

Summer 2019

# Current practices and opinions of school psychologists: Early childhood psychological assessment

Sarah Stout

Follow this and additional works at: <https://commons.lib.jmu.edu/edspec201019>



Part of the [School Psychology Commons](#)

---

## Recommended Citation

Stout, Sarah, "Current practices and opinions of school psychologists: Early childhood psychological assessment" (2019). *Educational Specialist*. 147.

<https://commons.lib.jmu.edu/edspec201019/147>

This Thesis is brought to you for free and open access by the The Graduate School at JMU Scholarly Commons. It has been accepted for inclusion in Educational Specialist by an authorized administrator of JMU Scholarly Commons. For more information, please contact [dc\\_admin@jmu.edu](mailto:dc_admin@jmu.edu).

Current Practices and Opinions of School Psychologists: Early Childhood  
Psychological Assessment

Sarah Stout

A research project submitted to the Graduate Faculty of

JAMES MADISON UNIVERSITY

In

Partial Fulfillment of the Requirements

For the degree of

Educational Specialist

Department of Graduate Psychology

August 2019

FACULTY COMMITTEE

Committee Chair: Dr. Tiffany Hornsby

Committee Members:

Dr. Tammy Gilligan

Dr. Deborah Kipps-Vaughan

Table of Contents

List of Tables.....iii  
Abstract .....iv  
Introduction and Literature Review.....1  
    Current Best Practices .....2  
    Difficulties with Preschool Assessment .....2  
    Special Education Laws Regarding Assessment .....3  
    Different Assessment Techniques .....4  
    Conventional Assessments.....5  
    Authentic Assessments.....8  
    Play-Based Assessment .....11  
    Training in Preschool Assessment .....14  
    Current Study .....15  
Methods..... 16  
    Participants.....16  
    Materials.....17  
    Procedures.....18  
Results.....19  
Discussion..... 26  
    Research Question #1 ..... 27  
    Research Question #2 .....28  
    Research Question #3 .....29  
    Research Question #4 .....30  
    Research Question #5 .....30  
    Limitations and Recommendations for Future Research..... 32  
    Recommendations Implications for School Psychologist.....33  
References .....36  
Appendix A .....40  
Appendix B .....41  
Appendix C..... 48  
Appendix D .....51

## List of Tables

Table 1. <i>Demographic Information</i> .....	51
Table 2. <i>Time as a Preschool Psychologist and Working with Population</i> .....	52
Table 3. <i>Training Experiences</i> .....	19
Table 4. <i>Frequency and Usefulness of Assessment Tools</i> .....	24

## Abstract

The present study investigated the current practices and perceptions in the field of early childhood assessment. There appears to be a disconnect between what is required by law, what is recommended as best practice, and what school psychologists are doing in the field. The results of the present study revealed the most influential tool in determining special education eligibility was the child's score on a standardized assessment. Participants also reported conventional assessments as the most frequently used technique. However, when asked their opinions on how valid assessments tools are in reflecting a child's true ability, less than half reported they somewhat agree that conventional assessments truly reflect a preschool age child's ability. Results of the present study also revealed a wide range of training experiences in preschool assessment. No statistically significant relationship was found between participants' training experiences and their current practices. Additionally, no statistically significant relationship was found between participants' graduation date and their current practices. Implications for practice and future research are discussed.

## **Introduction**

Early childhood school psychologists are tasked with determining a child's level of functioning at a very young age. Children who are considered preschool age are between the ages 2 and 6 years of age (Ford, Kozy, & Negreiros, 2012). The four main purposes of assessments with this population are identification and diagnosis, program planning, progress monitoring, and program evaluation (Benner & Grim, 2013). Early identification for children with disabilities is essential to ensure early intervention services. Early interventions lead to better outcomes for these children across all domains (Majnemer, 1998; Ramey & Ramey, 1998; Ramey & Ramey, 2004). School psychologists along with teams of other professionals must identify these children as early as possible to ensure they are getting all the support available.

Recently, there have been numerous studies looking at the effectiveness of certain assessment tools with this population (Benner & Grim, 2013; Bagnato, 2007; De Sam Lazaro, 2017; Linder, 1993; Macy & Bagnato, 2010; O'Grady & Dusing, 2015). There has been a bit of a shift from using strictly standardized assessments with this population to embracing a more holistic view of the child and the eligibility decision being made by group assessment and observation (Bracken & Nagle, 2007). While there has been a shift in practice, little research has been conducted to see what format of assessment is commonly used with this population. Although there are guidelines for working with these children, the lack of research of the actual practices in this field is an area of concern. The purpose of this study is to identify the current practices and opinions of practitioners related to psychological assessment techniques with the preschool population.

## **Literature review**

### **Current Best Practices**

The National Association of School Psychologists (NASP) releases best practices related to different specializations within the field. In regards to early childhood assessment, the most recent NASP position statement about early childhood assessment, released electronically in 2015, highlights the importance of looking at a child through a systematic lens. NASP explains that children should be seen in relation to their families, culture, communities and society and a collaborative relationship should be formed with those entities to ensure the practitioner has a comprehensive view of the child (National Association of School Psychologists, 2015). In regards to assessment, it is recommended to use a multimodal approach with information from various sources in various environments. It is also important to consider the validity of assessment measures and to ensure the assessment tools are an accurate measure of the child's ability.

### **Difficulties with Preschool Assessment**

Although early identification of children is important, it is often a very difficult task to determine if a young child should be found eligible for special education services. A main concern is the child's ability to complete an assessment that is truly representative of their ability. When looking at the assessments available for this population, the majority measure skills that are simple to measure via basic tasks. However, these skills many not be fully representative of what the child is able to do (Benner & Grim, 2013). Additionally, separating the child and parent and introducing a new person (i.e. the examiner) can be problematic as it may inhibit the child from completing the assessment to the best of their ability (Benner & Grim, 2013). Preschool-age children are often very temperamental, meaning their emotions fluctuate

often, they may throw items when they get frustrated, and they lose focus quickly when an activity does not entertain them. With that in mind, it may be difficult to gauge the child's ability based on a small number of observations or testing sessions. Rather, the child's ability to successfully complete a task may be influenced by their sleep schedule, when they had their last meal, or if they are having a good or bad day (Macy & Bagnato, 2010).

### **Special Education Laws Regarding Assessment**

Early intervention services fall under Part B of Individuals with Disabilities Education Improvement Act (IDEA) for children ages three through 21 years old. Federal guidelines require practitioners to complete a timely, comprehensive, multidisciplinary evaluation of functioning for children who are referred. Additionally, it requires the family to be directly involved with the identification of the child (i.e. ensuring parent input is provided; C.F.R § 303.113, 2011). Although there are federal guidelines, each state is able to develop their own specific regulations for eligibility determination. Thirty-five states require norm-referenced scores on developmental tests to determine eligibility. On the other side, fourteen states allow eligibility to be determined based on informed-team consensus, professional judgement, or informed clinical opinion rather than test scores. The remaining states allow eligibility decisions based on a previous diagnosis or do not specify quantitative criteria, but allow the local education agencies to set criteria (Danaher, 2005).

Under IDEA, there are 13 disability categories that a child may fall under to be considered eligible for special education services—these include: autism, intellectual disability, hearing impairment, speech or language impairment, visual impairment, emotional disturbance, orthopedic impairment, traumatic brain injury, specific learning disability, deaf-blindness, multiple disabilities or other health impairment (Danaher, 2005). Added to those mentioned, is



developmental delay. According to federal guidelines, the developmental delay category can be used for children between 3 and 9 years of age. However, each state creates its own specific age limits for this category. Children who are found eligible under special education for a developmental delay may have a delay in one of five areas: physical, cognitive, communication, social or emotional, or adaptive development (Danaher, 2005).

### **Different Assessment Techniques**

There are many different formats of early childhood assessments. The three main types that will be discussed throughout are conventional assessments, authentic assessments, and play-based assessments. Each assessment format has its own strengths and weaknesses that will be addressed in detail shortly. Professionals in this field are encouraged to use a multimodal approach to testing. This approach looks at all different areas of development (i.e. cognitive, language, motor, social-emotional, and adaptive skills) because at this young age, children's development is incredibly intertwined and changes so rapidly (Ford, Kozy, & Negreiros, 2012).

There are also several subsets of assessment methods. First, information can be gathered via indirect or direct formats. Direct assessment involves face-to-face interaction with the child or observation of the child whereas indirect assessment includes solely information gathered from an outside source (i.e. parent, caregiver, or teacher; Benner & Grim, 2013). Additionally, there are multidisciplinary, interdisciplinary, and transdisciplinary approaches to assessment. Multidisciplinary assessments involve team assessments where each professional tests the child individually. Comparatively, interdisciplinary assessment occurs with multiple professionals conducting their own assessments and then coming together before meeting with parents to ensure they have obtained similar or congruent results (Bracken & Nagle, 2007). Finally, transdisciplinary assessment involves the team testing the child in an arena setting where one

person leads the assessment but other professionals observe and gather information through the activities being performed (Benner & Grim, 2013).

### **Conventional Assessments**

Conventional assessments are highly structured assessments administered through a contrived situation with scripted behaviors. Standardized, norm-referenced measures fall in the same category with conventional assessments. Some of the most common of these assessments for preschool-age children include the Differential Ability Scales, Second Edition (DAS-II), Wechsler Preschool and Primary Scale of Intelligence, Fourth Edition (WPPSI-IV), and the Primary Test of Nonverbal Intelligence (PTONI) among others (Elliot, 2007; Ehrler & McGhee, 2008; Wechsler, 2012).

Although conventional assessments have been around for decades, the use and interpretation of the results of these tests have been controversial within the field. Bagnato and Neisworth (1994) surveyed 185 members of the preschool interest group in American Psychological Association (APA) or NASP to gather their perceptions of assessment practices and perspectives. Most striking from this study, and one that clearly sets the stage for the main concerns with conventional testing with this population, is that only 4% of the developmental school psychologists in this sample believed that norm-based, standardized tests were appropriate to use with this population. Participants also reported approximately 43% of the children tested would have been declared untestable due to their lack of ability to follow the absolute standardization of the assessment. Out of those children, 91.6% of the untestable children were found eligible for special education services. This helps to illustrate a main concern with early childhood cognitive testing—children are not completely ‘untestable’, they just do not fit into the standards the tests require (Bagnato & Neisworth, 1994).

An overarching theme in the literature highlights the concerns around the process and procedures of standardized assessments with preschool-age children. Children of this age are not at the developmental point to be able to sit and participate in a test for an extended period of time. Practitioners must make accommodations and provide flexibility in the testing environment, which makes the scores invalid based on the norming sample. Additionally, the format of these tests disrupts the child's play and routine (Bagnato, Neisworth & Pretti-Frontczak, 2010). Play is an essential piece of preschool-age children's development. Disrupting that play and attempting to complete an assessment may interrupt the routine and likely influence their performance. Additionally, these assessments exclude an extremely important person—the parent of the child. Parents have a specialized view of their child and a traditional, standardized assessment does not take this area of expertise into consideration (Bagnato, Neisworth & Pretti-Frontczak, 2010).

Conventional assessments are not designed to be used with all populations and are not easily adapted to meet the needs of children with physical or sensory impairments (Macy and Bagnato, 2010). The children being selected for assessment in this age range have significant delays in many different areas. With that, the tests used in the assessment inhibit a subset of that population from successfully completing the assessment due to their presenting problem(s). For example, if a student is nonverbal or has a visual impairment, they may not be able to complete the tasks. In the same regard, the norming group for the majority of these assessments is reflective of typically-developing children—which is not the population that is normally being tested with these assessments (Bagnato, Neisworth & Pretti-Frontczak, 2010). For example, the standardization sample for the DAS-II only included children who were able to complete the test in a standard fashion. Additionally, the norming sample excluded any children who were

receiving early intervention services or had a delay in cognitive, motor, language, social emotional development or adaptive functioning (Elliot, 2007).

Conventional assessments also have low treatment validity, meaning they do not necessarily inform development of interventions or treatment (Benner & Grim, 2013). As discussed previously, a main purpose of early childhood assessment is to plan for programs or interventions with children (Benner & Grim, 2013). While conventional assessments that are able to be completed may aid in making eligibility determination, the results from these assessments often cannot be linked to evidence-based interventions. Additionally, children in this age range go through rapid periods of growth and development. These tests do not account for that ever-fluctuating ability status (Bagnato, Neisworth & Pretti-Frontczak, 2010).

**Shift in assessment format.** As a response to the above criticism, new assessments have been released in the past few decades to ensure a well-rounded view of the child is presented. The newer assessments reflect a shift to a more authentic assessment method which will be discussed in detail briefly. The Bayley Scales of Infant and Toddler Development, Third Edition, the Battelle Developmental Inventory, Second Edition (BDI-II), and the Developmental Assessment of Young Children, Second Edition (DAY-C, II) all contain multiple domains as a part of the assessment (Bayley, 2006; Newborg, 2005; Voress & Maddox, 2013). These domains include some form of cognitive, motor, language, social-emotional, and adaptive behavior skills. For each of these measures, items are administered to the child by an examiner and a parent also completes a questionnaire. Additionally, there is a focus on observational data gathered throughout the course of the assessment administration. Although this form of assessment does include more information, there is still the conventional component where the examiner is interacting with the child and administering items. These tests can be given through an arena

assessment with multiple professionals gathering information at the same time (Bayley, 2006; Newborg, 2005; Voress & Maddox, 2013).

### **Authentic Assessments**

Authentic assessment focuses on the systematic collection of information based on behavior of the child in a natural setting. There are two different forms of authentic assessment—some are more task-based and require children to complete various skills whereas others are more play-based (Sam Lazaro, 2017). For the purpose of the current study, the play-based authentic assessment is considered a separate form of assessment. Authentic assessment differs from other conventional forms of assessments in four main aspects: where it is completed, what is assessed, how it is done and who is completing the assessment. Authentic assessment must be completed in the child's natural environment as to not significantly impact the child's daily routine. This may include their school, home, childcare center, or even in the supermarket. Through these assessments, real behaviors with functional importance in the child's everyday life are assessed via natural observation of the child's behavior and response. For example, relevant behaviors would include the child's ability to solve problems, ask for help, or choose the food he/she wants to eat. Finally, there are teams of people involved in authentic assessments: parents, caregivers, babysitters, teachers, professionals and others all work together to gather information about the child to ensure they are getting a representative, full picture of the child (Neisworth & Bagnato, 2004).

**Research on Authentic Assessments.** Authentic assessment has also been studied and used in relation to Head Start programs. Results from authentic assessment can be used to inform program planning, curriculum, instruction, and lesson plans. As discussed by Macy and Bagnato (2010), the R-E-A-L framework can aid in the implementation of an authentic assessment within

the Head Start setting. This framework stands for role, equipment, assessment tools and location. When conducting an authentic assessment, the role of the data collector is slightly different than in different assessment techniques. As mentioned previously, it truly is a team effort when conducting this type of assessment. The equipment and materials of the R-E-A-L framework are related to the natural setting for the child and includes items that the child is comfortable with using and uses on a regular basis. The assessment tools used must bring together interdisciplinary professionals and also aid in the program planning aspect for the child. These tools can also be used in the future for progress monitoring purposes. When selecting tools, it is recommended to follow eight standards: acceptability, authenticity, evidence, multiple factors, sensitivity, universality and utility to ensure the tools will allow the child to best demonstrate their ability. The last aspect, the location, once again highlights the importance of conducting the assessment in a natural setting for the child (Macy & Bagnato, 2010).

As mentioned previously, the main goal of authentic assessment is to measure what a child is able to do in a real-life situation. Within the Head Start program, Project Link uses the Link Program to strengthen programs by connecting child assessment and curriculum to guide curriculum development. According to Grisham-Brown, Hallam, and Brookshire (2006), the three main features of the Link Program include ensuring recommended practices are used in the assessment of young children, strongly linking authentic assessment and curriculum development, and making certain authentic assessment is aligned with standards of the classroom (Grisham-Brown, Hallam, & Brookshire, 2006). Although this authentic assessment technique was not used for the identification for special education services, the Link Program demonstrates the shift in the field from conventional assessments to more authentic and curriculum-based measures to allow a child to showcase what they know to individualize their program planning.

There has been emerging empirical support for the use of authentic assessment with early childhood populations. De Sam Lazaro (2017) conducted a study with 34 child-caregiver dyads and assessment teams (i.e. school psychologist, speech-language pathologist, physical therapist, and others depending on the referral concern) to determine the effectiveness of conventional assessments compared to task-based authentic assessments. Each child was given a norm-referenced measure and the assessment team also completed an authentic assessment with the caregivers' involvement. The authentic assessment included the Hawaii Early Learning Profile (HELP) strands, a family guided interview, and an observation. Out of the assessment teams for the 34 dyads, 45 out of the total 58 practitioners reported they did not gain any additional information from the norm-referenced tool, but simply needed to complete a norm-referenced measure per federal eligibility guidelines. Practitioners also reported the authentic assessment components were sufficient to determine the functional ability of the child and to make an eligibility decision (de Sam Lazaro, 2017).

Keilty, LaRocco, and Casell (2009) conducted focus groups with 73 early childhood practitioners to gain information about their beliefs and practices related to authentic assessments. Results indicated most practitioners included in the study found value in authentic assessment and lacked confidence in norm-referenced measures for making eligibility decisions. Moreover, results demonstrated naturalistic observations and interviews were most commonly used in early childhood assessments. For every referral, the practitioners reported using both interviews with families and direct observations of the child in assessment. They also highlighted the effectiveness of authentic assessments in program planning, progress monitoring, and program monitoring (Keilty, LaRocco, & Cassell, 2009).

A dissertation completed by Sinai-Bental (2011) conducted a study about school psychologists' perception and placement decisions in early childhood settings in terms of social-emotional development. In the study, 95 school psychologists practicing in preschool settings completed an online questionnaire about how children are assessed, placed, and evaluated in early childhood settings. The results of this research explain practitioners perceive authentic assessment techniques to be the most informative. The participating school psychologists reported observations in the child's educational setting, parent rating scales and interviews, and teacher rating scales and interviews were the most valuable tools in the assessment process. This format of assessment allows the psychologist to see the child in multiple natural settings and to get a full view of the child. Additionally, conventional assessments and curriculum-based developmental scales were used to make eligibility decisions for children who were referred for social-emotional concerns (Sinai-Bental, 2011).

### **Play-Based Assessment**

Play-based assessments are conducted via observation and playing with the child. Although a form of authentic assessment, play-based assessment relies on direct observation of the child in play and does not put as much emphasis on specific tasks and information from other sources. Play-based assessments help professionals gather information about how the child thinks, communicates and explores their environments. It also highlights how the child interacts with peers, adults and toys (Benner & Grim, 2013).

**History of Play.** Mental health professionals have traditionally used play to determine a child's mental health needs and as a main form of therapy with children. In the 1980s, school psychologists began using play as a form of observation in children. Shortly after, Linder (1993) highlighted the importance of play as a conduit for assessment and introduced her own



assessment and play-based intervention model. Linder's (1993) transdisciplinary play-based assessment model focused on the importance of a team approach (involving parents and other professionals) when working with a child and gathering information through play. This model acted as a catalyst for the play assessment movement and spurred the research that demonstrates the empirical support for play assessment.

**Forms of Play-Based Assessments.** There has been little new development in play-based techniques since Linder's (1993) work. Of the many different forms that exist, three will be discussed: the Play Assessment Scale (PAS; Fewell, 1986), the Transdisciplinary Play-Based Assessment (TPBA; Linder, 1993), and the Play in Early Childhood Evaluation System (PIECES; Kelly-Vance & Rider, 2005). The PAS offers the child an opportunity of free play and then a more structured play to elicit certain responses (Fewell, 1986). The TPBA format is rather involved and contains unstructured play, structured facilitation, child-child interaction, parent-child interaction, motor play, and a snack. Throughout TPBA there are observations of cognitive, social-emotional, communication and language, and sensorimotor development (Linder, 1993). Linder (1993) provides detailed guidelines and worksheets to assist in the process. The PIECES model is based on TPBA, but is focused specifically on cognitive development. Although the caregiver and examiner may be in the room, they simply act as a sounding board and observer of the child in free play (Kelly-Vance & Ryalls, 2005). In each of the above mentioned techniques, the practitioner codes the child's play in specific domains that relate to levels of functioning in cognitive ability, social-emotional development, communication skills, motor development and others depending on the referral concern (Kelly-Vance & Ryalls, 2005). The coding of the play behaviors are then computed into scores that highlight any major areas of deficit or strength, which are used in making eligibility decisions and recommendations for interventions.

**Research on Play-Based Assessment.** There is room for growth in the empirical support for play-based assessment measures. O’Grady and Dusing (2015), along with their team of researchers, reviewed the reliability, validity and responsiveness of play-based assessments that focus on motor and cognitive skills for children from birth to three years old. Results revealed reliability of play-based assessment to be consistent with conventional assessments. Researchers explained play-based assessments have the potential to be reliable and valid tools. In this study, results highlighted play-based assessments measure a construct that is similar, but not identical to that of conventional assessments (O’Grady & Dusing, 2015). The slightly different construct being measured by different assessment techniques must be taken into consideration when comparing the results of play-based assessments and other assessment modalities.

Kelly-Vance and colleagues (1999) conducted a study to compare the results of a play-based assessment (i.e. a modification of TPBA) and the Bayley Scales of Infant Development, Second Edition (Bayley-II) with 38 two-year-old children partaking in a Neonatal Intensive Care Unit (NICU) follow-up clinic. Researchers compared the age equivalent scores from the play assessment and the mental development index (MDI) from the Bayley-II. Results indicated that the children performed significantly higher on the play assessment compared to the Bayley-II. Researchers concluded the format of the test impacted how the child performed, with the play-based technique being more flexible and allowing the children to show their strengths (Kelly-Vance et al., 1999).

Although there is room for growth for empirical support for play-based assessments, there has been some research focusing on the social validity for this form of assessment. Myers, McBride, and Peterson (1996) conducted assessments with 40 children under three years of age who were referred for an evaluation. The children were randomly assigned to either a

multidisciplinary, conventional assessment or TPBA group. Results indicated TPBA evaluations were rated higher on consumer (i.e. parent and professional) feedback, time spent on evaluation, and evaluation of written report (Myers, McBride, & Peterson, 1996). These results demonstrate the acceptability of TPBA assessments not only with professionals, but also with the children's parents. Additionally, results suggested that interactions with a child during standardized assessment may not provide an adequate amount of information on specific developmental domains needed to determine eligibility for special education (Myers, McBride, & Peterson, 1996).

### **Training in Preschool Assessment**

From all discussed above, it is clear preschool assessments require a high level of skill to administer and interpret. However, little research has been done on the emphasis and coursework provided by training programs across the country on preschool assessment. A dissertation conducted by Bridgewater (2006) investigated the training in 108 graduate programs for school psychology as related to preschool assessment. The Preschool Social-Emotional Assessment Training questionnaire was completed by program directors and four current students from each program. The questionnaire was created for the purpose of the study to measure the preparation of school psychologists in delivery of early childhood assessment and intervention services. According to the survey only 33.7% of respondents reported their programs required a course in general preschool/early childhood and even fewer (28.1%) reported their program required a course on preschool assessment (Bridgewater, 2006). Additionally, most participants reported their skills related to selecting appropriate early childhood screening and assessment measures and designing and implementing preschool social-emotional and behavioral interventions to be *emerging* skills, compared to *proficient* skills in administering and scoring tests, writing reports,

interpreting results, and understanding psychometric properties for the kindergarten through twelfth grade population (Bridgewater, 2006). Overall, this study highlighted the lack of formal training for practitioners who work with the preschool population and the need for graduate programs to increase specialized training for this population in early childhood assessment and intervention.

### **Current Study**

The aim of this study is to identify current practices and perceptions in the field of early childhood assessment. There appears to be a mismatch between what is required by law, what is recommended as best practice, and what school psychologists are doing in the field. While past research has focused on assessment techniques and perceptions for social-emotional concerns (Sinai-Bental, 2011), the current study will identify the current practices, perceptions, and training experiences of school psychologists who work with preschool-age children referred for special education services. Research questions and hypotheses are discussed below.

Research Question #1: What are the current assessment practices of school psychologists for preschool children referred for special education services?

Hypothesis #1: It is hypothesized that practitioners will report the use of authentic assessment techniques more than the other options.

Research Questions #2: How do school psychologists serving preschool populations perceive the acceptability of the current tools being used in the field?

Hypothesis #2: It is hypothesized that practitioners will report certain conventional assessments are not the most influential tool in the eligibility decision making process due to a reported lack of validity.

Research Questions #3: What level of training is provided by graduate training programs in terms of preschool assessment?

Hypothesis #3: It is hypothesized that most respondents will reports a lack of formal, comprehensive training in their graduate program for preschool assessment.

Research Question #4: Based on training experiences, are there statistically significant difference between the assessments used with this population?

Hypothesis #4: It is hypothesized that there will be differences between assessment preferences based on the amount of training experiences.

Research Question #5: Is there a relationship between the time since completing a training program and the practices and opinions of the participants?

Hypothesis #5: It is hypothesized that participants who graduated longer ago will use conventional assessment with more confidence compared to more recent grads who use more authentic assessment techniques.

### **Method**

**Participants.** The participants in the study consisted of 85 school psychologists who assess preschool age children. Participants were relatively equally distributed throughout the United States with 23.5% from the Northeast, 30.6% from the Midwest, 24.7% from the South, and 21.2% from the West. When asked about the settings, 18.8% practiced in an urban setting, 55.3% practiced in a suburban setting, and 24.7% practiced in a rural setting. On average, participants spent 45.8% of their day engaging in assessment activities with preschool age children. Within the sample, 11.8% obtained a master's degree only, 71.8% obtained a master's degree plus 30 credits (i.e., Educational Specialist/Certificate of Advanced Study), and 15.3% obtained a doctoral degree. The average time reported for working in this field was 7.3 years with a

minimum of one year and a maximum of 27 years. The average graduation year was 2009, meaning approximately 10 year since they completed their graduate program. Additional demographic information can be found on the tables located in Appendix D.

The participants were obtained via school psychology social media pages. There are currently approximately 27,000 combined users on such pages. To join the pages, users must answer questions related to the field of school psychology to ensure they meet membership requirements. The survey was posted on the following pages: *School Psychology Forum*, *Said no School Psychologist Ever*, and *Early Childhood School Psychology*. See Appendix A for the social media announcement posted online.

**Materials.** The questionnaire was adapted from Sinai-Bental's (2011) study (see Appendix B). The original questionnaire contained a demographic and practitioner questionnaire with 20 questions in total focusing on early intervention assessment, placement and interventions for children in the preschool setting with social and emotional concerns. The adapted questionnaire contains 21 items related to the practices and perceptions of early childhood assessment techniques as well as several items related to level of training in early intervention and satisfaction with training. See Appendix C to view how each item applies to research questions. Participants were asked to report their years practicing with preschool-age children, their daily time spent in a preschool setting, their level of education, the geographic region they practice in and the type of area (e.g. urban, suburban, rural) they practice in, and if they are a part of a team or practice individually. The questionnaire explored the assessment techniques used with this population and how the practitioners view the effectiveness or utility of the different assessment techniques to gather information. Finally, participants were asked to report the level of training they received in preschool assessment in their graduate program and their satisfaction with that

training. Before it was available for the purposes of this study, several practicing school psychologists completed the survey and provided feedback. These school psychologists were current and former practicum supervisors and were asked to complete the survey and provide feedback on the structure and items of the survey.

**Procedures.** Participants were invited to participate in the study via a link posted in the pages *School Psychology Forum*, *Said no School Psychologist Ever*, and *Early Childhood School Psychology*. Informed consent was obtained from the participants before they began the survey. A brief statement regarding the nature of the study, participation, and confidentiality was included. See Appendix B for the consent form. Additionally, the consent form explained that participants have the ability to withdraw from the study at any time and were able to contact the researcher if they had any additional questions. Once consent was obtained, the participants were directed to a Qualtrics survey and asked to complete the items. All responses were gathered electronically and analyzed using SPSS software. The survey was posted several times and the survey remained open. Three weeks after the original posting, an additional prompt was posted to gather more participants.

Once the data were collected, they were analyzed through descriptive statistics and frequency tables. A chi-square frequency was conducted to determine if there was difference between the mean ratings of assessment tools used in this population based on training experience. An additional chi-square frequency was completed to determine if there is a significant difference between answers based on the time since completion of their graduate program. Upon completion of the analyses, results included the demographic information of participants, the type of assessments commonly used with this population, the other professionals

that the school psychologists work with, specifics related to their experiences in graduate school related to preschool assessment, and their opinions on the current practices in the field.

### Results

The survey items were presented in multiple-choice, checklist-style, and open-ended response types. These items were then summarized via descriptive statistics and frequency charts.

Participants completed several items related to experiences in their training program as related to preschool assessment. Respondents reported different experiences across programs. Approximately 30.6% (n=26) of participants had a required course in preschool assessment integrated into program requirements and 12.9% (n=11) had an elective course in preschool assessment. More than half of participants (55.3%; n=47) had information about preschool assessment embedded within another assessment course and 15.3% (n=13) participated in a preschool assessment in both practicum and internship. Other training experiences included a course in early childhood development (1.2%; n=1) and an elective preschool assessment in practicum or internship (8.4%; n=7). Ten participants (12%) reported they had no training in early childhood assessment in their program. These results are summarized in Table 3.

Table 3.

#### *Training Experiences in Preschool Assessment*

Training Experience	Frequency	Percentage
Required course in preschool assessment	26	30.6
Elective course in preschool assessment	11	12.9
Included as part of assessment course	47	55.3
Required preschool assessment in practicum	13	15.3
Required preschool assessment in internship	13	15.3



Other	8	9.4
Not included in program	10	12

---

When asked about their satisfaction with their training for assessing preschool children, results varied. Specifically, participants were asked: *To what extent do you agree with the following statement: My graduate program thoroughly prepared me to assess preschool age children.* About 43.5% (n=37) agreed to some extent with that statement while 49.4% (n=42) *somewhat to strongly disagreed* with that statement. Some participants indicated they *neither agreed nor disagreed* with that statement (7.1%; n=6).

Participants were also asked to report their perceived level of competence with preschool assessment on a Likert scale from *novice to expert*. Several participants noted their abilities to be on the lower end of the spectrum, while 38.8% (n=33) reported abilities within the middle of the scale. Responses indicated that majority of respondents (58.8%; n=50) believe they have well-developed skills in the area of preschool assessment.

In an effort to understand current assessment practices, participants were also asked to explain their current practices. First, respondents indicated their state's requirements for eligibility with this population. Majority of the participants (n=60) reported their state requires a norm-referenced measure to determine eligibility, while 23.5% (n=20) reported no norm-referenced measure was required. Four respondents (4.7%) were unsure of this criterion for their state.

Participants were also asked to report what school personnel were normally involved in eligibility decisions. Participants reported that the eligibility team for preschool evaluations usually consists of a school psychologist (n=82), special education teacher (n=68), occupational therapist (n=63), speech/language pathologist (n=83), physical therapist (n=47),

coordinator/program administrator (n=35), supervisor (n=15), and parent(s) (n=74). Twelve respondents reported that other team members participate in the eligibility decision. These team members may include visual impairment teachers, school social workers (n=5), nurses, or outside service providers.

To gather information regarding the logistics associated with early childhood assessments, respondents were asked to indicate the location, in which they typically complete assessments. Forty percent of participants reported they complete assessments within their central office locations. Another commonly used option is the child's school or daycare, with 30.6% (n=20) psychologists completing assessments there. Only 3.5% (n=3) complete assessments at the child's home. Approximately 26% (n=22) indicated they use other locations, such as an elementary school, child find center, classroom, community location, child study team office, early childhood center, office, therapeutic preschool setting, and district preschool.

When asked about the typical format of assessments, 43.5% (n=37) reported using a multidisciplinary assessment where multiple specialists work with the child and all reports are integrated into the evaluation. Approximately 21% (n=18) indicated they complete one-on-one assessment with children in this population, while 30.6% (n=26) reported arena-style assessments are completed. Four respondents indicated 'other' responses which include a combination of several or a transdisciplinary approach.

To help understand the format of early childhood assessments across practitioners, respondents were asked to rate how frequently a specified technique/tool is used during their evaluation process and how useful it is in determining eligibility for a preschool age child. The first items asked were regarding different types of observations. When asked how frequently participants used a direct observation in a child's home the average response was *sometimes* to

*half of the time* ( $M=1.94$ ,  $SD=1.12$ ). About 40% ( $n=34$ ) of respondents indicated a direct observation in a child's home setting is *very to extremely useful* in determining eligibility. With that, 38 participants indicated they *never* complete an observation in the child's home setting. The majority of respondents ( $n=75$ ) reported that an observation in the child's educational setting was *very to extremely useful* in determining eligibility.

When asked about play-based assessment, more than half of respondents reported using such techniques during evaluations ( $n=54$ ). Similarly, a large percentage reported a play-based assessment would be *very to extremely useful* in determining eligibility ( $n=60$ ).

The next few items focused on the use of rating scales with this population. When asked about their usage of parent rating scales, the participants indicated high levels of usage and about 51.8% ( $n=44$ ) reported they are *very to extremely useful*. Nearly 29% ( $n=33$ ) reported parent rating scales are *moderately useful*. When asked about teacher rating scales, results were similar. However, it is important to note that respondents indicated they use rating scales with parents more commonly than teacher rating scales.

Respondents indicated their usage and perception of interviews with parents, teachers, and therapeutic support staff. Specifically, in terms of the usefulness of parent interviews, the majority ( $n=73$ ) of respondents found them to be *very to extremely useful* and 71% ( $n=61$ ) indicated they completed parent interviews all the time. When asked about teacher interviews, all respondents reported them to be *moderately to extremely useful*. However, such interviews were completed less frequently than parent interviews. About 37% of respondents ( $n=31$ ) indicated they *never* interview support staff, while the majority of respondents reported they find information obtained from therapeutic support staff to be *moderately to extremely useful*.

The remaining items were related to different assessment tools that are typically used with this population. First, participants were asked about their opinions regarding standardized norm-referenced intelligence measures. Results indicated such measures are used *most of the time* or *always* by 50% of participants (n=43), while they are *never* or *sometimes* used by 33% of participants (n=28). With that, about 38% of participants (n=33) reported such measures to be *very* or *extremely useful* while about 60% (n=51) reported *moderate* to *slight usefulness* from these tools. When asked about curriculum-based developmental scales, such as the *Brigance*, *Carolina Curriculum* or *Learning Accomplishment Profiles*, respondents indicated *rare usage* and *limited usefulness* in determining eligibility requirements. Another tool format evaluated was criterion-referenced batteries such as *Work Sampling System* or *Hawaii Early Learning Profile*. Respondents reported *limited usefulness* and *rare* usage with this format. Finally, about 96.5% of participants (n=82) reported they used adaptive measures relatively frequently and according to the majority of respondents (n=78), they can be *moderately* to *very useful*. For these items, respondents were able to type in additional forms/specific tests that are frequently used. Several respondents indicated using autism-specific assessments [i.e. *Autism Diagnostic Observation System—Second Edition* (ASOS-2) or the *Battelle Developmental Inventory—Second Edition* (BDI-II)], which were reported to be *very* to *extremely useful* among the majority of respondents who provided such responses.

Participants were then asked which of the following tools were most influential in determining the eligibility for special education: the child's score on standardized measures, scores on rating scales, observation, their own clinical opinions, parents' preference, local preschool special education supervisory guidelines, or other. The most common response (37.2%; n=32) was the child's score on a standardized measure. The next most common response

with 17 responses (19.8%) was the local preschool special education supervisory guidelines. That was followed by observations (17.4%; n=15), the practitioner's own clinical opinion (16.2%; n=14), other (7%; n=6), and scores on rating scales (2.3%; n=2), and lastly the parent's preferences with no responses. A summary of participants responses is provided in Table 4.

Table 4.

*Frequency and Usefulness of Assessment Tools used in Preschool Assessments*

	<i>Frequency*</i>			<i>Usefulness**</i>		
	<i>n</i>	<i>M</i>	<i>SD</i>	<i>n</i>	<i>M</i>	<i>SD</i>
Direct observation in the child's home setting	85	1.94	1.120	84	2.87	1.149
Direct observation in an educational setting	84	3.47	1.171	85	1.61	0.725
Play based assessment	84	3.33	1.442	85	2.01	1.118
Rating scales with parents	85	3.58	1.212	85	2.41	0.877
Rating scales with teachers	85	3.03	1.068	85	2.31	0.831
Interviews with parents	84	4.48	0.971	85	1.61	0.788
Interviews with preschool teacher	85	3.56	1.204	85	1.75	0.706
Interviews with therapeutic staff	84	2.72	1.231	84	2.42	0.972
Standardized norm-referenced measures	85	3.42	1.288	85	2.68	1.093
Curriculum based developmental scales	85	2.23	1.326	82	2.89	1.111
Criterion referenced batteries	85	1.88	1.305	83	3.43	1.106
Adaptive measures	85	3.21	1.149	85	2.42	0.878
Other	21	3.71	1.102	25	1.96	1.207

\* 1=always, 2=most of the time, 3=half of the time, 4= sometimes, 5=never

\*\* 1= extremely useful, 2= very useful, 3= moderately useful, 4=slightly useful, 5=not at all useful

The three main assessment techniques included in this survey were authentic assessments, play-based assessments, and conventional/norm-based assessments. Respondents indicated their opinion on the specified assessment technique and how much it truly reflects a

preschool-age child's true ability. For conventional, norm-based assessment, the average response was *neither agree or disagree* ( $M=2.89$ ,  $SD=1.04$ ). The majority of respondents indicated they *somewhat agree* (47.1%;  $n=40$ ) that this tool truly reflects a preschool age child's ability, while 30 respondents indicated they either *somewhat or strongly disagreed* (35.3%,  $n=30$ ). The results for authentic assessments were more consistent with an average rating of *strongly agree to somewhat agree* ( $M=1.78$ ,  $SD=0.66$ ). Seventy-four participants indicated they *strongly or somewhat agree* and 12.9% ( $n=11$ ) *neither agreed nor disagreed* that authentic assessments reflect a child's true ability. Finally, when asked about play-based assessment, the average rating was *strongly to somewhat agree* ( $M=1.98$ ,  $SD=0.80$ ). Eighty-seven percent ( $n=74$ ) indicated they *strongly or somewhat agreed* that it reflects a child's true ability and 12.9% ( $n=11$ ) *neither agreed nor disagreed*. When asked what technique they use most often when assessing preschool age children, participants indicated using conventional assessments most often ( $n=32$ ), followed by play-based assessments ( $n=29$ ) and then finally authentic assessments ( $n=15$ ). Nine respondents indicated other assessment techniques were used most often.

When asked about their satisfaction with their system's current practices of preschool assessment, the average response was *somewhat satisfied* ( $M=2.44$ ,  $SD=1.01$ ). About 68.3% of participants ( $n=58$ ) reported some level of satisfaction. About 20% ( $n=17$ ) reported some level of dissatisfaction with their system's current practices, while ten respondents did not indicate satisfaction or dissatisfaction. Similarly, when asked if they believe the current practices in their system allow one to obtain a holistic view of the child and develop appropriate interventions, about 74% ( $n=63$ ) agreed with the statement, about 15% ( $n=13$ ) disagreed, while 10.6% ( $n=9$ ) neither agreed or disagreed.

To investigate the relationship between training experiences in relation to assessment techniques used in daily practice, a chi-square test of independence was completed. Participants were able to indicate up to five separate training experiences: required course in preschool assessment, elective course in preschool assessment, included as part of assessment course, required preschool assessment in practicum, required preschool assessment in internship or other. The amount of training experiences was then compared to the participants' opinion on which technique (conventional, authentic, or play-based measures) they used most often. Results of the chi-square frequency test suggest that the number of training experiences in graduate school did not impact their current assessment practices [ $X^2(15, N=85) = 10.931, p > .05$ ].

To investigate the relationship between the time since completing a training program and the practices and opinions of the participants, a chi-square test of independence was completed. On the survey, participants were asked to report the year they completed their graduate program. Participants were then placed in groups based on 5-year ranges. From there, participants' assessment preferences were compared based on their graduation year. Results indicated no major differences between responses based on graduation date ( $X^2(15, N=81) = 20.868, p > .05$ ). An additional chi-square test was completed to investigate the relationship between time since completing their graduate program and the participant's opinions about certain assessment types (i.e. if a conventional, play-based, or authentic assessment reflects a child's true ability). Results indicated the years since completing a training program did not impact the opinion of participants [ $X^2(20, N=81) = 18.313, p > .05$ ].

### **Discussion**

This study serves as an investigation of the current practices and opinions of school psychologists who work with preschool-age children. According to the literature, there has been

a bit of a shift from using strictly standardized assessments with this population to embracing a more holistic view of the child (Bracken & Nagle, 2007). While there has been a shift in the literature, there is a need to update the research in regard to current practices within the field of early childhood assessment.

### **Research Question #1**

The first research question was intended to investigate the current assessment practices of school psychologists for preschool children referred for special education services. This research question was generated to determine if the NASP best practice recommendations were being followed in every day practice. In regard to preschool assessment, NASP recommended to use a multimodal approach with information from various sources in various environments as well as to consider the validity of assessment measures and to ensure the assessment tools are an accurate measure of the child's ability (National Association of School Psychologists, 2015). With this information, as well as other information gathered through the literature, it was hypothesized more respondents would report using authentic assessment techniques with this population more than the other options. Based on the results, the hypothesis was not supported. Results of the present survey revealed school psychologists most frequently use conventional assessments (n=32) to make eligibility decisions. The next most frequent assessment technique used was play-based assessments (n=29). The least used assessment technique was reported to be authentic assessments (n=15). Nine respondents indicated other assessment techniques were used most often. These results highlight the discrepancy between what is recommended by NASP compared to what is happening in the field. Literature indicated that conventional assessments are not the most valid tool to measure a preschool age child's true ability (Bagnato & Neisworth,



1994; Bagnato, Neisworth & Pretti-Frontczak, 2010), yet conventional assessments are reported as being the most used in the field.

### **Research Question #2**

The second research question focused on school psychologists' perception of the acceptability of the current tools being used in the field. It was hypothesized that practitioners would report certain conventional assessments are not the most influential tools in the eligibility decision making process due to a reported lack of validity. Based on the current study, this hypothesis was not supported. To the contrary, results revealed the most influential tool in determining special education eligibility was the child's score on a standardized assessment. While the majority of participants reported using conventional assessments, when asked their opinion of how valid these assessment tools are in reflecting a child's true ability, only 47.1% (n=40) reported they *somewhat agree* that conventional assessments truly reflect a preschool age child's ability. Thirty respondents indicated they either *somewhat* or *strongly disagreed* (35.3%, n=30) with that statement. The current study also investigated the perception of other assessment techniques currently used in the field. When asked about authentic assessment and play-based assessment, the majority of respondents (n=74) reported they *strongly or somewhat agree* that the results represent a child's true ability. These results highlight the difference between opinion/perception of acceptability and the current practices within the field. Consistent with previous research (Bagnato & Neisworth, 1994; Bagnato, Neisworth & Pretti-Frontczak, 2010), the opinions represented in the present study indicate that many school psychologists do not believe results of a conventional assessment best represent a preschool-age child's true ability. This may be due to several factors, such as difficulties with following standardization

procedures, disrupting the child's daily routine, and norming samples that are not fully representative of the population.

When exploring this research question, other information from the present study can help explain the responses. When asked about the most influential aspects of determining eligibility, many participants (n=17) reported their local preschool special education supervisory guidelines play the largest role. In addition, the majority of respondents (n=60) indicated their state requires a norm-referenced measure to determine eligibility. With that, current practitioners may be required to administer conventional assessments due to legal guidelines, even when they believe other assessments techniques yield more valid results.

### **Research Question #3**

The third research question was intended to evaluate the training experiences school psychologists received in their training programs. A study completed by Bridgewater (2006) highlighted the lack of formal training provided to practitioners who work with the preschool population and the need for graduate programs to increase specialized training in early childhood assessment and intervention. With that, it was hypothesized that respondents would report a lack of formal, comprehensive training in their graduate program for preschool assessment. Results from the current study supported this hypothesis. Approximately 88% of respondents had some form of training in preschool assessment ranging from required coursework to elective preschool assessments during practicum or internship. However, a smaller percentage reported formal or comprehensive training in pre-school assessment. Consistent with Bridgewater's (2006) study, a similar number of participants (n=26) reported their graduate program included a required course on preschool assessment. The present study demonstrated a high number of elective or applied assignments on preschool assessment, which highlights a growing focusing on providing this

training since 2006. In addition, the majority of respondents (n=42) reported they did not feel their graduate program thoroughly prepared them to assess preschool age children.

#### **Research Question #4**

The next research question looked specifically at training experiences in relation to assessment techniques used in daily practice. A review of the literature did not include a large amount of information regarding the training practices related to preschool assessment. It was hypothesized there would be differences between assessment preferences based on the amount of training experiences. Results of a chi-square frequency test suggest that the number of training experiences in graduate school did not impact their current assessment practices [ $X^2 (15, N=85) = 10.931, p > .05$ ]. With that, the hypothesis was not supported. These results can be explained by the standards that govern school psychologists: the NASP Ethical Principles (National Association of School Psychologists, 2010). The second overarching principle of the NASP Ethical Principles is “professional competence and responsibility”. This principle explains that school psychologists “must practice within the boundaries of their competence, use scientific knowledge from psychology and education to help clients and others make informed choices, and accept responsibility for their work” (National Association of School Psychologists, 2010, page 6). With that, school psychologists who were not exposed to formalized training in their graduate program may have sought other training opportunities to ensure they were practicing within their boundaries and offering the best services to this population.

#### **Research Question #5**

The final research question analyzed the relationship between the time since completing a training program and the practices and opinions of the participants. Based on the review of the research, it was hypothesized that participants who graduated longer ago would use conventional

assessment with more confidence compared to more recent graduates who use more authentic assessment techniques. A chi-square frequency was completed to determine if there was a significant difference between answers based on the time since completion of their graduate program. Results indicated no major differences between responses based on graduation date [ $X^2(15, N=81) = 20.868, p >.05$ ]. An additional chi-square was completed to investigate the relationship between time since completing their graduate program and the participant's opinions about certain assessment types (i.e. if a conventional, play-based, or authentic assessment reflects a child's true ability). Results indicated that years since completing a training program did not impact the opinion of participants [ $X^2(20, N=81) = 18.313, p >.05$ ]. One possible reason for this lack of difference may be the responsibility placed on school psychologists in the area of professional development. Being nationally certified or certified by a state requires a certain amount of professional development and/or continuing education credits to be completed annually. Specifically, to hold a National Certification in School Psychology (NCSP), professionals must receive 75 hours of continuing professional development every three years (National Association of School Psychologists, 2019). This continuing education may streamline some of the techniques used across the field, thereby limiting the effects of differences within the field due to when and where school psychologists are trained.

Overall, results highlight the discrepancy between the literature and current practices in the field. The results of the present study support the finding of the dissertation completed by Sinai-Bental (2011): authentic assessments provide valuable information, but conventional assessments are often used to help determine eligibility. Many respondents reported negative perceptions of conventional assessments, yet high frequency of using such assessment tools and techniques. This disconnect may exist due to state or local supervisory guidelines that require

conventional assessments to determine eligibility. It is also important to note the cultural rigidity that exists within systems. Many systems commit to the same practice simply because it is what the system has always done—this only highlights the importance of continued research and development within the field.

Results of the present study suggest training experiences or time in the field do not have statistically significant impact on current practices. This may be due to high levels of professional developmental requirements as well as ethical guidelines that govern school psychologists.

### **Limitations and Recommendations for Future Research**

It is important to consider the limitations of the present study when interpreting the results. One major limitation is the relatively limited sample size ( $n=85$ ). In addition, the format in which participants were gathered may limit all interested participants. Only school psychologists who have access to these social media pages and saw the posting of the survey were able to participate. These respondents may also represent a group of psychologists who put a high level of interest into the field of early childhood school psychology compared to school psychologists who did not participate, which could have skewed the data to reflect more opinionated or invested participants compared to the general population. With that, future research should involve more participants gathered through alternative means. This study should be replicated in order to obtain more participants and improve that statistical power of the tests that were completed with the data. Future studies may also benefit from completing a similar survey at the state level and then compare the results of such studies at a national level once sufficient participants per state are identified. This may result in more reliable information on current practices and could provide a benchmark for understanding at that state level.

An additional limitation includes the wording of items in the survey. Upon review of certain items, it seems there were some questions that participants did not fully understand or there were difficulties understanding the specific assessment tools. For items that focused on the usefulness of specific tools, several measures were not clearly identified as one of the major assessment types (i.e. the autism measures like the ADOS-II or the BDI-II) and participants automatically inserted them into the 'other' section. It would have been beneficial to further define each category to ensure participants could input their responses within the designated areas rather than placing them in the 'other' category.

The present study was very broad in nature by virtue of investigating the current practices and opinion of school psychologists in relation to psychological assessment. Participants were asked to explain their general practices within the field of early childhood school psychology without regard to the referral concerns or other factors. With such broad questions and items, it was difficult to obtain specific information regarding assessment practices and to really focus on specific practices. Future studies may also investigate more specific avenues of assessment practices and opinions based on referral concern. During the preschool age, children are referred for a variety of reasons (i.e. behavioral, cognitive, concerns of autism). It would be interesting to explore the format of assessments and the tools used based on the specific referral concern. Information from such a study would help provide insight on the current practices as well as areas for growth within each specific area.

### **Recommendations and Implications for School Psychologists**

Based on the current study, several recommendations can be made that are representative of the opinions and perceptions gathered. First, if available, observations within an educational setting were highly regarded when determining eligibility. In the current study, respondents

reported that a direct observation in an educational setting is completed only half to some of the time, while they also indicated that it is extremely to very useful. This suggests that such observation provides incredibly useful information but are not completed consistently. Additionally, respondents indicated that interviews with parents and teachers are not used very frequently, yet they provide very useful information. With that, it is encouraged to include information from both parent and teacher (when available) to help determine eligibility. Finally, a large number of participants indicated they always to sometimes use criterion-referenced batteries, while they reported little usefulness from this. This indicates that time may be better spent using other tools to ensure the information being gathered is useful in determining eligibility.

The results of the present study reveal the impact supervisory or legal guidelines have on everyday practice. The main goal of this study was to evaluate not only the current practices of school psychologist working with preschool age children, but also to evaluate the perceived acceptability of tools being used with this population. This study highlights the major differences between real-life application and the literature in the field. Many practicing school psychologists who are working with preschool children are making eligibility decisions using assessment tools, they, themselves, believe do not represent a child's true ability. This demonstrates the importance of advocating not only for students, but also for the profession itself. It is hypothesized many participants reported using conventional assessments due to state or supervisory guidelines. School psychologists can work to lobby for changes to ensure what is required to determine eligibility is reflective of what actually measures a child's true ability.

Results of this study also demonstrate the importance of continuing professional development and abiding by ethical guidelines throughout one's career. Based on the statistical

analyses completed, there were no significant differences on assessment techniques used based on time since completing their graduate program or number of training experiences in their training program. This lack of difference across raters demonstrates the impact high-level professional development can have on ensuring consistency across practitioners.



## References

- Bagnato, E.N. (2007). *Authentic Assessment for Early Childhood Intervention*. The Guilford Press, New York.
- Bagnato, S.J. & Neisworth, J.T. (1994). A national study of the treatment “invalidity” of intelligence testing for early intervention. *School Psychology Quarterly*, 9(2), 81-102.
- Bagnato, S.J., Neisworth, J.T., & Pretti-Frontczak, K. (2010). *Linking Authentic Assessment & Early Childhood Intervention, Second Edition*. Paul H. Brookes Publishing Co., Baltimore.
- Bayley, N. (2006). *Bayley scales of infant development, third edition*. San Antonio, TX: Harcourt.
- Benner, S.M. & Grim, J.C. (2013) *Assessment of Young Children with Special Needs: A Context Based Approach, Second Edition*. Routledge, New York.
- Bracken, B.A. & Nagle, R (2007). *Psychoeducational assessment of preschool children* (4<sup>th</sup> ed). Lawrence Erlbaum, Mahwah, NJ; London
- Bridgewater, S. (2006). *Preschool School Psychology Training: Assessing the Perceived Level of Training and Competence of Preservice School Psychologists to Provide Social-emotional Assessment and Mental Health Services in Early Childhood Settings* (Unpublished doctoral dissertation. Ohio State University, Columbus, OH.
- Danaher, J. (2005). *Eligibility policies and practices for young children under Part B of IDEA* (NECTAC Notes No. 15). Chapel Hill: The University of North Carolina, FPG Child Development Institute, National Early Childhood Technical Assistance Center
- Danaher, J. (2007). *Eligibility policies and practices for young children under Part B of IDEA* (NECTAC Notes No. 24). Chapel Hill: The University of North Carolina, FPG Child Development Institute, National Early Childhood Technical Assistance Center

- De Sam Lazaro, S.L. (2017). The importance of authentic assessments in eligibility determination for infants and toddlers. *Journal of Early Intervention*, 39(2), 88-105.
- Early Intervention Program for Infants and Toddlers with Disabilities, 34, C.F.R § 303.113 (2011).
- Ehrler, D. J., & McGhee, R. L. (2008). *PTONI: primary test of nonverbal intelligence*. Austin, TX: Pro-Ed.
- Elliot, C.D. (2007). *Differential Ability Scale Second Edition*. San Antonio, TC: Harcourt.
- Ford, L., Kozy, M., & Negreiros, J. (2012). Cognitive assessments in early childhood: Theoretical and practice perspectives. In D.P. Flanagan & P.L. Harrison (Eds.), *Contemporary intellectual assessment: Theories, test, and issues* (pp. 585-622). New York: Guilford press.
- Fewell, R.R. (1986). *Play Assessment Scale* (5<sup>th</sup> revision). Seattle, WA: University of Washington.
- Grisham-Brown, J., Hallam, R., & Brookshire, R. (2006). Using authentic assessment to evidence children's progress toward early learning standards. *Early Childhood Education Journal*, 34(1), 45-51.
- Keilty, B., LaRocco, D.J., & Cassell, F.B. (2009). Early interventionists' reports of authentic assessment through focus group research. *Topics in Early Childhood Special Education*, 28(4), 244-256.
- Kelly-Vance, L., & Ryalls, B. O. (2005). A systematic, reliable approach to play assessment in preschoolers. *School Psychology International*, 26, 398-412.
- Kelly-Vance, L. & Ryalls, B.O. (2008). Best practices in play assessment and intervention. *Best Practices in School Psychology*, 33(2), 549-560.
- Kelly-Vance, L., Needelman, H., Troia, K., & Ryalls, B. O. (1999). Early childhood assessment: A comparison of the Bayley Scales of Infant Development and a play-based technique. *Developmental Disabilities Bulletin*, 27, 1-15.

- Linder, T.W. (1993). *Transdisciplinary Play-Based Assessment: A Functional Assessment to Working with Young Children, revised edition*. Paul H. Brookes Publishing Co., Baltimore
- Macy, M. & Bagnato, S.J. (2010). Keeping it “R-E-A-L” with authentic assessment. *NHSA Dialog*, 13(1).
- Majnemer, A. (1998, March). Benefits of early intervention for children with developmental disabilities. *Seminars in Pediatric Neurology*, 5(1), 62-69
- Myers, C.L., McBride, S.L., & Peterson, C.A. (1996). Transdisciplinary, play-based assessment in early childhood special education: An examination of social validity. *Topics in Early Childhood Special Education*, 16(1), 102-126.
- National Association of School Psychologists. (2015). *Early Childhood Services: Promoting Positive Outcomes for Young Children* (Position statement). Bethesda, MD: Author.
- National Association of School Psychologists (2019). *National Certification*, Retrieved from <https://www.nasponline.org/standards-and-certification/national-certification>
- National Association of School Psychologists Principles for Professional Ethics. (2010). *School Psychology Review*, 39(2), 302-319.
- Neisworth, J.T. & Bagnato, S.J. (2004). The MisMeasure of young children: The authentic assessment alternative. *Infants and Young Children*, 17(3), 198-212.
- Newborg, J. (2005). *Battelle developmental inventory Second Edition Examiner’s Manual*. Itasca, IL: Riverside. O’Grady, M.G. & Dusing, S.C. (2015). Reliability and validity of play-based assessment of motor and cognitive skills for infants and young children: A systematic review. *American Physical Therapy Association*, 95(1), 25-38.

- O'Grady, M. G., & Dusing, S. C. (2015). Reliability and validity of play-based assessments of motor and cognitive skills for infants and young children: a systematic review. *Physical therapy, 95*(1), 25-38.
- Ramey, C. T., & Ramey, S. L. (1998). Early intervention and early experience. *American psychologist, 53*(2), 109.
- Ramey, C. T., & Ramey, S. L. (2004). Early learning and school readiness: Can early intervention make a difference?. *Merrill-Palmer Quarterly, 50*(4), 471-491.
- Sinai-Bental, C. (2011). *School psychologists' perceptions of assessment practices and educational placement decisions in early childhood settings* (Unpublished doctoral dissertation). Temple University, Philadelphia, PA.
- Voress, J. K., & Maddox, T. (2013). *Developmental assessment of young children, second edition*. Austin, TX: Pro-Ed.
- Wechsler, D., Scales, P. I., & Index, V. C. (2012). *Wechsler preschool and primary scale of intelligence, fourth edition*. San Antonio, TX: Harcourt.

**Appendix A**

## Social Media Announcement

Hi all! I am currently completing my Ed.S. at James Madison University. My thesis focuses on the current practices and opinions of early childhood school psychologists. If you work with preschool age children, please consider completing a survey about assessment practices.

Thank you in advance!!

(link to survey)

## **Appendix B**

### **Consent Form and Survey Items**

#### **Identification of Investigators & Purpose of Study**

You are being asked to participate in a research study conducted by Sarah Stout from James Madison University. The purpose of this study is to identify current practices and perceptions in the field of early childhood assessment. The current study will identify the current practices, perceptions, and training experiences of school psychologists who work with preschool-age children referred for special education services. This study will contribute to the researcher's completion of her educational specialist's thesis.

#### **Research Procedures**

This study consists of an online survey that will be administered to individual participants using Qualtrics (an online survey tool). You will be asked to provide answers to a series of questions related to early childhood psychological assessment.

#### **Time Required**

Participation in this study will require 20 minutes of your time.

**Risks.** The investigator does not perceive more than minimal risks from your involvement in this study

**Benefits.** This research will benefit future researchers and the field of school psychology as a whole as it will increase the knowledge of practices around the country. It will also provide information on current satisfaction with training programs around the country.

#### **Confidentiality**

The results of this research will be presented at the graduate psychology research symposium and will be submitted to future NASP conventions. While individual responses are anonymously obtained and recorded online through the Qualtrics software, data is kept in the strictest confidence. No identifiable information will be collected from the participant and no identifiable responses will be presented in the final form of this study. All data will be stored in a secure location only accessible to the researcher. The researcher retains the right to use and publish non-identifiable data. At the end of the study, all records will be destroyed. Final aggregate results will be made available to participants upon request.

#### **Participation & Withdrawal**

Your participation is entirely voluntary. You are free to choose not to participate. Should you choose to participate, you can withdraw at any time without consequences of any

kind. However, once your responses have been submitted and anonymously recorded you will not be able to withdraw from the study.

### **Questions about the Study**

If you have questions or concerns during the time of your participation in this study, or after its completion or you would like to receive a copy of the final aggregate results of this study, please contact:

Sarah Stout  
Graduate Psychology  
James Madison University  
stoutsx@dukes.jmu.edu

Dr. Tiffany C. Hornsby  
Research Advisor  
Graduate Psychology  
James Madison University  
Telephone: 540-568-3358  
[hornsbtc@jmu.edu](mailto:hornsbtc@jmu.edu)

### **Questions about Your Rights as a Research Subject**

Dr. David Cockley  
Chair, Institutional Review Board  
James Madison University  
(540) 568-2834  
cocklede@jmu.edu

### **Giving of Consent**

I have been given the opportunity to ask questions about this study. I have read this consent and I understand what is being requested of me as a participant in this study. I certify that I am at least 18 years of age. By selecting the consent box below, and completing and submitting this anonymous survey, I am consenting to participate in this research.

Sarah Stout  
Name of Researcher

8/30/18  
Date

This study has been approved by the IRB, protocol # 19-0039.

***Current Practices and Opinions of Early Childhood School Psychologists: Psychological Assessment Techniques***

1. Are you a school psychologist who assesses preschool age children?
  - a. Yes
  - b. No
2. How long have worked with preschool children as a school psychologist?
  - a. Open Ended: \_\_\_\_\_
3. On a day to day basis, what percentage of your time is spent working with preschoolers?
  - a. Open Ended: \_\_\_\_\_
4. Highest Level of Education Obtained:
  - a. Master's Degree
  - b. Master's Degree + 30 credits (Ed.S./CAS)
  - c. Doctoral Degree
  - d. Other: \_\_\_\_\_
5. What year did you graduate from your training program?
  - a. Open Ended: \_\_\_\_\_
6. In what region do you currently practice?
  - a. Northeast (Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont, New Jersey, New York, Pennsylvania)
  - b. Midwest (Illinois, Indiana, Michigan, Ohio, Wisconsin, Iowa, Kansas, Minnesota, Missouri, Nebraska, North Dakota, South Dakota)
  - c. South (Delaware, Florida, Georgia, Maryland, North Carolina, South Carolina, Virginia, District of Columbia, West Virginia)
  - d. West (Arizona, Colorado, Idaho, Montana, Nevada, New Mexico, Utah, Wyoming, Alaska, California, Hawaii, Oregon, Washington)
7. The preschool special education program in which I practice is considered:
  - a. Urban
  - b. Suburban
  - c. Rural
8. What was the scope of preschool age assessment training you received in your graduate program?
  - a. Required course in preschool assessment
  - b. Elective course in preschool assessment
  - c. Included as part of assessment course
  - d. Required preschool assessment in practicum
  - e. Required preschool assessment in internship
  - f. Other \_\_\_\_\_
9. To what extent do you agree with the following statement: My graduate program thoroughly prepared me to assess preschool age children.
  - a. Strongly agree
  - b. Agree



- c. Neutral
  - d. Disagree
  - e. Strongly disagree
10. On a scale of 1 to 5 with 1 being *novice* and 5 being *expert*, how would you rate your skills in preschool assessment?
- a. 1
  - b. 2
  - c. 3
  - d. 4
  - e. 5
11. Does your state require a norm-referenced measure to determine eligibility?
- a. Yes
  - b. No
  - c. Not sure
12. In your preschool special education program the following team members participate in eligibility decisions on a regular basis: (check as many as apply)
- Psychologists
  - Special Education Teachers
  - Occupational Therapists
  - Speech Therapists
  - Physical Therapists
  - Service Coordinators or Program Administrator
  - Supervisors
  - Parents
  - Others: (please specify) \_\_\_\_\_
13. For each of the below, please rate how frequently you use the tool in determining eligibility for preschool-age children:
- Direct observation in the child's home setting
  - Direct observation in an educational setting
  - Play based assessment
  - Rating scales with parents as raters (such as BASC-3, or CBCL)
  - Rating scales with teachers as raters (such as BASC-3, or PKBS-2)
  - Interviews with parents
  - Interviews with the child's preschool instructors
  - Interviews with therapeutic staff
  - Standardized norm-referenced intelligence measures (such as SB-5, WPPSI, or KABC-II)
  - Curriculum based developmental scales (such as Brigance, Carolina Curriculum, creative Curriculum, or Learning Accomplishment Profiles)
  - Criterion-referenced batteries (such as Work Sampling System or Hawaii Early Learning Profile)
  - Adaptive Measures (such as the ABAS or Vineland-III)

- Other: (please specify) \_\_\_\_\_

14. For each of the below, please rate how useful it is in determining eligibility for preschool-age children:

- Direct observation in the child's home setting
- Direct observation in an educational setting
- Play based assessment
- Rating scales with parents as raters (such as BASC-3, or CBCL)
- Rating scales with teachers as raters (such as BASC-3, or PKBS-2)
- Interviews with parents
- Interviews with the child's preschool instructors
- Interviews with therapeutic staff
- Standardized norm-referenced intelligence measures (such as SB-5, WPPSI, or KABC-II)
- Curriculum based developmental scales (such as Brigance, Carolina Curriculum, creative Curriculum, or Learning Accomplishment Profiles)
- Criterion-referenced batteries (such as Work Sampling System or Hawaii Early Learning Profile)
- Adaptive Measures (such as the ABAS or Vineland-III)
- Other: (please specify) \_\_\_\_\_

Response Options:

*Never*            *Rarely*            *Sometimes*            *Often*            *Almost Always*

*Never Useful*            *Not Useful*            *Somewhat Useful*            *Useful*            *Extremely Useful*

15. From the above factors, rate which one is most influential in making your eligibility decisions (please select only one)?

- a. The child's scores on standardized measures
- b. Scores on rating scales
- c. Observation
- d. Your clinical opinion
- e. Parents' preferences
- f. Your local preschool special education supervisory guidelines
- g. Other

16. For a standard referral, where would you conduct an assessment?

- a. Child's home
- b. Child's school/daycare
- c. Central office
- d. Other \_\_\_\_\_

17. What is the typical format for the assessment?

- a. Arena style assessment (i.e. multiple professional observing with one-person leading assessment)
- b. One-on-one assessment
- c. Multidisciplinary assessment
- d. Other \_\_\_\_\_

18. Please reference the following definition for question #17: *Conventional assessments are highly structured assessments administered through a contrived situation with scripted behaviors. Standardized, norm-references measure fall in the same category with conventional assessments.*

Conventional, norm-based assessments reflect a preschool-age child's true ability?

- a. Strongly agree
- b. Agree
- c. Neutral
- d. Disagree
- e. Strongly disagree

19. Please reference the following definition for question #18: *Authentic assessment focuses on the systematic collection of information based on behavior of the child in a natural setting. Authentic assessments are completed in the child's natural environment, with input from multiple sources who are close with the child, using items the child is familiar with, and a team of interdisciplinary professionals.*

Authentic assessments reflect a preschool-age child's true ability?

- a. Strongly agree
- b. Agree
- c. Neutral
- d. Disagree
- e. Strongly disagree

20. Please reference the following definition for question #19: *Play-based assessments are conducted via observation and playing with the child that rely on direct observation of the child in play. It highlights how the child interacts with peers, adults and toys.*

Play-based assessments reflects a preschool-age child's true ability

- a. Strongly agree
- b. Agree
- c. Neutral
- d. Disagree
- e. Strongly disagree

21. Which of the following techniques do you use most often with assessing preschool-age children?

- a. Conventional assessments
- b. Authentic assessments
- c. Play-based assessments
- d. Other: \_\_\_\_\_

22. How satisfied are you with the current practices of your system in regard to preschool assessment?

- a. Extremely dissatisfied
  - b. Dissatisfied
  - c. Neutral
  - d. Satisfied
  - e. Extremely satisfied
23. Do you believe the current practices in your system allow you to get a holistic view of the child and develop appropriate interventions?
- a. Strongly agree
  - b. Agree
  - c. Neutral
  - d. Disagree
  - e. Strongly disagree

**Appendix C**

Research Question by Survey Items

<b>Demographic Information</b>	<b>RQ 1:</b> What are the current assessment practices of school psychologists for preschool children?	<b>RQ 2:</b> How do school psychologists serving preschool populations perceive the acceptability of the current tools being used in the field?	<b>RQ 3:</b> What level of training is provided by graduate training programs in terms of preschool assessment?	<b>RQ 4:</b> Based on training experiences, are there statistically significant difference between the assessments used with this population?	<b>RQ 5:</b> Is there a relationship between the time since completing a training program and the practices and opinions of the participants?
<p>1. Are you a school psychologist who assesses preschool age children?</p> <p>2. How long have worked with preschool children as a school psychologist?</p> <p>3. On a day to day basis, what percentage of your time is spent working with preschoolers?</p> <p>4. Highest Level of Education Obtained</p> <p>6. In what region do you currently practice?</p>	<p>12. In your preschool special education program the following team members participate in eligibility decisions on a regular basis:</p> <p>13. For each of the below, please rate how frequently you use the tool and how useful it is in determining eligibility for preschool-age children</p> <p>14. For each of the below, please rate how useful it is in determining eligibility for preschool-age children:</p>	<p>11. Does your state require a norm-referenced measure to determine eligibility?</p> <p>18. Conventional, norm-based assessments reflect a preschool-age child's true ability?</p> <p>19. Authentic assessments reflects a preschool-age child's true ability?</p> <p>20. Play-based assessments reflects a preschool-age child's true ability</p> <p>21. How satisfied are</p>	<p>5. What year did you graduate from your training program?</p> <p>8. What was the scope of preschool age assessment training you received in your graduate program?</p> <p>9. To what extent do you agree with the following statement: My graduate program thoroughly prepared me to assess preschool age children.</p>	<p>8. What was the scope of preschool age assessment training you received in your graduate program?</p> <p>21. Which of the following techniques do you use most often with assessing preschool-age children?</p>	<p>5. What year did you graduate from your training program?</p> <p>21. Which of the following techniques do you use most often with assessing preschool-age children?</p> <p>18. Conventional, norm-based assessments reflect a preschool-age child's true ability?</p> <p>19. Authentic assessments reflects a preschool-age child's true ability?</p> <p>20. Play-based assessments</p>

<p>7. The preschool special education program in which I practice is considered: rural, urban, suburban.</p> <p>10. On a scale of 1 to 5 with 1 being novice and 5 being expert, how would you rate your skills in preschool assessment?</p>	<p>15. From the above factors, rate which one is most influential in making your eligibility decisions (please select only one)?</p> <p>16. For a standard referral, where would you conduct an assessment?</p> <p>17. What is the typical format for the assessment?</p> <p>21. Which of the following techniques do you use most often with assessing preschool-age children?</p>	<p>you with the current practices of your system in regard to preschool assessment? In other words, do you believe the current practices in your system allow you to get a holistic view of the child and develop appropriate interventions?</p> <p>22. How satisfied are you with the current practices of your system in regard to preschool assessment?</p> <p>23. Do you believe the current practices in your system allow you to get a holistic view of the child and develop appropriate interventions?</p>			<p>reflects a preschool-age child's true ability</p>
--	---	--	--	--	--

**Appendix D**

## Additional Tables

Table 1.

*Demographic Information*

	<i>N</i>	<i>%</i>
Region	85	100
Northeast	20	23.5
Midwest	26	30.6
South	21	24.7
West	18	21.2
Setting	84	100
Urban	16	18.8
Suburban	47	55.3
Rural	21	24.7
Education	85	100
Master's degree	10	11.8
Masters+30	61	71.8
Doctoral	13	15.3
Other	1	1.2
Graduation Year	81	100
1990-1995	7	8.2
1996-2000	4	4.7
2001-2005	10	11.8
2006-2010	20	23.5
2011-2015	15	17.6
2015-present	25	29.4

Table 2.

*Time as a Preschool Psychologist and Working with Population*

	<i>N</i>	<i>M</i>	<i>SD</i>	<i>Range</i>
Time as preschool school psychologist	85	7.26	6.696	26
Percentage of time working with population	83	45.79	35.41	99