.
- **Use a variety of instructional approaches.** For example, the teacher could intentionally group children in ways that address various learning needs and strengths. The teacher could individualize instruction within a group by offering different questions or levels of prompts to each child. The teacher could also individualize by offering more opportunities for a child to practice a particular skill throughout the day.

- Family involvement, including the following:
  - Incorporating families' perspectives into the assessment process
  - Encouraging families to support children's development at home

Additional influences

Not all curriculum-embedded assessment systems offer teachers support in all parts of the process. Therefore, it is important to consider key characteristics of the program structure that can support implementation (Box 5). Two additional factors can also influence the quality of implementation across stages and areas of development: (1) teachers' knowledge and beliefs and (2) family involvement in the process.

Next steps

Practitioners can use this conceptual framework to guide using ongoing assessment for individualization. In addition, this conceptual framework is being used to develop a measurement tool to conduct high-quality research to strengthen our understanding of how teachers might best use ongoing assessment to boost child development outcomes.

The Office of Planning, Research & Evaluation funded a project[5] in fall 2012 to create the Examining Data Informing Teaching (EDIT)[6] measure. The dimensions of quality identified in this conceptual framework served as the foundation for development of the EDIT. The EDIT extends beyond existing measurement tools because it captures a wider range of steps involved in early childhood assessment and individualization and can be used with different types of curriculum-embedded ongoing assessment systems. The EDIT provides researchers with a tool to determine whether high-quality use of ongoing assessment is linked to improved instructional practices and, ultimately, positive child outcomes. Additionally, the EDIT could help identify important practices within the stages of the conceptual framework to guide professional development efforts.

Appendix. What is a General Outcomes Measurement (GOM) approach to ongoing assessment?

- In the GOM approach, teachers use a brief standard task with strong evidence of validity to monitor children's progress toward a long-term goal.
- The task assesses a behavior or set of behaviors that can be observed and evaluated in an objective way. The same brief task is repeated throughout the year, with decision rules that help teachers decide when children are not making enough short-term progress and need more intensive help.
- GOMs currently assess only a limited number of domains; most GOMs in preschool currently focus on language and literacy, and some focus on mathematics.

Additional resources

Akers, L., P. Del Grosso, S. Atkins-Burnett, S. Monahan, K. Boller, J. Carta, and B.A. Wasik. "Research Brief—Tailored Teaching: The Need for Stronger Evidence about Early Childhood Teachers' Use of Ongoing Assessment to Individualize Instruction." Washington, DC: Mathematica Policy Research, 2015.

Akers, L., P. Del Grosso, S. Atkins-Burnett, S. Monahan, K. Boller, J. Carta, and B.A. Wasik. "Research Brief—What Do We Know About How Early Childhood Teachers' Use Ongoing Assessment?." Washington, DC: Mathematica Policy Research, 2015.

Akers, L., P. Del Grosso, S. Atkins-Burnett, K. Boller, J. Carta, and B.A. Wasik. "Tailored Teaching: Teachers' Use of Ongoing Child Assessment to Individualize Instruction (Volume II)." Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research & Evaluation, 2014.

Atkins-Burnett, S., S. Monahan, L. Akers, J. Carta, B.A. Wasik, and K. Boller. "Tailored Teaching: Teachers' Use of Ongoing Child Assessment to Individualize Instruction (Volume I)." Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research & Evaluation, 2014.

SESSION 3

Practicing the Authentic Assessment Cycle Handout

Level 3

Group Data

	Colin (4.7 Years)	Colin (4.10 Years)	David (6 months)	David (9 months)	Sarah (2.1 Years)	Sarah (2.4 Years)	Ian (4.3 Years)	Ian (4.6 Years)	Emma (3.2 Years)	Emma (3.5 Years)	Annie (1.6 Years)	Annie (1.9 Years)
Physical and Motor Development												
Coordinates movements to perform more complex tasks	3	3	1	1	2	2	3	3	3	3	1	1
Uses hand eye coordination to perform a variety of tasks	3	3	1	1	2	2	3	3	2	3	1	2
Cognitive Development												
Imitates actions of others during play	3	3	1	1	1	1	3	3	2	2	1	1
Matches similar objects	3	3	1	1	1	2	3	3	2	2	1	1
Language & Literacy												
Listens with understanding to directions and conversations	3	3	1	1	2	2	3	3	2	3	2	2
Uses language for a variety of purposes	3	3	1	1	1	2	3	3	2	2	1	1
Social Emotional Development												
Manages transitions	3	3	1	1	2	2	2	3	2	2	1	1
Follows rules and routines	3	3	1	1	2	2	2	3	2	2	1	2

Approaches to Learning												
Shows eagerness and curiosity as a learner	3	3	2	2	3	3	3	3	2	2	2	1
Persists in a task and seeks help when encountering a problem	3	3	1	1	1	2	2	3	2	2	1	1

1 = Not Yet; 2 = In Process; 3 = Proficient

1. What data do you have? Individual or Group? Quantitative or Qualitative? Frequencies, averages, and/or scores? Anecdotal notes, running records, checklists, etc.? Who gathered the data (e.g., parent, childcare provider, etc.)?

2. What developmental domains are represented here?

3. What additional data would you like to have?

4. What are the data telling you/What do you think is going on?

5. Develop at least 2 hypotheses from the data.

Positive Climate Ratings

	Relationships					Positive Affect		
	Physical Proximity	Shared Activities	Peer Assistance	Matched Affect	Social Conversation	Smiling	Laughter	Enthusiasm
Fall	2	4	7	4	5	3	3	2
Spring	3	4	5	5	5	4	4	4

	Positive Communication			Respect			
	Verbal Affection	Physical Affection	Positive Expectations	Eye Contact	Warm, Calm Voice	Respectful Language	Cooperation and/or Sharing
Fall	4	3	4	3	6	5	5
Spring	4	4	4	4	5	5	4

Domain	**Low (1,2)**	**Mid(3,4)**	**High (6,7)**
Relationships	There are few, if any, indications that the caregiver and children enjoy warm, supportive relationships with one another.	There are some indications that the caregiver and children enjoy warm, supportive relationships with one another.	There are many indications that the caregiver and children enjoy warm, supportive relationships with one another.
Positive Affect	There are no or few displays of positive affect by the caregiver and/or children.	There are sometimes displays of positive affect by the caregiver and/or children.	There are frequent displays of positive affect by the caregiver and/or children.
Positive Communication	There are rarely positive communications, verbal or physical, among caregiver and children.	There are sometimes positive communications, verbal or physical, among caregiver and children.	There are frequently positive communications, verbal or physical, among caregiver and children.
Respect	The caregiver and children rarely, if ever, demonstrate respect for one another.	The caregiver and children sometimes demonstrate respect for one another.	The caregiver and children consistently demonstrate respect for one another.

1. What data do you have?

2. What are the data telling you?

3. How might you use these data to inform your earlier hypotheses? Would your hypotheses change based on the addition of these data? Why or why not?

4. Write at least 2 SMART goals for the data you have: one for a child and one for a group

Crafting the Message

1. For each goal, write a brief paragraph of what you might share with parents.

2. Write a brief paragraph on what you might share with Annie's parents (if you haven't already).

3. What's next? List at least three things you plan to do next after sharing the data.

SESSION 4

Second Language Acquisition in Early Childhood

Linda M. Espinosa, Ph.D.

All children are born ready to learn language to communicate with the significant people in their lives. Within the first few years of life, virtually all typically developing children master the basics of one language. Although this is a complex task that requires much effort, it is expected and considered normal. Increasingly, in the United States, young children are in learning environments where more than one language is used. Internationally, it is estimated that there are as many children who grow up learning two languages as one. The number of children enrolled in preschool and Head Start programs whose home language is not English (English-language learners, ELL) has been steadily increasing over the past two decades. During the 2002-2003 program year, 27% of children enrolled in Head Start did not speak English as their home language. Of these, the vast majority are from Spanish-speaking homes with 139 other language groups also reported.

Throughout the U.S., the academic achievement levels, high school completion rates, and college attendance rates of English-language learners remain markedly below that of their White, English-speaking peers. There is a growing and convincing body of research that high quality early childhood education can improve the educational achievement of children from diverse linguistic and cultural backgrounds and help to reduce this achievement gap before kindergarten. Therefore, it is important for the early childhood profession to have a clear understanding of how children acquire a second language in order to design high quality learning environments for children who are in the process of acquiring English as their second language.

Will Two Languages Help or Hurt Young Children?

Research increasingly shows that most young children are capable of learning two languages and that bilingualism confers cognitive, cultural, and economic advantages (Bialystok, 2001; Genesee, 2004; Hakuta & Pease-Alvarez, 1992).

Bilingualism has been associated with a greater awareness of and sensitivity to linguistic structure, an awareness that is transferred and generalized to certain early literacy and nonverbal skills (Bialystok, 2001). Children who have the opportunity to speak two languages should be encouraged to maintain both, so they can enjoy the benefits that may accompany bilingual status. Children from homes where English is not the native language should be encouraged to cultivate their home language as well as English. Maintaining the home language is essential not just to the child's future academic and cognitive development, but also to the child's ability to establish a strong cultural identity, to

develop and sustain strong ties with their immediate and extended families, and to thrive in a global, multilingual world.

How Do Children Learn a Second Language?

It is commonly assumed that preschool-aged children can just "pick up" a second language without much effort or systematic teaching. However, becoming proficient in a language is a complex and demanding process that takes many years. As with any type of learning, children will vary enormously in the rate at which they learn a first and a second language. The speed of language acquisition is due to factors both within the child and in the child's learning environment. The child's personality, aptitude for languages, interest and motivation interact with the quantity and quality of language inputs and opportunities for use to influence the rate and eventual fluency levels.

Simultaneous vs. Sequential Second Language Acquisition

Barry McLaughlin (1984, 1995) has made a distinction between children who learn a second language *simultaneously* or *sequentially*. When a child learns two languages *simultaneously*, e.g. before three years of age, the developmental pathway is similar to how monolingual children acquire language. However, there is some disagreement in the literature over whether bilingualism results in a slower rate of vocabulary development than children learning a single language. As children are acquiring two languages and becoming bilingual, one language may dominate. That is normal. It is rare for emerging bilinguals to be equally balanced in the development of both languages.

The language development of children who learn a second language after three years of age, or *sequentially*, follows a different progression and is highly sensitive to characteristics of the child as well as the language learning environment. At this point, the basics of the child's first language have been learned. They know the structure of one language, but now must learn the specific features, grammar, vocabulary, and syntax, of a new language. According to Tabors and Snow (1994) *sequential* second language acquisition follows a four stage developmental sequence:

1. *Home Language Use*. When a child has become competent in one language and is introduced into a setting where everyone is speaking a different language, e.g. an ELL entering an English-dominant preschool classroom, the child will frequently continue to speak his home language even when others do not understand. This period can be short or in some cases the child will persist in trying to get others to understand him for months.
2. *Nonverbal Period*. After young children realize that speaking their home language will not work, they enter a period where they rarely speak and use nonverbal means to communicate. This is a period of active language learning for the child; he is busy leaning the features, sounds, and words of the new language (receptive language) but not verbally using the new language to communicate. This is an extremely important stage of second

language learning that may also last a long time or be brief. Any language assessments conducted during this stage of development may result in misleading information that underestimates the child's true language capacity.

3. *Telegraphic and Formulaic Speech*. The child is now ready to start using the new language and does so through telegraphic speech that involves the use of formulas. This is similar to a monolingual child who is learning simple words or phrases (content words) to express whole thoughts. For instance, a child might say, "me down" indicating he wants to go downstairs. Formulaic speech refers to unanalyzed chunks of words or sometimes even syllables strung together that are repetitions of what the child has heard. For example, Tabors (1997) reports that ELLs in the preschool she studied frequently used the phrase "Lookit" to engage others in their play. These are phrases the children had heard from others that helped to achieve their social goals, even though the children probably did not know the meaning of the two words.

4. *Productive Language*. Now the child is starting to go beyond telegraphic or formulaic utterances to create their own phrases and thoughts. Initially the child may use very simple grammatical patterns such as "I wanna play", but over time he will gain control over the structure and vocabulary of the new language. Errors in language usage are common during this period as children are experimenting with their new language and learning its rules and structure.

As with any developmental sequence, the stages are flexible and not mutually exclusive. McLaughlin and his colleagues (McLaughlin, Blanchard, Osanai, 1995) preferred to describe the process as waves, "..moving in and out, generally moving in one direction, but receding, then moving forward again" (pp.3-4).

Sequential bilingual children may have somewhat different patterns of development than monolinguals in certain aspects of language development in the short term. This may include vocabulary, early literacy skills, and interpersonal communication. Young ELLs frequently know fewer vocabulary words in both English and their home language than monolingual children. This may be due to the limited memory capacity of young children or limited exposure to a rich and varied vocabulary. If they speak one language in the home and are learning English at preschool, the child may also know some words in one language and not the other. For instance, the child may have learned the English words recess, chalk, line, etc., at school, but never learned the corresponding words in Spanish because there was no need or opportunity to do so in the home. However, when the total number of words the child knows in both languages is considered together, it is comparable to the number and range of vocabulary words monolingual children know.

Code Switching/Language Mixing

It is important for early childhood educators to understand that *code switching* (switching languages for portions of a sentence) and *language mixing* (inserting single items from one language into another) are normal aspects of second language acquisition. This does not mean that the child is confused or cannot separate the

languages. The main reason that children mix the two languages in one communication is because they lack sufficient vocabulary in one or both languages to fully express themselves. Research has shown that even proficient adult bilinguals mix their languages in order to convey special emphasis or establish cultural identity. In any case, code switching or language mixing is a normal and natural part of second language acquisition that parents and teachers should not be concerned about. The goal must always be on enhancing communication, rather than enforcing rigid rules about which language can be used at a given time or under certain circumstances.

Summary

Young children who have regular and rich exposure to two languages during the early childhood years can successfully become bilingual. Most research concludes that there are no negative effects of bilingualism on the linguistic, cognitive or social development of children, and there may even be some general advantages in these areas of development. Simultaneous bilingualism follows a path similar to monolingual development; sequential second language acquisition occurs in a predictable series of stages or waves. Typically, at any given time, one language may dominate depending on the amount of time spent in each language. As early childhood programs become increasingly diverse, teachers will need to understand the process of second language acquisition and how to adapt their expectations and instruction accordingly. Increased understanding will lead to improved methods that will promote the learning and achievement of young children who are learning English as a second language.

References

Bialystok, E. (2001). *Bilingualism in development: Language, literacy & cognition.* Cambridge, UK: Cambridge University Press.

Genesee, F. (2004). *Bilingual acquisition*. Retrieved from Earlychildhood.com. July, 2004.

Hakuta, K. and Pease-Alvarez, L. (1992). Enriching our views of bilingualism and bilingual education. *Educational Researcher*, 21, 4-6.

McLaughlin, B. (1984). *Second language acquisition in childhood: Preschool children*. Vol.1. Hillsdale, NJ: Erlbaum Associates.

McLaughlin, B., Blanchard, A., & Osani, Y. (1995). Assessing language development in bilingual preschool children. Washington DC: George Washington University. (The National Clearinghouse for Bilingual Education, #22, June)

Tabors, P. and Snow, C. (1994). English as a second language in preschools. In F. Genesee (Ed.). *Educating second language children: The whole child, the whole curriculum, the whole community* (pp.103-125). New York: Cambridge University Press.

Tabors, P. (1997). *One child, two languages: A guide for preschool educators of children learning English as a second language.* Baltimore, MD: Paul H. Brookes Publishing Co.

Espinosa, L. (in press). Second language acquisition in early childhood.
In New, R. & Cochran, M. (Eds.). Early Childhood Education. Westport,CT: Greenwood Publishing Group.

Home Language Questionnaire

Child's Name_____

Today's Date _____

About Your Child

1. What is your relationship to the child?

- ☐ Mother
- ☐ Father
- ☐ Grandparent
- ☐ Other relative
- ☐ Foster parent
- ☐ Other – *Please describe:* _____

2. Write in what languages are spoken in your home. _____

3. What languages do **you** use when you talk to your child? *(Check one)*

☐ English ☐ Home language ☐ Both

4. What languages do **other people at home** use with your child? *(Check one)*

☐ English ☐ Home language ☐ Both

5. What languages does **your child** use when talking at home? *(Check one)*

☐ English ☐ Home language ☐ Both

6. With what language is your child **most comfortable** now? *(Check one)*

☐ English ☐ Home language ☐ Both

7. From the ages of 0 to 1 year, was there, English, your home language or both spoken to your child at home?

☐ English

☐ Home language

☐ Both

Current Language Use

We are interested in how much English and home language your child hears and speaks. First, think about week days (Monday-Friday) and then think about weekends (Saturday-Sunday).

8. Monday-Friday What languages does your child HEAR?

Morning Routine (awake to 9)	***Early Afternoon (9 to 1)***	***Mid Afternoon (1 to 4)***	***Evening (4 to bedtime)***
☐ Home Lang ☐ English ☐ Both	☐ Home Lang ☐ English ☐ Both	☐ Home Lang ☐ English ☐ Both	☐ Home Lang ☐ English ☐ Both

9. Saturday and Sunday What languages does your child HEAR?

Morning Routine (awake to 9)	Early Afternoon (9 to 1)	Mid Afternoon (1 to 4)	Evening (4 to bedtime)
☐ Home Lang ☐ English ☐ Both	☐ Home Lang ☐ English ☐ Both	☐ Home Lang ☐ English ☐ Both	☐ Home Lang ☐ English ☐ Both

10. Monday-Friday What languages does your child SPEAK?

Morning Routine (awake to 9)	Early Afternoon (9 to 1)	Mid Afternoon (1 to 4)	Evening (4 to bedtime)
☐ Home Lang ☐ English ☐ Both	☐ Home Lang ☐ English ☐ Both	☐ Home Lang ☐ English ☐ Both	☐ Home Lang ☐ English ☐ Both

11. Saturday and Sunday What languages does your child SPEAK?

Morning Routine (awake to 9)	Early Afternoon (9 to 1)	Mid Afternoon (1 to 4)	Evening (4 to bedtime)
☐ Home Lang ☐ English ☐ Both	☐ Home Lang ☐ English ☐ Both	☐ Home Lang ☐ English ☐ Both	☐ Home Lang ☐ English ☐ Both

About You and Your Family

12. What is the **country** of each parent's birth? (*fill in for all applicable guardians)*

Mother_____ Father_____
Other Guardian _____

13. How many years has each lived in the United States? (*fill in for all applicable guardians)*

Mother_____ Father_____
Other Guardian _____

Sample Pragmatic Communication Checklist
Bilingual Oral Language Development (BOLD)

Bilingual Oral Language Development (BOLD) is an informal checklist that can be used to record observations of the child's communicative behavior in English and in the minority language. The child should be observed in a variety of natural speaking situations. Twenty pragmatic behaviors are evaluated. Other behaviors can be listed in the blank spaces at the bottom of the form.

Bilingual Oral Language Development (BOLD)

Child's name: _____ Date: _____

Child's first language: _____ Child's second language: _____

Communicative Behavior	First Language	Second Language
1. Comments on own actions		
2. Comments on others actions		
3. Describes experiences accurately		
4. Describes events sequentially		
5. Attends to the speaker		
6. Follows directions		
7. Initiates conversations		
8. Takes turns during conversations		
9. Maintains topic		
10. Answers questions		
11. Requests attention		
12. Requests information		
13. Requests action		
14. Requests clarification		
15. Expresses needs		
16. Expresses feelings		
17. Describes plans		
18. Supports viewpoints		
19. Describes solutions		
20. Expresses imagination		

Additional skills may be listed below:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Comments:

Bilingual Vocabulary Checklist

Please place a check (√) next to the words that the child says. Do not include words that the child understands but doesn't yet say. It is fine to count words that are not pronounced clearly. Remember to only mark the words that the child says.

FOOD	English	Home Lang.	TOYS	English	Home Lang.	PEOPLE	English	Home Lang.
apple			ball			aunt		
banana			balloon			uncle		
bread			blocks			child/kid		
butter			book			baby		
cake			bubbles			boy		
candy			crayons			girl		
cereal			doll			daddy		
cheese			picture			mommy		
coffee			present			doctor		
cookie/cracker			slide			grandma		
drink			swing			grandpa		
egg						lady		
grapes			OUTSIDE	English	Home Lang.	man		
gum			flower			own name		
hamburger			house					
ice cream			moon					
juice			rain					
meat			sidewalk					
milk			sky					
orange			snow					
potatoes/fries			star					
pizza			street			PLACES	English	Home Lang.
raisins			sun			church		
pop			tree			home		
soup						hospital		
spaghetti			ANIMALS	English	Home Lang.	library		
tea			bear			McDonalds		
toast			bird			outside		
water			bee			park		
BODY PARTS	English	Home Lang.	bug			school		
arm			bunny			store		
belly button			cat					
bottom			chicken			CLOTHING	English	Home Lang.
chin			cow			belt		
ear			dog/puppy			boots		
elbow			duck			coat		
eye			elephant			diaper		
face			fish			dress		
finger/toe			frog			gloves		
foot			horse			hat		
hair			monkey			jacket		
hand			pig			pajamas		
knee			pig			pants		
leg			snake			shirt		
mouth			tiger			shoe		
neck			turkey			sneakers		
nose			turtle			socks		
teeth						sweater		
tummy								

Modeled after Patterson, J. (1998). *Expressive vocabulary development and word combinations of Spanish-English bilingual toddlers*. American Journal of Speech-Language Pathology 7 (4) pp 46-56. Adapted from the Language Development Survey by L. Rescorla

ACTION	English	Home Lang.	PERSONAL ITEMS	English	Home Lang.	MODIFIERS	English	Home Lang.
(or a form of the word)			brush			all right		
bath			comb			bad		
breakfast			glasses			big		
bring			key			little		
catch			money			pretty		
clap			paper			ugly		
clean			pen			dry		
close			pencil			wet		
come			penny			dark		
cough			purse			dirty		
cut			umbrella			clean		
dance						heavy		
dinner			**HOUSEHOLD**	**English**	**Home Lang.**	happy		
down			bed			cold		
eat			blanket			hot		
finish						tired		
fix			bottle			hungry		
get			bowl			broken		
give			chair			nice		
go			clock/watch			blue		
have			crib			red		
help			cup			white		
hide			door			yellow		
hit			floor			black		
hug			fork			mine		
jump			glasses			more		
kick			knife			that		
kiss			light			this		
knock			mirror			**OTHERS**	**English**	**Home Lang.**
look			pillow			a, b, c, etc.		
love			plate			1, 2, 3, etc		
lunch			potty			yes		
make			radio			no		
open			room			bye-bye		
patty-cake			sink			hi/hello		
pee			soap			thanks		
poop			sofa/couch			please		
push			spoon			excuse me		
rad			stairs			welcome		
ride			table			night-night		
run			phone			me		
see			towel			you		
show			trash			my		
sing			t.v.			what?		
sit			window			where?		
sleep						why?		
stop			**VEHICLES**	**English**	**Home Lang.**	woo-woof		
take			bicycle/bike			meow-meow		
throw			boat			off		
tickle			bus			in		
up			car			out		
walk			motorcycle			under		
want			plane			away		
wash			train			here		
			truck			there		
						boo-boo/owie		
						shut up		

A____Items Home Lang. only B____Items English only C____Items in both languages ____Total Vocab Items (A+B+C)

Your Baby at 2 Months

Child's Name _____ Child's Age _____ Today's Date _____

How your child plays, learns, speaks, and acts offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by the end of 2 months. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

What Most Babies Do at this Age:

Social/Emotional

- ❑ Begins to smile at people
- ❑ Can briefly calm himself (may bring hands to mouth and suck on hand)
- ❑ Tries to look at parent

Language/Communication

- ❑ Coos, makes gurgling sounds
- ❑ Turns head toward sounds

Cognitive (learning, thinking, problem-solving)

- ❑ Pays attention to faces
- ❑ Begins to follow things with eyes and recognize people at a distance
- ❑ Begins to act bored (cries, fussy) if activity doesn't change

Movement/Physical Development

- ❑ Can hold head up and begins to push up when lying on tummy
- ❑ Makes smoother movements with arms and legs

Act Early by Talking to Your Child's Doctor if Your Child:

- ❑ Doesn't respond to loud sounds
- ❑ Doesn't watch things as they move
- ❑ Doesn't smile at people
- ❑ Doesn't bring hands to mouth
- ❑ Can't hold head up when pushing up when on tummy

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your state's public early intervention program. For more information, go to **www.cdc.gov/concerned** or call **1-800-CDC-INFO**.

Adapted from CARING FOR YOUR BABY AND YOUNG CHILD: BIRTH TO AGE 5, Fifth Edition, edited by Steven Shelov and Tanya Remer Altmann © 1991, 1993, 1998, 2004, 2009 by the American Academy of Pediatrics and BRIGHT FUTURES: GUIDELINES FOR HEALTH SUPERVISION OF INFANTS, CHILDREN, AND ADOLESCENTS, Third Edition, edited by Joseph Hagan, Jr., Judith S. Shaw, and Paula M. Duncan, 2008, Elk Grove Village, IL: American Academy of Pediatrics. This milestone checklist is not a substitute for a standardized, validated developmental screening tool.

Your Baby at 4 Months

Child's Name _____ Child's Age _____ Today's Date _____

How your child plays, learns, speaks, and acts offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by the end of 4 months. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

What Most Babies Do at this Age:

Social/Emotional

- ❑ Smiles spontaneously, especially at people
- ❑ Likes to play with people and might cry when playing stops
- ❑ Copies some movements and facial expressions, like smiling or frowning

Language/Communication

- ❑ Begins to babble
- ❑ Babbles with expression and copies sounds he hears
- ❑ Cries in different ways to show hunger, pain, or being tired

Cognitive (learning, thinking, problem-solving)

- ❑ Lets you know if she is happy or sad
- ❑ Responds to affection
- ❑ Reaches for toy with one hand
- ❑ Uses hands and eyes together, such as seeing a toy and reaching for it
- ❑ Follows moving things with eyes from side to side
- ❑ Watches faces closely
- ❑ Recognizes familiar people and things at a distance

Movement/Physical Development

- ❑ Holds head steady, unsupported
- ❑ Pushes down on legs when feet are on a hard surface
- ❑ May be able to roll over from tummy to back
- ❑ Can hold a toy and shake it and swing at dangling toys
- ❑ Brings hands to mouth
- ❑ When lying on stomach, pushes up to elbows

Act Early by Talking to Your Child's Doctor if Your Child:

- ❑ Doesn't watch things as they move
- ❑ Doesn't smile at people
- ❑ Can't hold head steady
- ❑ Doesn't coo or make sounds
- ❑ Doesn't bring things to mouth
- ❑ Doesn't push down with legs when feet are placed on a hard surface
- ❑ Has trouble moving one or both eyes in all directions

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your state's public early intervention program. For more information, go to **www.cdc.gov/ncbddd** or call **1-800-CDC-INFO**.

Adapted from [illegible]

Your Baby at 6 Months

Child's Name _____ Child's Age _____ Today's Date _____

How your child plays, learns, speaks, and acts offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by the end of 6 months. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

What Most Babies Do at this Age:

Social/Emotional

- ❑ Knows familiar faces and begins to know if someone is a stranger
- ❑ Likes to play with others, especially parents
- ❑ Responds to other people's emotions and often seems happy
- ❑ Likes to look at self in a mirror

Language/Communication

- ❑ Responds to sounds by making sounds
- ❑ Strings vowels together when babbling ("ah," "eh," "oh") and likes taking turns with parent while making sounds
- ❑ Responds to own name
- ❑ Makes sounds to show joy and displeasure
- ❑ Begins to say consonant sounds (babbling with "m," "b")

Cognitive (learning, thinking, problem-solving)

- ❑ Looks around at things nearby
- ❑ Brings things to mouth
- ❑ Shows curiosity about things and tries to get things that are out of reach
- ❑ Begins to pass things from one hand to the other

Movement/Physical Development

- ❑ Rolls over in both directions (front to back, back to front)
- ❑ Begins to sit without support
- ❑ When standing, supports weight on legs and might bounce
- ❑ Rocks back and forth, sometimes crawling backward before moving forward

Act Early by Talking to Your Child's Doctor if Your Child:

- ❑ Doesn't try to get things that are in reach
- ❑ Shows no affection for caregivers
- ❑ Doesn't respond to sounds around him
- ❑ Has difficulty getting things to mouth
- ❑ Doesn't make vowel sounds ("ah", "eh", "oh")
- ❑ Doesn't roll over in either direction
- ❑ Doesn't laugh or make squealing sounds
- ❑ Seems very stiff, with tight muscles
- ❑ Seems very floppy, like a rag doll

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your state's public early intervention program. For more information, go to **www.cdc.gov/concerned** or call **1-800-CDC-INFO**

Adapted from [illegible]

Your Baby at 9 Months

Child's Name _____ Child's Age _____ Today's Date _____

How your child plays, learns, speaks, and acts offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by the end of 9 months. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

What Most Babies Do at this Age:

Social/Emotional

- ❑ May be afraid of strangers
- ❑ May be clingy with familiar adults
- ❑ Has favorite toys

Language/Communication

- ❑ Understands "no"
- ❑ Makes a lot of different sounds like "mamamama" and "bababababa"
- ❑ Copies sounds and gestures of others
- ❑ Uses fingers to point at things

Cognitive (learning, thinking, problem-solving)

- ❑ Watches the path of something as it falls
- ❑ Looks for things he sees you hide
- ❑ Plays peek-a-boo
- ❑ Puts things in her mouth
- ❑ Moves things smoothly from one hand to the other
- ❑ Picks up things like cereal o's between thumb and index finger

Movement/Physical Development

- ❑ Stands, holding on
- ❑ Can get into sitting position
- ❑ Sits without support
- ❑ Pulls to stand
- ❑ Crawls

Act Early by Talking to Your Child's Doctor if Your Child:

- ❑ Doesn't bear weight on legs with support
- ❑ Doesn't sit with help
- ❑ Doesn't babble ("mama", "baba", "dada")
- ❑ Doesn't play any games involving back-and-forth play
- ❑ Doesn't respond to own name
- ❑ Doesn't seem to recognize familiar people
- ❑ Doesn't look where you point
- ❑ Doesn't transfer toys from one hand to the other

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your state's public early intervention program. For more information, go to **www.cdc.gov/concerned** or call **1-800-CDC-INFO**.

The American Academy of Pediatrics recommends that children be screened for general development at the 9-month visit. Ask your child's doctor about your child's developmental screening.

Adapted from [illegible]

Your Child at 1 Year

Child's Name ______ Child's Age ______ Today's Date ______

How your child plays, learns, speaks, and acts offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by his or her 1st birthday. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

What Most Children Do at this Age:

Social/Emotional

- ☐ Is shy or nervous with strangers
- ☐ Cries when mom or dad leaves
- ☐ Has favorite things and people
- ☐ Shows fear in some situations
- ☐ Hands you a book when he wants to hear a story
- ☐ Repeats sounds or actions to get attention
- ☐ Puts out arm or leg to help with dressing
- ☐ Plays games such as "peek-a-boo" and "pat-a-cake"

Language/Communication

- ☐ Responds to simple spoken requests
- ☐ Uses simple gestures, like shaking head "no" or waving "bye-bye"
- ☐ Makes sounds with changes in tone (sounds more like speech)
- ☐ Says "mama" and "dada" and exclamations like "uh-oh!"
- ☐ Tries to say words you say

Cognitive (learning, thinking, problem-solving)

- ☐ Explores things in different ways, like shaking, banging, throwing
- ☐ Finds hidden things easily
- ☐ Looks at the right picture or thing when it's named
- ☐ Copies gestures
- ☐ Starts to use things correctly; for example, drinks from a cup, brushes hair
- ☐ Bangs two things together
- ☐ Puts things in a container, takes things out of a container
- ☐ Lets things go without help
- ☐ Pokes with index (pointer) finger
- ☐ Follows simple directions like "pick up the toy"

Movement/Physical Development

- ☐ Gets to a sitting position without help
- ☐ Pulls up to stand, walks holding on to furniture ("cruising")
- ☐ May take a few steps without holding on
- ☐ May stand alone

Act Early by Talking to Your Child's Doctor if Your Child:

- ☐ Doesn't crawl
- ☐ Can't stand when supported
- ☐ Doesn't search for things that she sees you hide.
- ☐ Doesn't say single words like "mama" or "dada"
- ☐ Doesn't learn gestures like waving or shaking head
- ☐ Doesn't point to things
- ☐ Loses skills he once had

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your state's public early intervention program. For more information, go to **www.cdc.gov/concerned** or call **1-800-CDC-INFO**.

Adapted from CARING FOR YOUR BABY AND YOUNG CHILD: BIRTH TO AGE 5, Fifth Edition, edited by Steven Shelov and Tanya Remer Altmann © 1991, 1993, 1998, 2004, 2009 by the American Academy of Pediatrics and BRIGHT FUTURES: GUIDELINES FOR HEALTH SUPERVISION OF INFANTS, CHILDREN, AND ADOLESCENTS, Third Edition, edited by Joseph Hagan, Jr., Judith S. Shaw, and Paula M. Duncan, 2008, Elk Grove Village, IL: American Academy of Pediatrics. This milestone checklist is not a substitute for a standardized, validated developmental screening tool.

Your Child at 18 Months (1½ Yrs)

Child's Name _____ Child's Age _____ Today's Date _____

How your child plays, learns, speaks, and acts offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by the end of 18 months. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

What Most Children Do at this Age:

Social/Emotional

- ❑ Likes to hand things to others as play
- ❑ May have temper tantrums
- ❑ May be afraid of strangers
- ❑ Shows affection to familiar people
- ❑ Plays simple pretend, such as feeding a doll
- ❑ May cling to caregivers in new situations
- ❑ Points to show others something interesting
- ❑ Explores alone but with parent close by

Language/Communication

- ❑ Says several single words
- ❑ Says and shakes head "no"
- ❑ Points to show someone what he wants

Cognitive (learning, thinking, problem-solving)

- ❑ Knows what ordinary things are for, for example, telephone, brush, spoon
- ❑ Points to get the attention of others
- ❑ Shows interest in a doll or stuffed animal by pretending to feed
- ❑ Points to one body part
- ❑ Scribbles on his own
- ❑ Can follow 1-step verbal commands without any gestures; for example, sits when you say "sit down"

Movement/Physical Development

- ❑ Walks alone
- ❑ May walk up steps and run
- ❑ Pulls toys while walking
- ❑ Can help undress herself
- ❑ Drinks from a cup
- ❑ Eats with a spoon

Act Early by Talking to Your Child's Doctor if Your Child:

- ❑ Doesn't point to show things to others
- ❑ Can't walk
- ❑ Doesn't know what familiar things are for
- ❑ Doesn't copy others
- ❑ Doesn't gain new words
- ❑ Doesn't have at least 6 words
- ❑ Doesn't notice or mind when a caregiver leaves or returns
- ❑ Loses skills he once had

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your state's public early intervention program. For more information, go to **www.cdc.gov/concerned** or call **1-800-CDC-INFO**.

The American Academy of Pediatrics recommends that children be screened for general development and autism at the 18-month visit. Ask your child's doctor about your child's developmental screening.

Adapted from CARING FOR YOUR BABY AND YOUNG CHILD: BIRTH TO AGE 5, Fifth Edition, edited by Steven Shelov and Tanya Remer Altmann ©1991, 1998, 2004, 2009 by the American Academy of Pediatrics and BRIGHT FUTURES: GUIDELINES FOR HEALTH SUPERVISION OF INFANTS, CHILDREN, AND ADOLESCENTS, Third Edition, edited by Joseph Hagan, Jr., Judith S. Shaw, and Paula M. Duncan, 2008. Elk Grove Village, IL: American Academy of Pediatrics. This milestones checklist is not a substitute for a standardized, validated developmental screening tool.

www.cdc.gov/actearly | 1-800-CDC-INFO

CDC

Learn the Signs. Act Early.

Your Child at 2 Years

Child's Name _____ Child's Age _____ Today's Date _____

How your child plays, learns, speaks, and acts offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by his or her 2nd birthday. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

What Most Children Do at this Age:

Social/Emotional

- ❑ Copies others, especially adults and older children
- ❑ Gets excited when with other children
- ❑ Shows more and more independence
- ❑ Shows defiant behavior (doing what he has been told not to)
- ❑ Plays mainly beside other children, but is beginning to include other children, such as in chase games

Language/Communication

- ❑ Points to things or pictures when they are named
- ❑ Knows names of familiar people and body parts
- ❑ Says sentences with 2 to 4 words
- ❑ Follows simple instructions
- ❑ Repeats words overheard in conversation
- ❑ Points to things in a book

Cognitive (learning, thinking, problem-solving)

- ❑ Finds things even when hidden under two or three covers
- ❑ Begins to sort shapes and colors
- ❑ Completes sentences and rhymes in familiar books
- ❑ Plays simple make-believe games
- ❑ Builds towers of 4 or more blocks
- ❑ Might use one hand more than the other
- ❑ Follows two-step instructions such as "Pick up your shoes and put them in the closet."
- ❑ Names items in a picture book such as a cat, bird, or dog

Movement/Physical Development

- ❑ Stands on tiptoe
- ❑ Kicks a ball
- ❑ Begins to run
- ❑ Climbs onto and down from furniture without help
- ❑ Walks up and down stairs holding on
- ❑ Throws ball overhand
- ❑ Makes or copies straight lines and circles

Act Early by Talking to Your Child's Doctor if Your Child:

- ❑ Doesn't use 2-word phrases (for example, "drink milk")
- ❑ Doesn't know what to do with common things, like a brush, phone, fork, spoon
- ❑ Doesn't copy actions and words
- ❑ Doesn't follow simple instructions
- ❑ Doesn't walk steadily
- ❑ Loses skills she once had

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your state's public early intervention program. For more information, go to **www.cdc.gov/concerned** or call **1-800-CDC-INFO**.

The American Academy of Pediatrics recommends that children be screened for general development and autism at the 24-month visit. Ask your child's doctor about your child's developmental screening.

Adapted from CARING FOR YOUR BABY AND YOUNG CHILD, Birth to Age 5, Fifth Edition, edited by Steven Shelov and Tanya Remer Altmann © 1991, 1997, 1998, 2004, 2009 by the American Academy of Pediatrics and BRIGHT FUTURES GUIDELINES FOR HEALTH SUPERVISION OF INFANTS, CHILDREN, AND ADOLESCENTS, Third Edition, edited by Joseph Hagan, Jr., Judith S. Shaw, and Paula M. Duncan, 2008. Elk Grove Village, IL: American Academy of Pediatrics. This milestone checklist is not a substitute for a standardized, validated developmental screening tool.

www.cdc.gov/actearly | 1-800-CDC-INFO

CDC

Learn the Signs. Act Early.

Your Child at 3 Years

Child's Name _____ Child's Age _____ Today's Date _____

How your child plays, learns, speaks, and acts offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by his or her 3rd birthday. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

What Most Children Do at this Age:

Social/Emotional

- ❑ Copies adults and friends
- ❑ Shows affection for friends without prompting
- ❑ Takes turns in games
- ❑ Shows concern for a crying friend
- ❑ Understands the idea of "mine" and "his" or "hers"
- ❑ Shows a wide range of emotions
- ❑ Separates easily from mom and dad
- ❑ May get upset with major changes in routine
- ❑ Dresses and undresses self

Language/Communication

- ❑ Follows instructions with 2 or 3 steps
- ❑ Can name most familiar things
- ❑ Understands words like "in," "on," and "under"
- ❑ Says first name, age, and sex
- ❑ Names a friend
- ❑ Says words like "I," "me," "we," and "you" and some plurals (cars, dogs, cats)
- ❑ Talks well enough for strangers to understand most of the time
- ❑ Carries on a conversation using 2 to 3 sentences

Cognitive (learning, thinking, problem-solving)

- ❑ Can work toys with buttons, levers, and moving parts
- ❑ Plays make-believe with dolls, animals, and people
- ❑ Does puzzles with 3 or 4 pieces
- ❑ Understands what "two" means
- ❑ Copies a circle with pencil or crayon
- ❑ Turns book pages one at a time
- ❑ Builds towers of more than 6 blocks
- ❑ Screws and unscrews jar lids or turns door handle

Movement/Physical Development

- ❑ Climbs well
- ❑ Runs easily
- ❑ Pedals a tricycle (3-wheel bike)
- ❑ Walks up and down stairs, one foot on each step

Act Early by Talking to Your Child's Doctor if Your Child:

- ❑ Falls down a lot or has trouble with stairs
- ❑ Drools or has very unclear speech
- ❑ Can't work simple toys (such as peg boards, simple puzzles, turning handle)
- ❑ Doesn't speak in sentences
- ❑ Doesn't understand simple instructions
- ❑ Doesn't play pretend or make-believe
- ❑ Doesn't want to play with other children or with toys
- ❑ Doesn't make eye contact
- ❑ Loses skills he once had

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your local public school. For more information, go to **www.cdc.gov/concerned** or call **1-800-CDC-INFO**.

Adapted from CARING FOR YOUR BABY AND YOUNG CHILD: BIRTH TO AGE 5, fifth Edition, edited by Steven Shelov and Tanya Remer Altmann © 1991, 1998, 1998, 2004, 2009 by the American Academy of Pediatrics and BRIGHT FUTURES: GUIDELINES FOR HEALTH SUPERVISION OF INFANTS, CHILDREN, AND ADOLESCENTS, Third Edition, edited by Joseph Hagan, Jr., Judith S. Shaw, and Paula M. Duncan, 2008. Elk Grove Village, IL: American Academy of Pediatrics. This milestone checklist is not a substitute for a standardized, validated developmental screening tool.

Your Child at 4 Years

Child's Name ________ Child's Age ________ Today's Date ________

How your child plays, learns, speaks, and acts offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by his or her 4th birthday. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

What Most Children Do at this Age:

Social/Emotional

- [ ] Enjoys doing new things
- [ ] Plays "Mom" and "Dad"
- [ ] Is more and more creative with make-believe play
- [ ] Would rather play with other children than by himself
- [ ] Cooperates with other children
- [ ] Often can't tell what's real and what's make-believe
- [ ] Talks about what she likes and what she is interested in

Language/Communication

- [ ] Knows some basic rules of grammar, such as correctly using "he" and "she"
- [ ] Sings a song or says a poem from memory such as the "Itsy Bitsy Spider" or the "Wheels on the Bus"
- [ ] Tells stories
- [ ] Can say first and last name

Cognitive (learning, thinking, problem-solving)

- [ ] Names some colors and some numbers
- [ ] Understands the idea of counting
- [ ] Starts to understand time
- [ ] Remembers parts of a story
- [ ] Understands the idea of "same" and "different"
- [ ] Draws a person with 2 to 4 body parts
- [ ] Uses scissors
- [ ] Starts to copy some capital letters
- [ ] Plays board or card games
- [ ] Tells you what he thinks is going to happen next in a book

Movement/Physical Development

- [ ] Hops and stands on one foot up to 2 seconds
- [ ] Catches a bounced ball most of the time
- [ ] Pours, cuts with supervision, and mashes own food

Act Early by Talking to Your Child's Doctor if Your Child:

- [ ] Can't jump in place
- [ ] Has trouble scribbling
- [ ] Shows no interest in interactive games or make-believe
- [ ] Ignores other children or doesn't respond to people outside the family
- [ ] Resists dressing, sleeping, and using the toilet
- [ ] Can't retell a favorite story
- [ ] Doesn't follow 3-part commands
- [ ] Doesn't understand "same" and "different"
- [ ] Doesn't use "me" and "you" correctly
- [ ] Speaks unclearly
- [ ] Loses skills he once had

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your local public school. For more information, go to **www.cdc.gov/concerned** or call **1-800-CDC-INFO**.

Adapted from CARING FOR YOUR BABY AND YOUNG CHILD: BIRTH TO AGE 5, Fifth Edition, edited by Steven Shelov and Tanya Remer Altmann © 1991, 1993, 1998, 2004, 2009 by the American Academy of Pediatrics and BRIGHT FUTURES: GUIDELINES FOR HEALTH SUPERVISION OF INFANTS, CHILDREN, AND ADOLESCENTS, Third Edition, edited by Joseph Hagan, Jr., Judith S. Shaw, and Paula M. Duncan, 2008, Elk Grove Village, IL: American Academy of Pediatrics. This milestone checklist is not a substitute for a standardized, validated developmental screening tool.

Your Child at 5 Years

Child's Name _____ Child's Age _____ Today's Date _____

How your child plays, learns, speaks, and acts offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by his or her 5th birthday. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

What Most Children Do at this Age:

Social/Emotional

- ❑ Wants to please friends
- ❑ Wants to be like friends
- ❑ More likely to agree with rules
- ❑ Likes to sing, dance, and act
- ❑ Is aware of gender
- ❑ Can tell what's real and what's make-believe
- ❑ Shows more independence (for example, may visit a next-door neighbor by himself [adult supervision is still needed])
- ❑ Is sometimes demanding and sometimes very cooperative

Language/Communication

- ❑ Speaks very clearly
- ❑ Tells a simple story using full sentences
- ❑ Uses future tense; for example, "Grandma will be here."
- ❑ Says name and address

Cognitive (learning, thinking, problem-solving)

- ❑ Counts 10 or more things
- ❑ Can draw a person with at least 6 body parts
- ❑ Can print some letters or numbers
- ❑ Copies a triangle and other geometric shapes
- ❑ Knows about things used every day, like money and food

Movement/Physical Development

- ❑ Stands on one foot for 10 seconds or longer
- ❑ Hops; may be able to skip
- ❑ Can do a somersault
- ❑ Uses a fork and spoon and sometimes a table knife
- ❑ Can use the toilet on her own
- ❑ Swings and climbs

Act Early by Talking to Your Child's Doctor if Your Child:

- ❑ Doesn't show a wide range of emotions
- ❑ Shows extreme behavior (unusually fearful, aggressive, shy or sad)
- ❑ Unusually withdrawn and not active
- ❑ Is easily distracted, has trouble focusing on one activity for more than 5 minutes
- ❑ Doesn't respond to people, or responds only superficially
- ❑ Can't tell what's real and what's make-believe
- ❑ Doesn't play a variety of games and activities
- ❑ Can't give first and last name
- ❑ Doesn't use plurals or past tense properly
- ❑ Doesn't talk about daily activities or experiences
- ❑ Doesn't draw pictures
- ❑ Can't brush teeth, wash and dry hands, or get undressed without help
- ❑ Loses skills he once had

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your local public school. For more information, go to **www.cdc.gov/concerned** or call **1-800-CDC-INFO**.

Adapted from CDC's HOW YOUR CHILD PLAYS, LEARNS, SPEAKS, ACTS AND LIVES, Fifth Edition, written by Steven Shelov and Tanya Remer Altmann © 1991, 1993, 1998, 2001, 2009 by the American Academy of Pediatrics and BRIGHT FUTURES: GUIDELINES FOR HEALTH SUPERVISION OF INFANTS, CHILDREN, AND ADOLESCENTS, Third Edition, edited by Joseph Hagan, Jr., Judith S. Shaw, and Paula M. Duncan, 2008. Elk Grove Village, IL: American Academy of Pediatrics. This milestones checklist is not a substitute for a standardized, validated developmental screening tool.

www.cdc.gov/actearly | 1-800-CDC-INFO

CDC

Learn the Signs. Act Early.