

BRIGANCE[®]

Early Childhood Screen III

0–35 months

III



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Introduction to the *BRIGANCE*[®] Early Childhood Screen III (0–35 months)

OVERVIEW

The *BRIGANCE*[®] Early Childhood Screen III (0–35 months) is a collection of quick, highly accurate assessments and data-gathering tools to use with children up to three years of age.

The first years of a child's life are a time of rapid growth and learning, and screening can provide an important understanding of the child's development at a particular point in time. Zero to Three[®]: The National Center for Infants, Toddlers and Families, and the National Association for the Education of Young Children, or NAEYC, emphasize the importance of screening as the first step in assessing emergent school readiness, providing a snapshot of a child's mastery of early developmental and academic skills.

Screening also enables educators to readily identify children who may be developmentally delayed and children who may be developmentally advanced and, therefore, can support early intervention, as needed.

The *Screen III* includes the following age-specific screens (each of which can be conducted quickly, usually within 10–15 minutes):

- Core Assessments—Infant (birth–11 months)
- Core Assessments—Toddler (12–23 months)
- Core Assessments—Two-Year-Old Child

The Core Assessments in the *Screen III* have been nationally standardized, producing scores that are highly reliable, valid, and accurate. Assessment items in the age-specific screens are norm-referenced as well as criterion-referenced and cover a broad sampling of a child's skills and behaviors. Key developmental areas include:

- Physical Development (Gross Motor Skills and Fine Motor Skills)
- Language Development (Receptive Language Skills and Expressive Language Skills)
- Adaptive Behavior (Self-help Skills and Social-Emotional Development)
- Academic Skills/Cognitive Development

Data-gathering tools available for the *Screen III* include:

- Age-specific *Data Sheets* to record screening results, providing a one-page review of the child's screening performance
- Self-help and Social-Emotional Scales (for two-year-old children) to gather data about the child's eating, dressing, and toileting skills as well as about the child's relationships with adults and peers, play skills, self-confidence, and self-regulatory skills
- Screening Observations Forms to record observations captured during screening
- Parent-Child Interactions Form (for infants and toddlers) to record observations about the relationship between the parent/caregiver and child
- Teacher Feedback Form (for two-year-old children) to record input about the child's skills and behaviors from teachers
- Parent Feedback Form (for two-year-old children) to record input about the child's skills and behaviors from parents/caregivers

The assessments and data-gathering tools in the *Screen III* help early childhood teachers and program directors

- satisfy developmental screening requirements.
- initiate referrals for further evaluation or special services.
- evaluate a child's emergent school readiness by assessing a child's mastery of skills that are predictors of school success.
- guide individualized and group instruction.
- communicate a child's development to parents/caregivers.
- monitor and report progress over time, using the *BRIGANCE*[®] Online Management System. (Annual subscription rates apply.)

USING THE *EARLY CHILDHOOD SCREEN III* TO SUPPORT YOUR PROGRAM

The *BRIGANCE® Early Childhood Screen III (0–35 months)* can help your early childhood program meet screening requirements, initiate referrals for further evaluation or special services, guide instruction, monitor progress, and effectively support children’s readiness for school. Follow the guidelines below when implementing the *Screen III* in your program.

MAKE IMPLEMENTATION DECISIONS

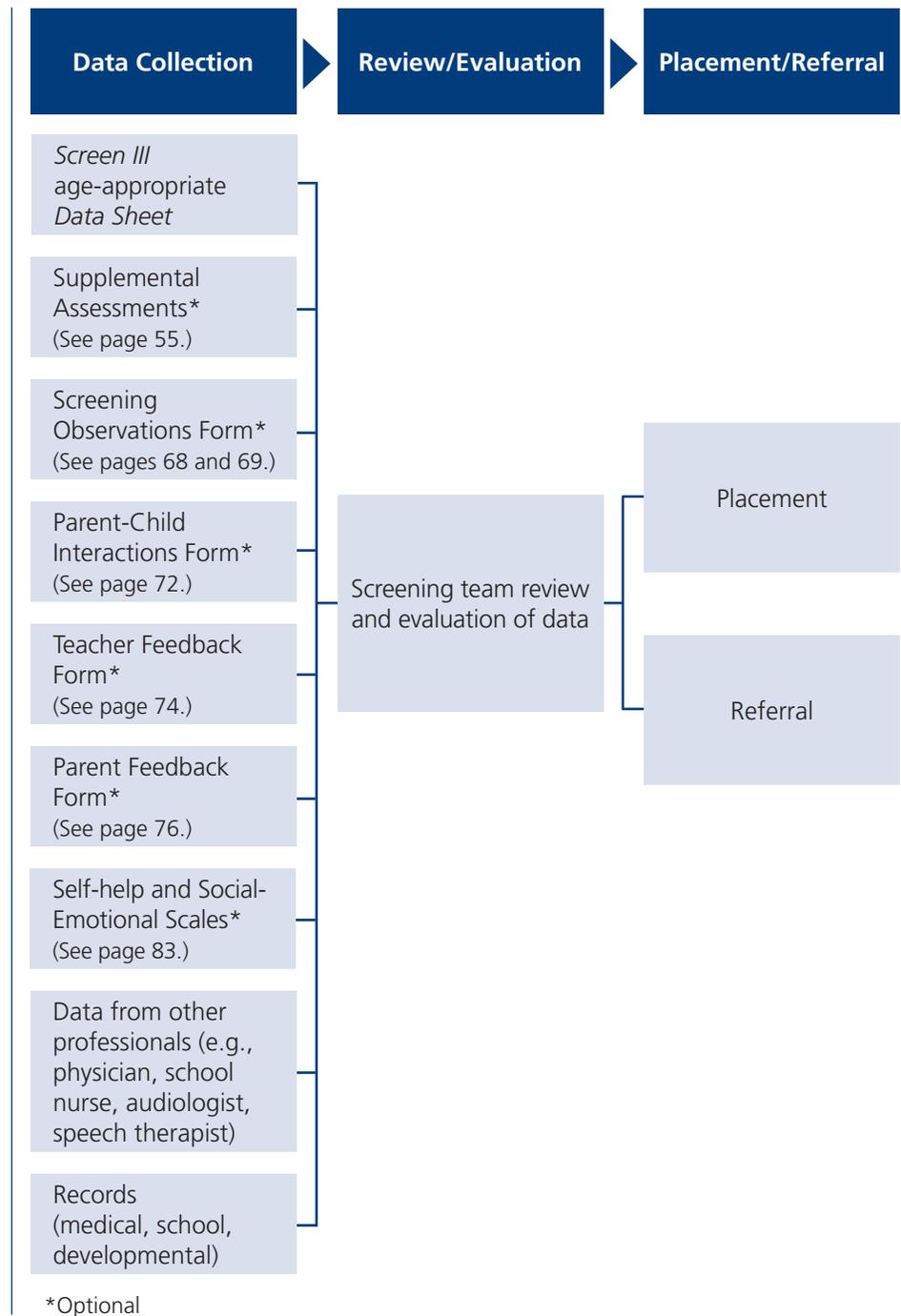
To help meet the screening requirements of your program, determine which methods of data collection offered by the *Screen III* to use, when children in the program will be screened, and what, if any, cutoff scores will be used.

Determine Tools for Data Collection

Screening is a process involving one or more professionals working with a child along with parents/caregivers to obtain the most valid sampling of the child’s skills and behaviors (NHSCDI, 2003). The following *Screen III* data-gathering tools can be used to provide data from multiple sources:

- *Data Sheet* for each age-specific screen, providing an at-a-glance record of the child’s skill level for each screening assessment
- Supplemental Assessments (for two-year-old children)—assessments for children who are more developmentally advanced
- Screening Observations Form—a detailed record of examiner’s observations while screening
- Parent-Child Interactions Form (for infants and toddlers)—a form for a teacher/examiner to record observational information about the interaction between the parent/caregiver and child
- Teacher Feedback Form (for two-year-old children)—a record of the teacher’s view of the child’s skills and behaviors
- Parent Feedback Form (for two-year-old children)—a take-home parent evaluation of the child’s skills and behaviors
- Self-help and Social-Emotional Scales (for two-year-old children)—standardized assessments to gather data on the child’s eating, dressing, and toileting skills and self-confidence, independence, relationships with adults and peers, and play skills

When implementing the *Screen III*, determine which sources of data to use in your program. The diagram to the right shows how the *Screen III* can be used as a model for data collection, review/evaluation, and placement/referral.



*Optional

Determine When to Screen

Determine how often and when your program will administer the *Screen III*. Use the guidelines below to decide when the initial screening and the follow-up screening should take place.

- **Initial Screening**

To begin, determine when a child's initial screening should take place. The initial screening can serve as a baseline indicator of performance. If your program is interested in screening multiple children at one time, see Appendix D on page 94 for information about the Station Method for Screening.

- **Follow-up Screening**

- **Rescreening** is recommended for children who score low in the first screening. The second screening should be conducted four to six weeks after the first screening or after remedial activities have been implemented. For those children who score lower than expected due to screening on a "bad day" (or on a day just prior to the onset of an illness or just after an illness), rescreen at a more appropriate time. This second screening can be conducted closer to the initial screening date.
- **Midyear or end-of-year screening** serves as a means to measure growth and to help monitor progress children are making during the year. (See page xxvii for information about using the screen as a post test.)

Determine Which Cutoff Scores to Use

To accommodate the needs of your program, you may wish to use cutoff scores. A child's individual score can be compared to cutoff scores to quickly determine if a child may have developmental disabilities or delays or if the child is likely to be developmentally advanced. Your program may choose to use the BRIGANCE® Cutoff Scores or to customize cutoff scores for your specific program.

- **BRIGANCE Cutoff Scores**

The *Screen III* includes three sets of cutoff scores, each based on results from the national standardization study.

- Cutoff scores for detecting children who potentially have developmental disabilities or delays
- Cutoff scores for detecting children who may be developmentally advanced or gifted
- Cutoff scores for at-risk children (for toddlers and two-year-old children)

If you plan to use any of these cutoff scores, it is important that the child is administered *all* of the Core Assessments in the age-appropriate screen.

- **Customized Cutoff Scores**

Your program may choose to customize cutoff scores. For example, your program may decide that children who score in the lower 20th percentile of the group will be referred for additional assessment. A child who scores below your program's customized cutoff score may be further evaluated by screening personnel and considered for more comprehensive assessment.

See STEP 4 of the Step-by-Step Screening Procedures on page xx for details about when and how to use cutoff scores.

PROVIDE ONGOING ASSESSMENT AND MONITOR PROGRESS

The National Association for the Education of Young Children recommends ongoing progress monitoring as an important part of early childhood programs in order to plan instruction and better measure each child's progress. As recommended by NAEYC, many early childhood programs provide developmental assessment for all children throughout the year in order to plan instruction and to measure progress.

The BRIGANCE® Early Childhood family of products offers multiple ways to provide ongoing assessment and to monitor progress.

- The *Screen III* can be used to measure and report progress during the year. After the initial screening, a second screening can take place at midyear or end of year to measure progress over time. (See page xxvii for further information about using the *Screen III* to monitor progress.)
- The Early Childhood family also includes the *BRIGANCE Inventory of Early Development III (IED III)*, a comprehensive inventory of criterion-referenced developmental assessments that correlate directly with the assessments in the *Screen III*. Following an initial screening, the assessments in the *IED III* can be used for ongoing assessment and progress monitoring over multiple evaluation periods.

PROVIDE DEVELOPMENTALLY APPROPRIATE INSTRUCTION

Using the information gathered from administering the *Screen III*, educators can then plan appropriate individual and group instruction. Screening results from administering the Core Assessments demonstrate initial areas of strength and weakness. Further assessment with the comprehensive *IED III* will support instructional planning. (See page xxvii for more information about using the *IED III*.) In addition, for the two-year-old child, results from administering the Supplemental Assessments can determine mastery of other, often more advanced skills. Together, results from administering assessments in the *Screens III* and appropriate assessments in the *IED III* can be used to plan targeted instruction to address each child's needs.

Standardization and Validation

Built on more than 30 years of research and experience in child development, the *BRIGANCE® Early Childhood Screens III* are highly accurate, reliable, and valid assessment tools. Selected assessments from the criterion-referenced *BRIGANCE® Inventory of Early Development III* were standardized and validated in 2012 on a nationally representative geographic, demographic, and socioeconomic sample. Items from these standardized and validated assessments were selected to create the age-specific screens in the *Screens III*. Teachers can confidently compare a child's screening performance to the national sample to determine if a child has potential developmental delays or giftedness.

The standardization study was conducted on a large, geographically diverse sample of 1,929 children, spanning from birth through age 7, who are representative of the population of the United States (U.S.) in terms of ethnicity, gender, and family socioeconomic status. Due to this strong research base, results from administered *Screens III* reliably identify those children who have delays, those who are advanced in development, and those who are developing at a typical rate.

For over 30 years, the validity of the assessments in the *Screens III* has enjoyed positive professional scrutiny from researchers.

- Validation studies have shown the assessments in the *Early Childhood Screens III* to have substantial content and construct validity, excellent concurrent validity, and a high degree of discriminant validity.
- The *Screens III* are highly reliable tools. The overall scores for the Core Assessments have
 - outstanding internal consistency (.94 –.98).
 - excellent test/retest reliability (.92 –.99).
 - outstanding inter-examiner reliability (.93–.96).
- The *Screens III* are highly accurate, and a single screening will identify
 - 91% of children with disabilities.
 - 87% of children with advanced development.

Standardization means that

- the directions for administration and for scoring have been field-tested and are explicitly stated so that the test can be administered in exactly the same way by different examiners.
- the nearly 2,000 children to whom the test was administered represent the geographic regions of the United States and the demographic characteristics of the U.S. population as a whole.
- the scores can be compared to the established standardized cutoff scores to determine a child's need for additional evaluation.

For detailed information on the 2012 Standardization and Validation Study, see Chapters 7–10 of the *BRIGANCE® Screens III Technical Manual*.

Step-by-Step Screening Procedures

STEP 1: GET READY TO SCREEN

PLAN AHEAD

To administer the *BRIGANCE® Early Childhood Screen III* effectively and efficiently, it is important that teachers

- spend time becoming familiar with the directions and scoring procedures before screening a child (or interviewing a parent).
- practice administration several times before screening a child.
- administer the assessments within the screen in strict accordance with the directions given for each assessment.

The following suggestions can help you plan ahead for successful assessment.

Become familiar with the assessment procedures so that you can conduct the assessment in a natural manner and can focus your attention on the child (and parent/caregiver). If helpful, mark pages you will use so that you can quickly locate the information you will need.

Schedule screening early in the day, reducing the chance that the child will be hungry or tired.

Eliminate distractions. Conduct the screening in an environment free of background noises or disturbances and remove any materials that may distract the child.

SELECT THE AGE-APPROPRIATE SCREEN AND DATA SHEET

There is one screen and one *Data Sheet* for each age level:

- Infant: 0–11 months
- Toddler: 12–23 months
- Two-Year-Old Child: 2 years, 0 months–2 years, 11 months (24–35 months)

In order to make sure that you have selected the correct age-specific screen (which allows you to compare a child's results to cutoff scores and derive standardized scores, if necessary), you must determine the child's rounded chronological age. Use the free chronological age calculator at www.BRIGANCE.com or follow the instructions below.

DETERMINE THE CHILD'S ROUNDED CHRONOLOGICAL AGE

For Ages 2 Years, 0 Months–2 Years, 11 Months (24–35 Months)

1. Computing chronological age

On the child's *Data Sheet*, write the Date of Screening in the top row and the child's Birth Date in the second row. Subtract the Birth Date from the Date of Screening, borrowing months and years as needed. If a number for the Date of Screening is smaller than the number below it for the Birth Date, you will need to borrow.

Begin with the Day column. If you need to borrow, convert 1 month to 30 days, add 30 to the number of days, and then subtract from this revised figure. Next, subtract the numbers in the Month column. If you need to borrow, convert 1 year to 12 months, add 12 to the number of months, and then subtract.

In the example below, $30 + 7 = 37$ days; $12 + 2 = 14$ months.

	Year	Month	Day
Date of Screening	$\begin{array}{r} 12 \\ 2013 \end{array}$	$\begin{array}{r} 12 + 2 = 14 \\ 2 \end{array}$	$\begin{array}{r} 30 + 7 = 37 \\ 7 \end{array}$
Birth Date	$\begin{array}{r} 2010 \\ \hline \end{array}$	$\begin{array}{r} 5 \\ \hline \end{array}$	$\begin{array}{r} 22 \\ \hline \end{array}$
Age	$\begin{array}{r} 2 \\ \hline \end{array}$	$\begin{array}{r} 9 \\ \hline \end{array}$	$\begin{array}{r} 15 \\ \hline \end{array}$

2. Rounding chronological age

Once you have computed the child's chronological age in years, months, and days, round the number of days. *If there are fewer than 15 days*, simply ignore the days and use the years and months as the child's chronological age. *If there are 15 days or more*, round the month up by 1.

In the example below, the chronological age 2 years, 9 months, and 15 days is rounded up to 2 years, 10 months.

	Year	Month	Day
Age	$\begin{array}{r} 2 \\ \hline \end{array}$	$\begin{array}{r} 10 \\ 9 \end{array}$	$\begin{array}{r} 15 \\ \hline \end{array}$

For Ages 0–23 Months (Infants and Toddlers)

1. Computing chronological age

On the child's *Data Sheet*, write the Date of Screening in the top row and the child's Birth Date in the second row. Subtract the Birth Date from the Date of Screening, borrowing months and years as needed.

In the example below, $30 + 8 = 38$ days; $12 + 1 = 13$ months.

	Year	Month	Day
Date of Screening	<u>2013</u>	<u>12</u>	<u>30</u>
Birth Date	<u>2012</u>	<u>5</u>	<u>23</u>
Age		<u>8</u>	<u>15</u>

Note: In the original image, arrows indicate borrowing: 12 from the month column to the year column (12 + 1 = 13), and 30 from the day column to the month column (30 + 8 = 38). The original numbers 12, 30, and 8 are crossed out.

For toddlers (12–23 months), the age should be shown in months and days only (as with infants), not in year, months, and days.

In the example below, the child who is 1 year, 3 months, 17 days is considered to be 15 months, 17 days.

	Year	Month	Day
Date of Screening	<u>2013</u>	<u>9</u>	<u>18</u>
Birth Date	<u>2012</u>	<u>6</u>	<u>1</u>
Age	<u>1</u>	<u>3</u>	<u>17</u>
Age (in months and days)		<u>15</u>	<u>17</u>

Note: In the original image, an arrow indicates borrowing: 1 from the year column to the month column (12 + 3 = 15). The original numbers 1, 3, and 17 are crossed out.

2. Rounding chronological age

Once you have computed the age in months and days, round the number of days. If there are fewer than 15 days, simply ignore the number of days and use the months as the child's chronological age.

If there are 15 days or more, round the month up by 1.

In the example below, the child who is 8 months, 15 days is considered to be 9 months.

	Year	Month	Day
Age		<u>8</u>	<u>15</u>

3. Correcting for prematurity, if needed (ages 0–23 months only)

Once age is computed in months and days (prior to rounding), correct for prematurity if the child was born four or more weeks early. Determine the number of weeks the child was born early. Convert the number of weeks premature to months and days by referencing the chart below.

Number of Weeks Premature	Months	Days
4 weeks	1 month	0 days
5 weeks	1 month	7 days
6 weeks	1 month	14 days
7 weeks	1 month	21 days
8 weeks	2 months	0 days
9 weeks	2 months	7 days
10 weeks	2 months	14 days
11 weeks	2 months	21 days
12 weeks	3 months	0 days
13 weeks	3 months	7 days
14 weeks	3 months	14 days
15 weeks	3 months	21 days
16 weeks	4 months	0 days

Subtract the number of months and days premature from the child's age (chronological age before rounding) to determine the corrected age. Follow rounding guidelines from step 2, as applicable.

	Year	Month	Day
Date of Screening	<u>2013</u>	<u>12</u>	<u>30</u>
Birth Date	<u>2012</u>	<u>5</u>	<u>23</u>
Age		<u>8</u>	<u>15</u>
Months & Days Premature		<u>1</u>	<u>7</u>
Corrected Age		<u>7</u>	<u>8</u>

Note: In the original image, arrows indicate borrowing: 12 from the month column to the year column (12 + 1 = 13), and 30 from the day column to the month column (30 + 8 = 38). The original numbers 12, 30, and 8 are crossed out.

RECORD CHILD INFORMATION ON THE DATA SHEET

Before you screen, write the child's personal information in Section A of the *Data Sheet*. Completing this section of the *Data Sheet* before screening allows you to focus your attention on the child and on the administration of the assessments during the screening session. (If English is not the child's primary language, note the child's primary language in Section D of the *Data Sheet*.) Use official records or information from parents/caregivers to confirm the accuracy of the child's information.

IDENTIFY ACCOMMODATIONS

Before you screen, be aware of any physical conditions or cultural and language differences that may affect the child's score. Make adjustments in the sequencing of skills or in the screening procedures to accommodate the needs of the child. Consider accommodations when you think the child will not perform well due to

- speech difficulties.
- language differences or difficulties.
- difficulty in understanding directions.
- hearing problems.
- vision problems.

See Screening Children with Special Considerations on page xxix for more information about screening bilingual or non-English-speaking children and screening children with exceptionalities.

When accommodations are necessary, consider the following:

- Use information from families to identify what may act as a motivator to facilitate the child's optimal performance.
- Become familiar with the screening items and the way certain accommodations may impact performance and scoring.
- Keep a record of the accommodations implemented.

Note: If you are using the *Screen III* as a standardized instrument, it is critical to use the age-appropriate screen and to follow the directions explicitly.

SCREENING GROUPS OF CHILDREN

For large groups of children, you may wish to use the station method for screening. See Appendix D—Station Method for Screening on page 94.

ORGANIZE MATERIALS

Gather and organize all materials required for the assessments you are administering. This will allow you to focus your attention on the child and on administering the assessments.

To administer the screens, you will need:

- The *BRIGANCE® Early Childhood Screen III (0–35 months)*
- The age-specific *Data Sheet* (See sample completed *Data Sheets* on pages xvii–xix.)

Specific materials needed for conducting an assessment are listed under MATERIALS on the first page of the assessment. The materials needed are common items readily available in most early childhood settings:

- A rattle*
- A squeaking toy*
- Primary crayons*
- A spoon*
- 10 one-inch (2.5-cm) colored blocks*
- A timer or a watch with a second hand
- A copy of each age-appropriate child page
- Blank sheets of paper for covering distracting items on a child page

**included in the Screens III Accessories Kit (0–35 months)*

Optional materials you may choose to use:

- Supplemental Assessments (and the accompanying Data Sheet)
- Screening Observations Form
- Parent-Child Interactions Form—Infant and Toddler
- Teacher Feedback Form—Two-Year-Old Child
- Parent Feedback Form—Two-Year-Old Child
- Parent Report—Self-help and Social-Emotional Scales—Two-Year-Old Child
- Teacher Report and Scoring Form—Self-help and Social-Emotional Scales—Two-Year-Old Child

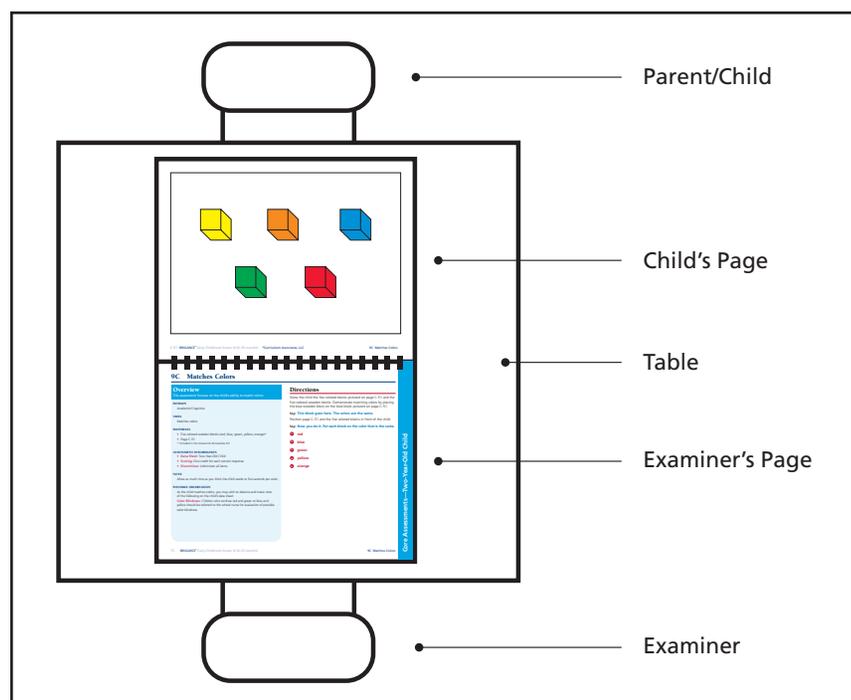
STEP 2: SCREEN THE CHILD

SCREENING PROCEDURES

Before screening a child, read all the information on the first page of each age-appropriate assessment. Make special note of the Scoring Information. Then follow the specific Directions given for each assessment. Many assessments include specific language to use as you administer the assessment. To guide your determination of skill mastery, some assessments provide criteria for determining whether a child should receive credit for a skill. *If the child's skill mastery is marginal, emerging, or inconsistent, do not give credit.*

POSITIONING THE SCREEN III CORRECTLY

The format of the *Screen III* allows both you and the parent or child to follow the assessment procedures easily. The *Screen III* can be opened to an assessment and placed on a table between you and the parent or child, as shown below.



SELECTING AN ENTRY POINT

The Core Assessments in the Infant and Toddler screens provide entry points and basals. An entry is a suggested item with which to begin the assessment; entry points allow children of different ages (e.g., 4 months old, 8 months old) to begin with items at different skill levels. Entry points are typically below expected performance for chronological age to ensure that children demonstrate, wherever possible, a series of initial successes. Ideally, a child should correctly respond to (receive credit for) a short series of items (three items in a row), which is called the basal. If the child does not achieve a basal following the entry point, drop back to an earlier entry point (if there is one) and administer items until a basal is obtained.

For the Core Assessments in the Two-Year-Old Child screen, all ages (2 years, 0 months through 2 years, 11 months) begin with item 1.

SCREENING BY OBSERVATION

Observe the child in a natural setting (e.g., the classroom, outdoors, in his/her home). First, become familiar with the items to be administered by reading through them several times. Then, spend some time observing and interacting with the child. Most gross motor skills and many fine motor skills can be scored simply by observing. Some language skills, self-help skills, and social-emotional skills can also be scored by observation.

After spending some time observing the child, record the child's performance on those skills observed. (For example, if screening an infant and you observe that the child plays with his/her hands and fingers and that the child's hands are predominantly open, give credit for these skills by circling the item numbers on the child's *Data Sheet*.) If it is observed that the child's skill mastery is marginal, emerging, or inconsistent, do not give credit.

SCREENING BY INTERVIEW

Most of the Core Assessments for infants and toddlers can be administered by parent report (interviewing the parent/caregiver or someone who knows the child well). Administering by parent report can be helpful if a child is asleep, fearful, ill, or too young to fully cooperate. To gather information from a parent about a child's skills, use the interview questions, which are preceded by **Ask:** in the assessments. It is important that you use the prescribed directions and exact wording provided.

When responding to an interview question, parents/caregivers often report on a child's emerging but not-yet-mastered skills, giving answers such as "sometimes," "if I let him," or "a little." Similarly, if a parent responds with something like, "She could but we've never tried that," or "She's had no opportunity to do that," do not give credit for the skill.

Some parents may automatically say "yes" to most items. In these cases, clarify by asking, "Most of the time or some of the time?" Give credit only for skills the parent/caregiver or teacher can ensure the child is performing most of the time. It is important that the determination of whether a child receives credit for a skill is consistent for all children.

A parent may report that the child has mastered skills that the child has not demonstrated during the assessment. This is understandable because at home a child may feel more comfortable performing more advanced skills. Even so, if you have doubts about the validity of a parent's report (e.g., the parent reports independent walking yet the child seems to walk only by holding on to furniture), if possible, encourage the child to demonstrate the skill.

If someone who knows the child well enough to report on the child's skill mastery is not present, interviewing the child's parent/caregiver via telephone may be appropriate.

SCREENING BY CHILD PERFORMANCE

Many of the Core Assessments for toddlers and all but one of the Core Assessments for two-year-old children can be administered by child performance (asking the child to perform specific skills).

When working with the child, read directions and questions in a natural manner. Keep the assessments moving comfortably and informally. Pace the items so that the child has enough time to perform a skill but not so much time that he/she becomes bored waiting for the next direction. If the child has difficulty focusing on a single item on a child page, cover the other items with blank sheets of paper.

Remember to remain objective; extra assistance given to a child during assessment can influence the child's performance and could invalidate the results.

TIPS FOR ESTABLISHING RAPPORT

Children are generally slow to warm up to and cooperate with an unfamiliar person. They may refuse to answer questions, attempt to leave the screening area, become tearful, or alternately grab for test materials or play with toys they brought with them. To establish rapport with the child during screening, consider the suggestions in this section.

Guiding Desirable Behavior

The following suggestions may help make the assessment process more comfortable, enjoyable, and even fun for both you and the child and/or parent/caregiver.

- **If a parent/caregiver is present, engage the parent/caregiver first.** Ask a parent how his/her child will be most comfortable during the screening. This makes both the parent and the child comfortable.
- **Create a welcoming screening environment.** Make sure there is ample seating for the child (and parent, if present) and that the space is quiet and well lit. Thank the child beforehand for participating. Explain that you will be presenting several different kinds of games and tasks. Ask the child to do the best that he/she can.
- **Use clear but pleasant requests** such as "Come with me. We are going to look at some pictures and play with some blocks." Do not ask the child whether he/she would like to participate since any subsequent refusals are challenging.
- **Incorporate "wiggle breaks."** Because it is unlikely that young children can remain seated throughout screening, "wiggle breaks" should be interspersed among assessment items. It is acceptable to move to the floor, back to the chair, and even under the table!
- **Introduce tasks as "games"** rather than as tests.
- **Use verbal reinforcement** and show interest and enthusiasm in the child's effort but do not indicate whether the child's response was correct or incorrect. Be objective. Do not show feelings of disappointment when the child gives an incorrect response or feelings of satisfaction when the child is doing well.
- **Use stickers to reinforce the child's effort.** You may wish to give a sticker between assessments. Give stickers throughout the screening to reward effort, not only when the child has success.

- **Set time expectations for the child.** To help the child understand how long the assessment session will be, you may wish to have the child turn the dial of a timer to a predetermined point. Explain to the child that when the timer goes off, he/she will have a chance to play.

Handling Difficult Situations

The following suggestions may help if the child becomes upset or refuses to participate.

- **Take a break or stop the screening and reschedule** if the child becomes upset and cannot be soothed.
- **Offer choices** if the child refuses to participate in the assessment process. For example, say, “Would you like to draw or play with blocks first?”
- **Switch to another task** if the child refuses to engage in a particular assessment in the screen. After the child feels more secure, return to the earlier assessment.

PRECAUTIONS WHEN SCREENING

- Prompting, giving unnecessary encouragement, or providing unscripted demonstrations can mask the child’s actual strengths and needs and can invalidate the child’s screening results, making it challenging to detect a child’s delayed or advanced development.
- Do not give the child reminders. It can be tempting for an examiner or teacher to provide reminders as a form of encouragement, such as “You know this. We did it yesterday.” Reminders may cause the child to give a response that is not representative of his/her knowledge or abilities, potentially invalidating the child’s screening results.
- Avoid gazing at the correct choice on a child page. Occasionally, a child is alert to where the examiner is looking and will use this as a cue to responding. If the child gives a correct response based on where the examiner is looking, performance may be inflated.
- You may wish to place the child’s *Data Sheet* out of the child’s line of vision. Some children feel anxious when they see an examiner recording performance.

STEP 3: COMPLETE THE *DATA SHEET*

Follow the instructions below to fill in each section of the *Data Sheet*. Sample completed *Data Sheets* can be found on pages xvii–xix.

A. Child's Information: This information should be current and should clearly identify the child. Use official records or information from parents/caregivers to confirm the accuracy of the child's information. If you plan to derive standardized scores, you must compute the child's chronological age. Go to www.BRIGANCE.com for a free age calculator or to page x for instructions on computing chronological age.

B. Core Assessments: Core Assessment information and page numbers on the *Data Sheet* correspond to the information in the *Screen III*.

The Core Assessments in the Infant and Toddler screens provide entry points and basals. Entry points allow children of different ages (e.g., 4 months old, 8 months old) to begin with items at different skill levels. Ideally, a child should correctly respond to (receive credit for) a short series of items (three items in a row), which is called the basal. The basal is the point in the assessment at which you can be confident the child would receive credit for all earlier items. Once a basal is established, the CHILD RECEIVES CREDIT FOR ALL ITEMS BELOW THE BASAL.

To keep testing time as short as possible, each assessment provides a specific discontinue point. Once this point is reached, discontinue the assessment. Because the skills within each assessment are in developmental order, you can assume that the higher-level items (those beyond the discontinue point) are too hard and you should not administer them. The exact number of incorrect responses in a row that establishes the discontinue point for an assessment is shown on the *Data Sheet*.

Circle the item number of a skill that the child demonstrates (or is reported to demonstrate); slash through the item number of a skill for which the child offers an incorrect response or does not demonstrate the skill requested.

To guide your determination of skill mastery, some assessments provide criteria for determining whether a child should receive credit for a skill. If the child's skill mastery is marginal, emerging, or inconsistent, do not give credit for the skill on the child's *Data Sheet*.

If probing above the discontinue point, mark all items for which the child gives a correct response with a Δ ; DO NOT GIVE CREDIT FOR ANY ITEM ABOVE THE DISCONTINUE POINT WHEN SCORING.

C. Scoring: In order to focus your attention on the child during screening, do not calculate the score until after the screening is completed. An examiner who is calculating scores while the child is responding to items may miss revealing observations.

Point values assigned to each assessment in the screen allow a Total Score of 100. To derive a child's Total Score:

1. Record the number of correct responses for each assessment in the **Number Correct** column. Do *not* count any correct responses above the discontinue point. For infants and toddlers, count all items below the basal as correct responses.
2. Multiply the **Number Correct** by the assigned **Point Value**. Record this number in the **Child's Score** column.
3. Calculate the **Total Score** by adding the numbers in the **Child's Score** column.

D. Notes/Observations: Make notes and record any significant observations made during screening. You may wish to record observations or conclusions regarding the child's hearing, vision, health, behavior, and emotional well-being. If English is not the child's primary language, record the child's primary language and other notes and observations in the Notes section or on the back of the *Data Sheet*.

E. Next Steps: Record any next steps or recommendations regarding placement and referral here. You may also wish to record if the child scored above or below cutoff scores.

BRIGANCE® Screen III Toddler (12–23 months) Data Sheet



A. Child's Name Alissa Hunter Date of Screening 2018¹² 8¹²⁺³⁼¹⁵ 17 Health Care Provider Dr. Maria McDonald
 Parent(s)/Caregiver(s) Carl and Vivian Hunter Birth Date 2011 10 3 School/Program Center Head Start
 Address 508 Center Street, Mammoth, AZ Age 1 8¹⁷ 14 Teacher Nancy Krensky
 Phone (333) 111-4567 Months & Days Premature _____ Examiner Antonio Ramirez
 Corrected Age _____

B. Core Assessments			C. Scoring		
Page	Domain	Directions: Assessments may be administered in any order. For each assessment, start with the item indicated by the Entry for the child's age. Give credit for a skill by circling the item number. For a skill not demonstrated (an incorrect response), slash through the item number. Once the child receives credit for 3 skills in a row, give credit for any lower-level skills.	Discontinue	Number Correct × Point Value for Each	Child's Score
21	Language Development	1B Receptive Language Skills—General ① Looks at named objects ② Responds to the word <i>no</i> ③ Responds to simple commands ④ Waves "bye-bye" ⑤ Responds to the word <i>give</i> (with gesture)	6 Gives a block on command (no gesture) 7 Puts a block into a box on command 8 Throws away trash on command	Stop after 3 skills not demonstrated in a row. <u>5</u> × 1	<u>5</u> / 8
23	Language Development	2B Receptive Language Skills—Identifies Parts of the Body Points to: ① eyes 2 nose 3 feet 4 hair 5. mouth 6. ears		Stop after 3 incorrect responses in a row. <u>1</u> × 2	<u>2</u> / 12
24	Language Development	3B Receptive Language Skills—Identifies Pictures Points to: 1 cat 2 dog 3 key 4. car 5. apple 6. airplane		Stop after 3 incorrect responses in a row. <u>0</u> × 2	<u>0</u> / 12
27	Language Development	4B Receptive Language Skills—Knows Sounds Animals Make Knows sound of: 1 cat 2 dog 3 cow 4 bird		Administer all items. <u>0</u> × 2	<u>0</u> / 8
28	Physical Development	5B Gross Motor Skills 1. Sits erect and unsupported 2. Gets up on hands and knees and moves about (or scoots on bottom) 3. Pulls to standing position ④ Walks with one hand held ⑤ Walks without frequent falling ⑥ Runs, but not necessarily well ⑦ Stands on one foot with one hand held	8 Attempts to jump 9 Walks erect with arms swinging 10. Jumps (at least one foot leaves the floor) 11. Runs well	Stop after 3 skills not demonstrated in a row. <u>7</u> × 1	<u>7</u> / 11
30	Physical Development	6B Fine Motor Skills 1. Uses a neat pincer grasp 2. Squeaks toy with hand ④ Takes objects into a container ⑤ Takes objects out of a container ⑥ Grasps and releases objects easily	⑦ Unwraps objects ⑧ Deliberately pours/dumps objects from container ⑨ Imitates scribble	Stop after 3 skills not demonstrated in a row. <u>7</u> × 1	<u>7</u> / 8
32	Language Development	7B Expressive Language Skills—General (If unsuccessful on 7B, items 6, 7, and 8, do not administer 7B.) ① Says multiple syllables ② Shakes head for <i>no</i> or points to show preference ③ Imitates sounds or words ④ Pretend talks ⑤ Holds up objects for attention	6 Points to objects for attention 7 Says real words 8 Pretend talks with some real words	Stop after 3 skills not demonstrated in a row. <u>5</u> × 1	<u>5</u> / 8
34	Language Development	8B Expressive Language Skills—Names Objects (If unsuccessful on 7B, items 6, 7, and 8, do not administer 8B.) Names: 1. cup 2. ball 3. spoon 4. book 5. chair 6. block 7. box 8. toy OR Count up to 8 other object words used.		Stop after 3 incorrect responses in a row. <u>0</u> × 1	<u>0</u> / 8
35	Language Development	9B Expressive Language Skills—Uses Phrases (If unsuccessful on 7B, items 6, 7, and 8, do not administer 9B.) 1. Repeats phrases 2. Uses two or three words in combination		Administer both items. <u>0</u> × 1.5	<u>0</u> / 3
36	Adaptive: Self-help	10B Self-help Skills 1. Feeds self cracker 2. Drinks from cup held by adult 3. Chews and swallows ④ Cooperates in dressing ⑤ Holds cup with both hands and drinks ⑥ Assists in dressing	7 Holds cup with one hand and drinks 8 Removes shoes 9 Begins to anticipate/communicate toileting needs	Stop after 3 skills not demonstrated in a row. <u>6</u> × 1	<u>6</u> / 9
38	Adaptive: Social-Emotional	11B Social and Emotional Skills 1. Plays pat-a-cake 2. Gives affection 3. Goes for a toy that is out of reach ④ Shows interest in activities of others ⑤ Initiates interactions with other children ⑥ Shows pride in new accomplishments ⑦ Explores and returns to parent/caregiver ⑧ Opens doors or cabinets ⑨ Imitates another child's actions	10. Watches faces for emotional clues 11. Mimics adult activities 12. Insists upon doing things for himself/herself 13. Likes to perform for others	Stop after 3 skills not demonstrated in a row. <u>8</u> × 1	<u>8</u> / 13
				Total Score = <u>40</u> / 100	
D. Notes/Observations: <u>Hard to hold her attention.</u>			E. Next Steps: <u>Below cutoff (<49); presence of risk factors.</u> <u>Above at-risk guidelines. Rescreen in six months.</u>		

EXAMPLE OF COMPLETED DATA SHEET

BRIGANCE® Screen III Two-Year-Old Child Data Sheet



A. Child's Name Kate Barry Date of Screening 2008 9 12 Health Care Provider —
 Parent(s)/Caregiver(s) Mark and Joan Barry Birth Date 2006 7 7 School/Program Hancock School
 Address 662 Hanscom Ave., Norfolk, CT Age 2 2 5 Teacher Rosa Rodriguez
 Phone (222) 333-5678 Examiner Steve Jenkins

B. Core Assessments			C. Scoring		
Page	Domain	Directions: Assessments may be administered in any order. For each assessment, start with the first item and proceed in order. Give credit for a skill by circling the item number. For a skill not demonstrated (an incorrect response), slash through the item number.	Discontinue	Number Correct × Point Value for Each	Child's Score
42	Language Development	1C Identifies Parts of the Body Points to: ① ears ② head ③ teeth ④ legs ⑤ fingers ⑥ arms	Stop after 3 incorrect responses in a row.	<u>6</u> × 1.5	<u>9</u> / 9
43	Language Development	2C Identifies Pictures by Naming ① cat ② dog ③ key ④ apple ⑤ car ⑥ cup	Stop after 3 incorrect responses in a row.	<u>6</u> × 2	<u>12</u> / 12
44	Language Development	3C Knows Uses of Objects Knows use of: ① car ② bed 3 chair	Administer all items.	<u>2</u> × 4	<u>8</u> / 12
45	Academic/Cognitive	4C Repeats Sentences Repeats sentence of: ① three syllables 2 four syllables	Stop after incorrect responses for both a and b for a single item.	<u>1</u> × 3	<u>3</u> / 6
46	Physical Development	5C Gross Motor Skills ① Jumps off floor with both feet ② Walks backward four steps ③ Stands on one foot for one second 4 Walks on tiptoe three steps	Administer all items.	<u>3</u> × 2.5	<u>7.5</u> / 10
47	Academic/Cognitive	6C Understands Concepts of Number and Size Understands: ① just one ② one more 3 just a little 4 little	Administer all items.	<u>4</u> × 2	<u>8</u> / 8
49	Physical Development	7C Visual Motor Skills ① Scribbles with crayon; strokes are not purposeful or well controlled and frequently lose contact with the paper ② Scribbles with crayon; strokes are purposeful or well controlled so seldom lose contact with the paper 3 Draws somewhat recognizable picture that is meaningful to the child, but perhaps not meaningful to adult (For skills 1–3, give credit for the highest skill demonstrated and for any lower skills.) 4 Holds crayon with fingers, perhaps incorrectly, with hand not fistled 5 Uses one hand consistently	Administer all items.	<u>2</u> × 1.5	<u>3</u> / 7.5
50	Physical Development	8C Builds Tower with Blocks Builds a tower with: ① two blocks ② three blocks ③ four blocks ④ five blocks ⑤ six blocks	Stop after 2 attempts.	<u>2</u> × 2	<u>4</u> / 10
51	Academic/Cognitive	9C Matches Colors ① red ② blue ③ green ④ yellow ⑤ orange	Administer all items.	<u>5</u> × 1.5	<u>7.5</u> / 7.5
52	Language Development	10C Verbal Fluency and Articulation ① Uses two-word phrases in which words relate in combination ② Uses three-word phrases in which words relate in combination ③ At least 50% of speech is intelligible	Administer all items.	<u>3</u> × 6	<u>18</u> / 18
Total Score =				<u>80</u>	<u>100</u>
D. Notes/Observations: <u>She was confident and at ease.</u> <u>Appears right handed.</u>			E. Next Steps: <u>Above giftedness cutoff (>76).</u> <u>Refer for further assessment for possible giftedness.</u>		

EXAMPLE OF COMPLETED DATA SHEET

STEP 4: ANALYZE RESULTS

After the *Data Sheet* has been completed, all screening personnel should meet to review the screening data and to discuss appropriate next steps and recommendations. Data from other personnel, such as the child’s physician, school nurse, speech therapist, or social worker, should also be discussed.

COMPARING A CHILD’S SCORE WITH CUTOFF SCORES

Compare the child’s Total Score with the BRIGANCE® cutoff scores below or with your program’s customized cutoff scores.

If you are using the BRIGANCE cutoff scores, compare the child’s Total Score

- to the cutoff scores for detecting children who may demonstrate advanced development or be gifted/academically talented,
- to the cutoff scores for detecting children likely to have developmental or academic delays,
- and then to the at-risk cutoff scores, if applicable.

Note: When using cutoff scores, it is necessary that *all* assessments within an age-specific screen be administered.

Table 1. Cutoff Scores for Suggesting Advanced Development (Infant and Toddler)

For children younger than two years of age, it is difficult to identify intellectual giftedness because of the speed with which developmental changes occur during this stage of life. While it is possible to determine when very young children show advanced development relative to their peers, it is not consistently clear that such development is a predictor of giftedness. Thus the cutoffs in Table 1 should be used cautiously and only to identify developmental strengths rather than to serve as predictors of academic giftedness.

BRIGANCE® Screen III (0–35 months) Core Assessments	Age (in months)	Cutoff Score
Infant	0 months	> 14
	1 month	> 22
	2 months	> 28
	3 months	> 32
	4 months	> 38
	5 months	> 44
	6 months	> 51
	7 months	> 55
	8 months	> 62
	9 months	> 68
	10 months	> 75
Toddler	11 months	> 82
	12–13 months	> 51
	14–15 months	> 54
	16–17 months	> 62
	18–19 months	> 75
	20–21 months	> 81
	22–23 months	> 89

Table 2. Cutoff Scores for Detecting Children Who May Be Gifted or Academically Talented (Two-Year-Old Child)

Giftedness is a broad term; children may be gifted in different ways (e.g., musical or artistic talent, scientific aptitude). For this reason, gifted children might not be identified by academic or developmental screening tests alone. As in any decision about a child’s abilities, the evaluation must include other indicators of ability (e.g., observations about memory, verbal fluency, oral vocabulary, humor, creativity; results from administration of the Supplemental Assessments) before making decisions about resources or program options for a child. Feedback from parents/caregivers and professionals who work with the child may also provide insight into potential giftedness. That said, the *Screen III* can assist in the identification process of children who are gifted and talented.

Children who score at or above the cutoff scores shown in Table 2 may be gifted or academically talented. Consider referring these children for further assessment for giftedness.

BRIGANCE® Screen III (0–35 months) Core Assessments	Age (in years and months)	Cutoff Score
Two-Year-Old Child	2-0 through 2-2	>76
	2-3 through 2-5	>85
	2-6 through 2-8	>91
	2-9 through 2-11	>95

Table 3. Cutoff Scores for Detecting Children Who Are Likely to Have Developmental Delays/Disabilities

Children who score below the cutoff scores shown in Table 3 may be experiencing delays due to developmental difficulties or possibly due to psychosocial risk factors. (See Table 4 on the next page for a list of psychosocial risk factors.) Consider referring these children for further assessment.

BRIGANCE® Screen III (0–35 months) Core Assessments	Age (in months)	Cutoff Score
Infant	0 months	<8
	1 month	<15
	2 months	<17
	3 months	<19
	4 months	<27
	5 months	<33
	6 months	<36
	7 months	<39
	8 months	<43
	9 months	<57
	10 months	<60
Toddler	11 months	<67
	12–13 months	<32
	14–15 months	<39
	16–17 months	<49
	18–19 months	<56
	20–21 months	<66
Two-Year-Old Child	22–23 months	<70
	(in years and months)	
	2-0 through 2-2	<47
	2-3 through 2-5	<54
	2-6 through 2-8	<62
2-9 through 2-11	<75	

If the child scores below the cutoff score in Table 3 on page xxi and is one year old or older, do the following:

1. Determine whether psychosocial risk factors are present. See Table 4 to the right.
2. If fewer than four risk factors are present, there is a high probability of developmental delays or disabilities. Refer the child for further evaluation.
3. If four or more risk factors are present, determine if the child's score is below the age-appropriate At-risk Cutoff Score in Table 5 on page xxiii. Initiate a referral if the child's score is below the appropriate cutoff.

DETERMINING PRESENCE OF PSYCHOSOCIAL RISK FACTORS

The presence of psychosocial risk factors in a child's life can greatly affect the child's development. The greater the number of psychosocial risk factors, the more likely the child is to perform poorly in school or have delayed development. No one single factor, however, predicts risk or delay, but multiple factors compound the potential effect on a child. The presence of four or more risk factors is associated with steep declines in school achievement and higher probabilities for children to develop difficulties.

When analyzing a toddler or two-year-old child's screening results, it is important to take into account the presence of risk factors. Use Table 4 to determine if four or more risk factors are present. If four or more risk factors are present, use the At-risk Cutoff Scores in Table 5 on page xxiii to inform next steps.

If four or more psychosocial risk factors are present, it is important for the child to enroll in or remain in a high-quality early learning program. However, if the child has been enrolled for at least six months and still scores below the cutoff score in Table 3 on page xxi (even if the child scores above average for at-risk children), developmental disabilities are likely and the child should be referred for further evaluation.

Table 4. Psychosocial Risk Factors

A child is considered at risk if *four or more* factors are present.

- ___ Child lives in a home where English is not the primary language.
- ___ Child lives in a single-caregiver household.
- ___ Four or more children live in the home.
- ___ Child has changed schools frequently (it may be helpful to view school records of older siblings), or family has moved more than twice in the past 12 months.
- ___ Child has no prior participation in structured early prevention programs.
- ___ Child has a history of being abused or exposed to domestic or neighborhood violence.
- ___ Child or siblings participate in free lunch program and/or Medicaid.
- ___ Parent(s) have less than a high-school education.
- ___ Parent(s) have limited literacy.
- ___ Parent(s) are fewer than 18 years older than the oldest child in the family.
- ___ Parent(s) are unemployed.
- ___ Parent reports rarely or never reading to child.
- ___ Parent reports being or appears to be distressed, sad, lonely, angry, depressed, helpless, numb, substance abusing, or lacking in self-esteem. Flattened affect (e.g., rarely smiles or interacts with child) is a likely indicator.
- ___ Parent reports a single concern about child's behavior, social, self-help, or gross motor skills.
- ___ Parent reports limited social support (e.g., no one else to help care for child or children).
- ___ Parent reports high levels of anxiety (e.g., feeling pressured, stressed, or can't relax).
- ___ Parent is not observed to teach child new things, to talk to child about toys and objects, or to play games with child.

USING THE AT-RISK CUTOFF SCORES TABLE

For toddlers and two-year-old children scoring below the cutoff scores in Table 3 on page xxi, determine if four or more risk factors are present. (See Table 4 on page xxii.) If risk factors are present, use the *BRIGANCE® Online Management System* to compute scores for the specific assessments listed in Table 5 below. (Annual subscription rates apply.)

Alternately, to hand score, use the assessment information in Table 5 to find the appropriate assessments on the child's age-specific *Data Sheet* and total the child's scores for these assessments.

Compare the child's score on the select assessments with the appropriate At-risk Cutoff Score in Table 5. Initiate a referral if the child's score is below an age-appropriate At-risk Cutoff Score. Note this in the E. Next Steps section of the child's *Data Sheet* (e.g., Scores below At-risk Cutoff Score—Needs referral).

For more information about referral decisions with at-risk children, see page xxv.

Table 5. At-risk Cutoff Scores for Toddler and Two-Year-Old Child

Core Assessments	Assessments within Domain	Total Possible Score (sum of Assessment scores)	Refer if Child's Age Range is: (in months/ in years and months)	At-risk Cutoff Score
Toddler (12–17 months)	Physical Development 5B Gross Motor Skills 6B Fine Motor Skills	19	12–13 months 14–15 months 16–17 months	<8 <9 <10
	Adaptive Behavior 10B Self-help Skills 11B Social and Emotional Skills	22	12–13 months 14–15 months 16–17 months	<7 <7 <8
Toddler (18–23 months)	Language Development 1B Receptive Language Skills—General 2B Receptive Language Skills—Identifies Parts of the Body 3B Receptive Language Skills—Identifies Pictures 4B Receptive Language Skills—Knows Sounds Animals Make 7B Expressive Language Skills—General 8B Expressive Language Skills—Names Objects 9B Expressive Language Skills—Uses Phrases	59	18–19 months 20–21 months 22–23 months	<21 <29 <39
Two-Year-Old Child	Language Development 1C Identifies Parts of the Body 2C Identifies Pictures by Naming 3C Knows Uses of Objects 10C Verbal Fluency and Articulation	51	2-0 through 2-2 2-3 through 2-5 2-6 through 2-8 2-9 through 2-11	<21 <33 <39 <43

IDENTIFYING STRENGTHS AND WEAKNESSES

A child's developmental strengths and needs can be identified by administering the *Screen III* and analyzing domain-level results. Specific assessments grouped by developmental domain can inform necessary referrals as well as instructional planning. Domain-level information is especially useful when reporting information to parents.

Use the *BRIGANCE® Online Management System* to view a child's assessment results by domain—Physical Development, Language Development, Adaptive Behavior (infants/toddlers) or Academic Skills/Cognitive Development (two-year-old children). (Annual subscription rates apply.) Domain-level scores are also available for Self-help and Social-Emotional Skills for two-year-old children. Alternately, domain scores can be calculated by hand, using the *BRIGANCE® Screens III Technical Manual*. (See Chapter 4 for more on interpreting screening results and for sample case studies.)

FACTORS THAT MAY IMPACT PERFORMANCE

The development of a child is never a straight line. Each child will experience periods of rapid growth and leveling plateaus. This is normal and should be taken into consideration when evaluating screening results. If, however, the child's score is below the cutoff score for developmental delays (Table 3 on page xxi), it is important to determine which factors may have affected the child's performance, identify areas of need, and make appropriate follow-up decisions. Consider the following factors when identifying skill areas of apparent need and when making appropriate follow-up decisions.

- **Physical Limitations**

Physical limitations, such as poor vision or hearing, can cause a delay in the development of some skills, which can impact performance. A child screened just prior to the onset of an illness or just after an illness may perform at a lower level than usual. Poor nutrition or an imbalance in body chemistry can cause a child to be lethargic or overactive, resulting in poor performance.

- **Poor Testing Conditions**

Uncomfortable room temperature, noise, visual distractions, or poor lighting may prevent a child from performing well. In addition, if a child finds the screening atmosphere uncomfortable, feels discouraged or unmotivated, or is tired, the child's performance may suffer. If screening conditions were not optimal, rescreen the child at a later date.

- **Language or Cultural Barriers**

A child from a home in which English is not the primary language may not understand what responses are expected (or the parent may not be able to answer interview questions). Whenever possible, screening should be conducted by personnel fluent in the primary language of the child (and parent/caregiver) and knowledgeable about the child's cultural background.

The *BRIGANCE® Spanish Directions Booklet* provides direction lines in Spanish for the Core Assessments and the Supplemental Assessments of the *Screen III*. Use this booklet with the *Screen III* when screening a Spanish-speaking child. *Data Sheets*, the Parent Feedback Form—Two-Year-Old Child, and the Parent Report for the Self-help and Social-Emotional Scales are also provided in Spanish.

- **Undiagnosed Disabilities or Psychosocial Risk**

Common reasons for poor performance are undiagnosed disabilities or substantial psychosocial risk factors. (See Table 4 on page xxii for more information about psychosocial risk factors.) Record and report relevant observations regarding these concerns and make appropriate referrals for services or additional testing. Questionable or invalid scores should not be recorded in the child's permanent record.

A second screening may be required if a more valid score can be obtained on another day or in another testing situation. See *Screening Children with Special Considerations* on page xxix for more information.

Note: Formal screening for vision, hearing, or speech problems is not included in the *Screen III*. However, when screening the child, observe for such problems and report them to the appropriate personnel. See the *Hearing and Vision Observations* on page 70.

STEP 5: IDENTIFY NEXT STEPS

After the screening has been completed, you may choose to do one of the following:

- Screen the child again at a later date if the results seem invalid.
- Refer the child for a more comprehensive assessment if screening results or observations indicate a possible developmental delay or disability or potential academic giftedness.

Once follow-up screening and referral decisions are made, it is important to

- communicate screening results to parents/caregivers.
- monitor progress throughout the year with the *BRIGANCE® Early Childhood Screen III* and/or the *BRIGANCE® Inventory of Early Development III (IED III)*.
- promote development, especially for those children at risk.

FOLLOW-UP SCREENING

Rescreening is recommended for children who scored low in the first screening. The second screening can be conducted after a period of four to six weeks or after remedial activities have been implemented. Also, children who score significantly lower than expected, possibly due to a “bad day” or illness, can be rescreened at a more appropriate time (possibly sooner than four weeks).

MAKE REFERRALS

Recommendations for referrals may be made based on cutoff scores and on an analysis of the child’s areas of strength or weakness. For example, fine motor or gross motor deficits might indicate the need for a physical or occupational therapy evaluation. Expressive or receptive language weakness may indicate the need for a speech-language evaluation. Deficits across multiple domains may suggest the need for evaluation by a developmental psychologist along with other professionals. See Chapter 4 of the *BRIGANCE® Screens III Technical Manual* for additional information on analyzing domain scores.

Referral Decisions with At-risk Children

In making referral decisions for toddlers and two-year-old children based on scores below BRIGANCE® cutoff scores, it is helpful to consider psychosocial risk factors. The presence of four or more risk factors shown in Table 4 is strongly associated with school difficulties. (See Table 4 on page xxii.)

Examiner observations about a child’s parents’/caregivers’ well-being and parenting style should also be considered when determining risk status.

Although it is acceptable, and even desirable, to refer for evaluation all children who score below the age-appropriate cutoff score, for teachers and diagnosticians working with large groups of at-risk children, it may be helpful to attempt to distinguish those children who may be adequately served by prevention programs from those children who most likely have true disabilities.

Referral Decisions with Bilingual Children

It is important for those making referral decisions to recognize that

- bilingualism often contributes positively to cognitive development.
- bilingualism can cause mild delays in language acquisition in both languages. If, however, acquisition is substantially delayed in both languages, a language disorder should be suspected. Testing in both languages would be necessary to discern the presence of disorder or substantive delay.
- bilingualism does not contribute to native language difficulties in receptive language or articulation. Difficulties in these areas may indicate cognitive delays or language disorders.
- below-cutoff-score performance is rarely due to bilingualism alone. A bilingual child may have the same psychosocial risk factors as English-speaking children. For more information about risk factors, see Table 4 on page xxii.
- because the standardization of the *Screens III* included bilingual children, bilingual children who were screened in their native language and perform below average should be referred for further evaluation.

COMMUNICATE SCREENING RESULTS

Because of the significant role parents/caregivers play in their child's development (as well as the fact that referrals for evaluations require parental consent), parents/caregivers need to be informed of their child's screening. Explaining screening results to parents requires careful handling. Poorly conducted conferences can produce much ill will and unwillingness to follow through on recommendations. Well-conducted conferences help parents adjust to difficult news and promote an optimistic attitude toward exploring possible reasons for low screening results and seeking effective interventions.

There are two pitfalls in explaining screening test results:

- Overstating the meaning by making a diagnosis
- Understating the meaning by downplaying the potential importance of the results

To avoid these pitfalls, consider the following tips.

Tips on Explaining Screening Results

- Talk with parents face-to-face when discussing screening results. Giving results over the phone often leads to distress and denial by parents.
- Before discussing the screening results, ask parents if they have concerns about their child's learning or behavior. Begin the conference by acknowledging the parents' observations. For example, you might say, "I am impressed with how carefully you have observed Mario's development and by your sense that he may be having some difficulties. In screening him today, I also thought he had more trouble with certain tasks than other children. I want to recommend that he receive more in-depth assessment to see if he really is having trouble and what we can do to help him."
- When parents have not raised concerns, pause after presenting the results but before making recommendations. Ask questions such as "Have you ever noticed him/her having difficulties with ____?" and "Have you been able to watch him/her do ____ and watch how other children do ____?" It is also helpful to invite parents into the classroom so that they can observe their child's performance in comparison with others.

- Explain the need for further evaluation in a positive way. For example, you might say, "We need to explore the way Sharon learns so that we can better plan for her educational needs."
- Using phrases like "may be behind other children," "seems to be learning more slowly," and "could be having difficulty learning" is effective but not devastating. Avoid using phrases such as "positive results" or "negative results."
- Acknowledge emotions. When parents appear anxious, it may be helpful to say, "This is hard to hear, isn't it?" This can enable them to express their fears, move beyond them, and follow through with recommendations.
- Avoid false assurances. It is natural to want to comfort parents and assure them that most likely nothing is the matter. However, if screening results reflect a true problem, false assurances may make adjustment more difficult. Simply say something like, "We need to look further to decide if Laurie actually needs more help with her development."
- Provide contact information, descriptions of services, and the purpose of the recommendations. Families who have the necessary information are more likely to follow through with next steps or recommendations. Describe potential services so that parents can visualize their child and themselves participating.
- Put recommendations in writing. Written information affirms the findings and recommendations and allows parents to share with other family members.

MONITOR PROGRESS

Monitoring a child's progress is critical during the early years of development. Use one or both methods below to measure and report progress during the year.

Administer the age-appropriate screen at midyear or end of year as a post test to measure progress over time. (Be sure to recalculate the rounded chronological age when rescreening to determine the correct screen to use.) Once a follow-up screening is complete, age equivalents can be used to track progress.

Age equivalent scores (AEs) are often reported to give an indication of a child's performance compared to that of same-age children in the standardization sample. To monitor progress with AEs, first derive the AE for each skill area of interest (e.g., Total Score, Physical Development Domain) for at least two points in time (e.g., the child's initial screening and follow-up screening). Then plot the AEs on a graph to see if the child's progress is age appropriate.

See Chapter 3 of the *BRIGANCE® Screens III Technical Manual* for detailed directions on how to derive age equivalent scores and Chapter 6 of the *Technical Manual* for information on monitoring progress with AEs. A graph for plotting progress is provided in Appendix H of the *Technical Manual*.

Use the Inventory of Early Development III (IED III) to provide more comprehensive ongoing assessment throughout the year. Once initial screening has been conducted with the *Screen III*, you can use the *IED III* to monitor the child's progress and to support more in-depth and targeted assessment at appropriate intervals throughout the program year. The assessments in the *Screen III* correlate directly with the assessments in the *IED III*, allowing the teacher to pinpoint areas of strength and weakness, optimize instructional planning, and measure developmental progress.

A correlation table between the *Screen III* and the *IED III* is available at www.BRIGANCE.com.

To use the *IED III* to show progress in areas of developmental weakness:

1. Identify broad areas of weakness using the assessments in the *Screen III*.
2. Next, identify specific skills in need of further evaluation.
3. Administer the correlating assessments of prerequisite skills and related tasks from the *IED III*.
4. Use the assessment items to plan developmentally appropriate instruction and to show progress.

To use the *IED III* to show progress in areas of developmental strength:

1. Identify broad areas of strength using the assessments in the *Screen III*.
2. Next, identify specific skills in need of further evaluation.
3. Administer the correlating assessments of higher-level skills from the *IED III*.
4. Use the assessment items to plan developmentally appropriate instruction and to show progress.

The *BRIGANCE® Online Management System* supports progress monitoring, using results from the *Screen III* and *IED III*. (Annual subscription rates apply.)

PROMOTE DEVELOPMENT IN AT-RISK CHILDREN

Typical child development is influenced by many factors. One of the greatest factors affecting child development is the evidence of psychosocial disadvantages or risk factors. (For more information about psychosocial risk, see Table 4 on page xxii.)

Children who are considered “at risk” tend to score below the *Screen III* age-appropriate cutoff scores. Although most children who score below these cutoff scores have undetected disabilities or significant developmental delays, some children, particularly those with multiple psychosocial risk factors who have recently been enrolled in early learning programs or prevention programs, may catch up when given additional exposure and instruction.

In addition to enrollment in a high-quality early childhood program, children with psychosocial risk factors will benefit from the following:

1. **Wait two to three weeks before screening new enrollees in your program.** Children often make tremendous progress when they enter a program. Giving them a chance to learn new skills prior to screening will minimize unnecessary referrals. Some programs prefer to screen upon program entrance and then compare performance on rescreening. In this case, it may be wise to wait to make decisions until having results from rescreening. Nevertheless, children whose difficulties are severe and apparent should be referred promptly.
2. **Monitor academic progress and target instruction** with the *BRIGANCE® Inventory of Early Development III (IED III)*. (See page xxvii for details.)
3. **Initiate prompt referrals** for evaluations and services when the child is not making progress.
4. **Provide small-group and one-to-one instruction.** Children benefit greatly from concentrated one-on-one time with parents/caregivers and teachers. Make use of volunteers and elementary school children to support one-to-one instruction in the classroom.

5. **Encourage parents to read to their children.** The greatest predictor of parental reading is the presence of books in the home. Send home lists of age-appropriate books that can be found at a local library. If possible, provide books for families who need them.
6. **Encourage parents to participate in parenting classes.** Many early childhood programs, schools, churches, community centers, YMCAs, and public-health offices offer parenting classes.
7. **Encourage parents to participate in classroom activities.** Inviting parents to read to the class, tell stories or sing songs, and giving them guidance on how to do this can help parents learn to respond appropriately to children’s conversations.
8. **Provide information about mental health services** for those parents who appear to be depressed, anxious, or show signs of substance abuse.

Screening Children with Special Considerations

It is often necessary to screen children who are bilingual or children who have known exceptionalities to determine their skill levels, especially in areas of development that may not be affected by any of these conditions. For example, screening results may reveal that a child with motor impairment has delays in language development.

When assessing children with special considerations, accommodations may be necessary. It is important for administrators to recognize the difference between accommodations and modifications and how to use accommodations appropriately when administering assessments. This is particularly important when considering standardized assessment in order to avoid invalidating the results.

Accommodations are alterations for administering the assessments that enable children to more accurately demonstrate their knowledge.

Accommodations

- permit alternate test settings, testing formats, timing and test scheduling, and means of responding in order to demonstrate a child's true mastery of a skill.
- are *not* methods to bypass standardized scoring principles.

Accommodations are designed to reduce the effect of language limitations and other disabilities and, therefore, increase the probability that the same target construct is measured for all children. Accommodations provide fairness, not advantage, for children who have disabilities so that the child is assessed on a level playing field with other children. Appropriate accommodations used should always be recorded in the Notes section of the child's *Data Sheet*.

In contrast, **modifications** are changes to the actual content of the assessment (for instance, changing the phrasing of a question). Modifications **cannot be used** under any circumstances when standardized scores are required. Modifying the assessment content undermines the standardization process and comparability of performance, thereby invalidating normative scores for a child.

When evaluating children with special considerations, use the following general strategies (in addition to the specific strategies that follow).

- Keep a record of the accommodations implemented.
- Be aware of the test items and the way certain accommodations may impact performance and scoring.
- Be aware of the child's strengths that will support reliable responses or those behaviors that may hinder reliable responses.
- Use information from families to identify what may act as a motivator to facilitate the child's optimal performance.

BILINGUAL AND NON-ENGLISH-SPEAKING CHILDREN

The following accommodations are designed to help bilingual children demonstrate skills they have mastered.

- Administer assessments to children who are bilingual or non-English speaking in their primary language—the language spoken most at home. Even children who speak some English perform best when assessments are administered in the child's native tongue.
- If the examiner is not fluent in the child's language, an interpreter will be needed during the assessment for gathering parent information and for interpreting results.
- A professional interpreter should evaluate a child's articulation and syntax skills in the child's native language.
- When interviewing parents/caregivers, consider their possibly limited ability to understand and communicate in English.

When screening a Spanish-speaking child, use the *Spanish Directions Booklet*, which provides direction lines in Spanish for the Core Assessments and the Supplemental Assessments of the *BRIGANCE® Screen III. Data Sheets*, the Parent Feedback Form, and the Parent Report for the Self-help and Social-Emotional Scales are also provided in Spanish.

CHILDREN WITH EXCEPTIONALITIES

The following accommodations are appropriate when administering the *Screen III* to a child and may be considered, as needed, for children with exceptionalities.

GENERAL ACCOMMODATIONS

- **Allow Extended Time:** The assessments in the *Screen III* are untimed. A child should be allowed to use as much time as necessary to complete the assessment. If a time limit is provided for a specific item (e.g., Stands on one foot for five seconds), the time limit should be followed. Otherwise, allow as much time as needed.
- **Organize Appropriate Screening Session(s):**
 - Separate Space: Conduct the screening in a separate, quiet room.
 - Frequent Breaks: Although conducting an age-appropriate screen should take only 10–15 minutes, allow break times, if necessary, for the child to maintain focus and sufficient energy.

If there is any doubt about how an accommodation might affect the validity of the assessment results, consult with a specialist in the child's area of exceptionality or with someone experienced in administering standardized assessments, such as a clinical psychologist.

STRATEGIES FOR ASSESSING SKILL MASTERY OF CHILDREN WITH SPECIFIC EXCEPTIONALITIES

The general accommodations described earlier may be helpful for assessing children with a variety of exceptionalities and should be considered as needed. Additional accommodations that are relevant for children with specific exceptionalities are included below.

Children with Motor Impairment

Possible strategies:

- Allow the child to use adaptive seating or other adaptive devices unless the assessment is explicitly testing gross motor or fine motor skills.
- Allow the use of different writing products (e.g., markers, different-size crayons).

Although it is tempting to want to give credit for gross motor skills to a child who is compensating effectively for motor impairment, it is important to remember that the gross motor assessments are designed to measure actual motor skills. Because such children may still be involved in physical therapy, examiners will need to rely on results from the unadapted administration of the *Screen III* in order to monitor progress.

Children with Visual Impairment or Blindness

Possible strategies:

- Provide magnification devices for visual stimuli, such as pictures.
- Provide additional lighting, as needed.
- Reduce visual distractions by covering additional items on a child page.

Children with Hearing Impairment or Deafness

Possible strategies:

- Allow the child to use a communication system or assistive technology if used in everyday activities. (NOTE: Before screening, become familiar with the way the child communicates and receives information to ensure the most effective strategies are put in place.)
- Provide a sign language interpreter, if needed.

Children with Severe Speech Impairment

Possible strategies:

- Enlist the assistance of someone who is familiar with the child's speech patterns (e.g., a parent/caregiver) to help interpret the child's communication.
- Allow the child to use a communication system or assistive technology if used in everyday activities. (NOTE: Before screening, become familiar with the way the child communicates and receives information to ensure the most effective strategies are put in place.)
- Allow alternate response methods, such as pointing or drawing, when acceptable and when these alternatives will not compromise the construction of an assessment item. For instance, if the assessment specifically requires that the child respond using expressive language, it would invalidate the standardization to have the child respond receptively (i.e., by pointing to a picture instead of naming what the picture represents).

Children with Emotional Disturbance and Behavior Issues

Possible strategies:

- Consult with someone who has experience with children with emotional disturbance, such as a clinical psychologist, or with someone who has worked with the child. Ask specifically about the duration and intensity of the child's behaviors and solicit suggestions for working with the child to ensure optimum outcomes.
- Before screening, prepare the child for the assessment process. Answer any questions and attempt to dispel any anxiety that the child may have.
- Foster an assessment environment that will support positive and appropriate behaviors.

Children with Autism Spectrum Disorders (ASD) and Developmental Disorders

Possible strategies:

- Before screening, let the child know about the upcoming assessment session so that the child is aware of the change in his/her usual schedule. Tell the child what the assessment session will entail. If the child has questions, answer them and attempt to dispel any anxiety that the child may have about the assessment process.
- If the child has limited verbal skills or is nonverbal (and is at an age when verbal communication is expected), determine the child's method of communication, and consider using the accommodations for children with hearing or speech impairments described earlier.
- Provide a list or pictorial representation of the assessments to be administered (then cross them off as you go), particularly for a child who is used to using a visual schedule.
- Allow alternate response methods, such as pointing or drawing, when these alternatives will not compromise the construction of an assessment item. For instance, if the assessment specifically requires that the child respond using expressive language, it would invalidate the standardization to have the child respond receptively (i.e., by pointing to a picture instead of naming what the picture represents).
- Reduce visual distractions by covering additional items on a child page.
- Use tangible or edible reinforcers rather than social ones.
- Arrange seating that will discourage the child from leaving the work area.
- Avoid making assumptions about one skill area based on another. Children with developmental disorders often have unexpected areas of strength or weakness.

Children with Traumatic Brain Injury, Significant Health Problems, or Multiple Disabilities

The use of any strategy for the specific disabilities listed as well as the general accommodations in the previous section can be used, as needed, for a child with traumatic brain injury, health problems, or multiple disabilities.

Children with Possible Giftedness and Academic Talent (Two-Year-Old Children)

Possible strategies:

- Consider asking additional questions (e.g., “What else do we call this?”) if the child gives a creative, but pertinent, response to an item. (The high degree of creativity exhibited by some gifted children may lead them to produce a range of alternative responses to items.)
- After administering the age-appropriate Core Assessments, you may wish to administer the age-appropriate Supplemental Assessments. (See page 55 for more information about the Supplemental Assessments.)

Although the *Screen III* provides accommodation strategies for children with exceptionalities, use professional judgment when determining which strategies are appropriate for an individual child while ensuring the validity of the assessment is not compromised.

CORE ASSESSMENTS—INFANT (birth–11 months)

Introduction

The assessments in this section allow screening personnel to assess mastery of key skills of infants. The skills in the Core Assessments coordinate with the skills listed on the *Infant Data Sheet*.

DIRECTIONS FOR ADMINISTERING ASSESSMENTS

Before Screening

- Complete section A (the child information section) of the child's *Data Sheet*.
- Familiarize yourself with the assessments by reading through each assessment.
- Gather all materials required for the assessments. Specific materials needed for conducting an assessment are listed under MATERIALS on the first page of the assessment.
- Decide which Entry is appropriate for the child you are screening. Each assessment has three entry points, which allow children of different ages (i.e., birth, 4 months, and 8+ months) to begin with items at different skill levels.

During Screening

- Use the specific Directions given on the first page of each assessment.
- All of the Core Assessments for infants can be administered by observation and by parent report (interviewing the parent/caregiver). Administering by parent report can be helpful if a child is asleep, fearful, ill, or too young to fully cooperate. It is important that you use the prescribed directions and exact wording provided as you administer the assessment.
- To gather information from a parent about a child's skills, use the interview questions, which are preceded by **Ask:** in the assessments. When responding to an interview question, parents/caregivers often report on a child's emerging but not-yet-mastered skills, giving answers such as "sometimes," "if I let him," or "a little." It is important to remember, however, to give credit for a skill *only* when the child demonstrates mastery of the skill. Similarly, if a parent responds with something like, "She could but we've never tried that," or "She's had

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All items in the Core Assessments of the BRIGANCE® Screen III (0–35 months) have been standardized and validated. Standard scores, percentiles, and age equivalents can be determined. You must adhere strictly to the specific SCORING INFORMATION and Directions for each assessment if you want to compare a child's scores to the norms found in the BRIGANCE® Screens III Technical Manual.

2A Fine Motor Skills

Overview

This assessment focuses on the development of the child's manipulative skills. These skills require use of the small muscles of the hand.

DOMAIN

Physical Development

SKILL

Demonstrates manipulative skills that require eye/finger/hand coordination

MATERIALS

- A squeaking toy*
- Blocks*
- The child's bottle (if the child uses a bottle) or sippy cup
- A bit of cracker or cereal
- A container to hold blocks
- A tissue

* included in the *Screens III Accessories Kit*

SCORING INFORMATION

- **Data Sheet:** Infant (birth–11 months)
- **Entry:** For birth, start with item 1.
For 4 months, start with item 3.
For 8+ months, start with item 5.

If the child does not receive credit for three skills in a row, drop back to an earlier Entry (if there is one) and begin with the item indicated.

- **Scoring:** Give credit for each skill the child demonstrates during the assessment or is reported to demonstrate most of the time. See the specific Criteria given for some skills. Once the child receives credit for three skills in a row, give credit for any lower-level skills.
- **Discontinue:** Stop after three skills not demonstrated in a row.

NOTE

Illustrations of some skills are provided to help define the skills. If needed for clarification, show the parent/caregiver the illustration on the page that faces the skill.

Directions

For each item, ask the parent/caregiver the question that follows the skill or observe the child demonstrating the skill and ask yourself the question. If assessing through observation, observe the child in a natural setting. For most items, additional instructions are included to support formal observation.

1 Places fist in mouth

Ask: Does _____ place most of his/her fist in his/her mouth?

2 Glances at hands briefly

Ask: Does _____ look, even briefly, at his/her hands?



Criteria: Give credit if the child glances, even briefly, at his/her hands or is reported to do so most of the time.

3 Plays with hands and fingers

Ask: Does _____ play with his/her hands and fingers?

Or place the child on his/her back and observe.

4 Has hands predominantly open

Ask: Are _____'s hands open—not in a fist—most of the time?



Note: It is typical for a child's hands to be fisted for the first few months.

Criteria: Give credit if both of the child's hands are open most of the time or are reported to be open most of the time.

4A Expressive Language Skills

Overview

This assessment focuses on the development of the child's ability to communicate with others.

DOMAIN

Language Development

SKILL

Communicates by making prespeech sounds, some words, and some gestures

MATERIALS

- A block*
- A squeaking toy*

* included in the *Screens III Accessories Kit*

SCORING INFORMATION

- **Data Sheet:** Infant (birth–11 months)
- **Entry:** For birth, start with item 1.
For 4 months, start with item 3.
For 8+ months, start with item 5.

If the child does not receive credit for three skills in a row, drop back to an earlier Entry (if there is one) and begin with the item indicated.

- **Scoring:** Give credit for each skill the child demonstrates during the assessment or is reported to demonstrate most of the time. See the specific Criteria given for some skills. Once the child receives credit for three skills in a row, give credit for any lower-level skills.
- **Discontinue:** Stop after three skills not demonstrated in a row.

Directions

For each item, ask the parent/caregiver the question that follows the skill or observe the child demonstrating the skill and ask yourself the question. If assessing through observation, observe the child in a natural setting. For some items, additional instructions are included to support formal observation.

1 Makes sounds other than crying

Ask: Does _____ make sounds other than crying?

Criteria: Give credit if the child makes sounds other than crying, such as small, throaty noises, or is reported to do so.

2 Makes varied sounds

Ask: Does _____ make distinctly different sounds when he/she is happy, when he/she is hungry, and when he/she is upset?

Criteria: Give credit if the child makes at least two different sounds or is reported to do so.

3 Coos and gurgles

Ask: Does _____ make gurgling sounds and cooing sounds, such as *ooh* or *aah*?

4 Babbles, making varying consonant sounds

Ask: Does _____ babble simple sounds, such as *muh*, *bah*, *duh*, or *guh*? How many different sounds does he/she say?

Criteria: Give credit if the child uses more than one consonant or is reported to do so.

5A Self-help Skills

Overview

This assessment focuses on the development of the child's ability to take care of his/her own needs independently.

DOMAIN

Adaptive Behavior: Self-help Skills

SKILL

Independently performs self-help skills

MATERIALS

- The child's bottle (if the child uses a bottle)
- The child's pacifier (if the child uses a pacifier)
- Crackers
- A cup or sippy cup
- Water, milk, or juice
- A spoon*
- A fork
- A colored block*
- A squeaking toy*

* included in the *Screens III Accessories Kit*

(To achieve an accurate assessment, the materials used should be similar to those most frequently used by the child.)

SCORING INFORMATION

- **Data Sheet:** Infant (birth–11 months)
- **Entry:** For birth, start with item 1.
For 4 months, start with item 3.
For 8+ months, start with item 5.
If the child does not receive credit for three skills in a row, drop back to an earlier Entry (if there is one) and begin with the item indicated.
- **Scoring:** Give credit for each skill the child demonstrates during the assessment or is reported to demonstrate most of the time. See the specific Criteria given for some skills. Once the child receives credit for three skills in a row, give credit for any lower-level skills.
- **Discontinue:** Stop after three skills not demonstrated in a row.

Directions

For each item, ask the parent/caregiver the question that follows the skill or observe the child demonstrating a skill and ask yourself the question. If assessing through observation, observe the child eating in a natural setting. For some items, additional instructions are included to support formal observation.

1 Sucks well, forming a tight seal around nipple when sucking

Ask: Does _____ use his/her lips and tongue to form a tight seal around the nipple of the breast, bottle, or pacifier when sucking?

Or observe the child nursing or using a pacifier.

2 Brings hands to mouth

Ask: When feeding, does _____ bring his/her hands toward his/her mouth?

Or observe the child feeding.

3 Opens mouth

Ask: Does _____ open his/her mouth when he/she sees the bottle, breast, or pacifier?

Or observe the child nursing or using a pacifier.

4 Refuses excess food

Ask: If you try to give more food than _____ wants, does he/she keep his/her lips closed or turn away?

Or observe the child feeding.

5 Munches or mouths food

Ask: Does _____ munch or mouth solid food?

Or, with the permission of the parent/caregiver, give the child a bit of cracker and observe the child's response.

6A Social and Emotional Skills

Overview

This assessment focuses on the development of the child's ability to respond to and connect with others.

DOMAIN

Adaptive Behavior: Social-Emotional Development

SKILL

Exhibits social and emotional skills and behaviors that will enhance interactions with others and promote positive social adjustment and mental health

MATERIALS

Squeaking toy* or other interesting toy

* included in the *Screens III Accessories Kit*

SCORING INFORMATION

- **Data Sheet:** Infant (birth–11 months)
- **Entry:** For birth, start with item 1.
For 4 months, start with item 3.
For 8+ months, start with item 5.

If the child does not receive credit for three skills in a row, drop back to an earlier Entry (if there is one) and begin with the item indicated.

- **Scoring:** Give credit for each skill the child demonstrates during the assessment or is reported to demonstrate most of the time. See the specific Criteria given for some skills. Once the child receives credit for three skills in a row, give credit for any lower-level skills.
- **Discontinue:** Stop after three skills not demonstrated in a row.

Directions

Ask the parent/caregiver the question that follows each skill or, if you have observed the child's social and emotional skills in a natural setting, ask yourself the question.

1 Looks attentively at your face

Ask: Does _____ look attentively at your face when you hold him/her?

Criteria: Give credit for this skill and also give credit for 3A Receptive Language, skill 2 if the child looks or is reported to look attentively at a face most of the time.

2 Visually follows person

Ask: Does _____ move his/her eyes to watch someone who is moving around?

3 Responds with a smile

Ask: When you smile at _____, does he/she smile back at you?

Criteria: Give credit for this skill and also give credit for 3A Receptive Language, skill 3 if the child smiles when smiled at or is reported to do so most of the time.

4 Gets excited when a toy is presented

Ask: When you show _____ a toy, does he/she get excited, perhaps waving his/her arms, reaching, or kicking?

5 Smiles, coos, or gurgles for attention

Ask: Does _____ smile, coo, or gurgle to get your attention?

Criteria: Give credit for this skill and also give credit for 3A Receptive Language, skill 3 if the child smiles or vocalizes to get attention or is reported to do so most of the time.

CORE ASSESSMENTS—TODDLER (12–23 months)

Introduction

The assessments in this section allow screening personnel to assess mastery of key skills of toddlers, ages 12 months through 23 months. The items in the Core Assessments coordinate with the skills listed on the *Toddler Data Sheet*.

DIRECTIONS FOR ADMINISTERING ASSESSMENTS

Before Screening

- Complete section A (the child information section) of the child's *Data Sheet*.
- Familiarize yourself with the assessments by reading through each assessment.
- Gather all materials required for the assessments. Specific materials needed for conducting an assessment are listed under MATERIALS on the first page of the assessment.
- Decide which Entry is appropriate for the child you are screening. Some assessments have multiple entry points, which allow children of different ages (i.e., 12 months, 15 months, 19 months, 22+ months) to begin with items at different skill levels. For other assessments, all ages begin with item 1.

During Screening

- Use the specific Directions given on the first page of each assessment.
- Most of the Core Assessments for toddlers can be administered by observation and by parent report (interviewing the parent/caregiver). Administering by parent report can be helpful if a child is asleep, fearful, ill, or too young to fully cooperate. It is important that you use the prescribed directions and exact wording provided as you administer the assessment.
- To gather information from a parent about a child's skills, use the interview questions, which are preceded by **Ask:** in the assessments. When responding to an interview question, parents/caregivers often report on a child's emerging but not-yet-mastered skills, giving answers such as "sometimes," "if I let him," or "a little." It is important to remember, however, to give credit for a skill *only* when the child

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All items in the Core Assessments of the BRIGANCE® Screen III (0–35 months) have been standardized and validated. Standard scores, percentiles, and age equivalents can be determined. You must adhere strictly to the specific SCORING INFORMATION and Directions for each assessment if you want to compare a child's scores to the norms found in the BRIGANCE® Screens III Technical Manual.



3B Receptive Language Skills—Identifies Pictures

Overview

This assessment focuses on the child's receptive vocabulary, specifically the names of everyday objects.

DOMAIN

Language Development

SKILL

Points to pictures of objects when the objects are named

MATERIALS

Pages C-24 and C-25

SCORING INFORMATION

- **Data Sheet:** Toddler (12–23 months)
- **Entry:** For all ages, start with item 1.
- **Scoring:** Give credit for each correct response.
- **Discontinue:** Stop after three incorrect responses in a row.

Directions

Show the child pages C-24 and C-25 and ask the child to point to each object as you name it.

Point to page C-24 and

Say: Look at these pictures.

1 cat

Ask: Where is the cat?

If the child does not respond,

Say: Find the cat.

2 dog

Ask: Where is the dog?

If the child does not respond,

Say: Find the dog.

3 key

Ask: Where is the key?

If the child does not respond,

Say: Find the key.

8B Expressive Language Skills—Names Objects

Overview

This assessment focuses on the child's general vocabulary.

DOMAIN

Language Development

SKILL

Uses correct names for various objects

MATERIALS

- A cup
- A ball
- A book
- A spoon*
- A chair
- A block*
- A box
- A squeaking toy*

* included in the *Screens III Accessories Kit*

SCORING INFORMATION

- **Data Sheet:** Toddler (12–23 months)
- **Entry:** For all ages, start with item 1.
(If the child was unsuccessful on assessment 7B Expressive Language Skills—General, items 6, 7, and 8, it is not necessary to administer this assessment.)
- **Scoring:** Give credit for each correct response. (Alternatively, you can give credit for up to 8 objects that the child names correctly. Do not give credit for people or pet names.)
- **Discontinue:** Stop after three incorrect responses in a row.

Directions

Ask the parent/caregiver to tell you up to eight objects the child names correctly or show the child each of the following objects and have him/her name the object.

Names objects

Ask: **What objects does _____ name?**

Or hold up or point to each of the following objects and ask the child **What's this?** or **What is it?**

- 1 cup
- 2 ball
- 3 book
- 4 spoon
- 5 chair
- 6 block
- 7 box
- 8 toy

9B Expressive Language Skills—Uses Phrases

Overview

This assessment focuses on the child's ability to use meaningful combinations of words.

DOMAIN

Language Development

SKILL

Demonstrates early verbal communication skills

MATERIALS

- A squeaking toy*
- * included in the *Screens III Accessories Kit*

SCORING INFORMATION

- **Data Sheet:** Toddler (12–23 months)
- **Entry:** For all ages, start with item 1.
(If the child was unsuccessful on 7B Expressive Language Skills—General, items 6, 7, and 8, it is not necessary to administer this assessment.)
- **Scoring:** Give credit for each skill the child demonstrates during the assessment or is reported to demonstrate most of the time. See the specific Criteria given for each skill.
- **Discontinue:** Administer both items.

Directions

For each item, ask the parent/caregiver the question that follows the skill or observe the child demonstrating the skill and ask yourself the question. If assessing through observation, observe the child in a natural setting. Additional instructions are included to support formal observation.

1 Repeats phrases

Ask: Does _____ repeat at least two words after you say something, such as *more milk, bye-bye, or time to go?*

Or say to the parent/caregiver **Could you try to get your child to say some words after you?—things you often say to him/her, such as *more milk, all gone, bye-bye, or time to go?*** Observe the child's response to prompting by the parent/caregiver.

Criteria: Give credit if the child repeats at least one two- or three-word phrase or is reported to do so most of the time.

2 Uses two or three words in combination

Ask: When _____ talks, does he/she use two or three words in combination, such as *my cookie, all gone, or go bye-bye?*

Or show the child a cracker or squeaking toy and then hide it in your lap and say to the child **Where did it go? Where is it?** If the child does not respond by using two or three words in combination, show the child the cracker or toy and say **What do you want?** Observe the child's response.

Criteria: Give credit if the child spontaneously uses at least two words in combination or is reported to do so most of the time. Do not give credit if the child simply repeats a two-word combination that he/she hears.

10B Self-help Skills

Overview

This assessment focuses on the child's ability to take care of his/her own needs independently.

DOMAIN

Adaptive Behavior: Self-help Skills

SKILL

Independently performs self-help skills

MATERIALS

- Crackers
- A cup or glass (the type commonly used by the child)
- Water, milk, or juice

SCORING INFORMATION

- **Data Sheet:** Toddler (12–23 months)
- **Entry:** For 12 months, start with item 1.
For 15 months, start with item 4.
For 19+ months, start with item 6.

If the child does not receive credit for three skills in a row, drop back to an earlier Entry (if there is one) and begin with the item indicated.

- **Scoring:** Give credit for each skill the child demonstrates during the assessment or is reported to demonstrate most of the time. See the specific Criteria given for some skills. Once the child receives credit for three skills in a row, give credit for any lower-level skills.
- **Discontinue:** Stop after three skills not demonstrated in a row.

Directions

For each item, ask the parent/caregiver the question that follows the skill or observe the child demonstrating the skill and ask yourself the question. If assessing through observation, observe the child eating in a natural setting. For some items, additional instructions are included to support formal observation.

1 Feeds self cracker

Ask: Can _____ feed himself/herself a cracker or snack?

Or, with the permission of the parent/caregiver, hold out a bit of cracker for the child and observe the child's response.

Criteria: Give credit for skill 1 if the child gets the food to his/her mouth or is reported to do so most of the time. If the child chews and appears to swallow the cracker, give credit for skills 1 and 3. Also, give credit for 6B Fine Motor Skills, skill 1 if the child picks up the cracker with a neat pincer grasp (thumb against tip, not side, of index finger).

2 Drinks from cup held by adult

Ask: If you hold a cup to _____'s lips, can he/she drink from it?

Or, with the permission of the parent/caregiver, give the child a cup of water, milk, or juice. Hold the cup to the child's mouth and observe how the child is learning to drink.

Criteria: Give credit for skill 2 if the child drinks from the cup or is reported to do so most of the time. If the child drinks independently holding the cup with both hands, give credit for skills 2 and 5. If the child drinks holding the cup with one hand, give credit for skills 2, 5, and 7.

11B Social and Emotional Skills

Overview

This assessment focuses on the development of the child's ability to respond to and connect with others.

DOMAIN

Adaptive Behavior: Social-Emotional Development

SKILL

Exhibits social and emotional skills and behaviors that will enhance interactions with others and promote positive social adjustment and mental health

SCORING INFORMATION

- **Data Sheet:** Toddler (12–23 months)
- **Entry:** For 12 months, start with item 1.
For 15 months, start with item 4.
For 19 months, start with item 6.
For 22+ months, start with item 8.

If the child does not receive credit for three skills in a row, drop back to an earlier Entry (if there is one) and begin with the item indicated.

- **Scoring:** Give credit for each skill the child demonstrates during the assessment or is reported to demonstrate most of the time. See the specific Criteria given for some skills. Once the child receives credit for three skills in a row, give credit for any lower-level skills.
- **Discontinue:** Stop after three skills not demonstrated in a row.

Directions

Ask the parent/caregiver the question that follows each skill or, if you have observed the child's social and emotional skills in a natural setting, ask yourself the question.

1 Plays pat-a-cake

Ask: Does _____ play pat-a-cake?

Or say to the child **Let's play pat-a-cake**. Clap your hands, then hold your hands up with the palms facing the child. Repeat several times and observe the child's response.

Criteria: Give credit if the child attempts to clap his/her own hands or if he/she bats at your hands.

2 Gives affection

Ask: Does _____ give you affection by kissing, hugging, or patting you?

3 Goes for a toy that is out of reach

Ask: Does _____ work to get a toy that is out of reach by stretching, pivoting, rolling, or creeping?

4 Shows interest in activities of others

Ask: Does _____ watch others and seem interested in what they are doing?

5 Initiates interactions with other children

Ask: Does _____ initiate interactions with other children by touching, patting, giving affection, or even pushing or taking toys?

CORE ASSESSMENTS—TWO-YEAR-OLD CHILD

Introduction

The assessments in this section allow screening personnel to assess mastery of key skills of two-year-old children. The skills in the Core Assessments coordinate with the skills listed on the *Two-Year-Old Child Data Sheet*.

DIRECTIONS FOR ADMINISTERING ASSESSMENTS

Before Screening

- Complete section A (the child information section) of the child's *Data Sheet*.
- Familiarize yourself with the assessments by reading through each assessment.
- Gather all materials required for the assessments. Specific materials needed are listed under MATERIALS on the first page of the assessment.

During Screening

- Use the specific Directions given on the first page of each assessment. Many assessments include specific language to use as you administer the assessment.
- Some assessments have accompanying child pages. If the child has difficulty focusing on a specific item on a child page or seems distracted by other items on the page, cover the other items with blank sheets of paper.
- Allow as much time as you think the child needs unless a specific Note regarding time is provided with the assessment.
- Remain objective. Extra assistance given to a child during screening may influence the child's performance and could invalidate the results. For assessments that require an oral response, provide encouragement and praise whether or not the child's response is correct. If the child asks if his/her response is correct, say something like, "You are doing a good job listening." Do not provide reminders, such as "You remember. We did this yesterday."
- To keep testing time as short as possible, each assessment provides a specific discontinue point. Once this point is reached, discontinue the

(continues)

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10C	Verbal Fluency and Articulation	52

All items in the Core Assessments of the BRIGANCE® Screen III (0–35 months) have been standardized and validated. Standard scores, percentiles, and age equivalents can be determined. You must adhere strictly to the specific SCORING INFORMATION and Directions for each assessment if you want to compare a child's scores to the norms found in the BRIGANCE® Screens III Technical Manual.

Overview

This assessment focuses on the child's jumping, walking, and balancing skills.

DOMAIN

Physical Development

SKILL

Demonstrates various gross motor skills

SCORING INFORMATION

- **Data Sheet:** Two-Year-Old Child
- **Entry:** Start with item 1.
- **Scoring:** Give credit for each skill demonstrated. See the specific Criteria given for each skill.
- **Discontinue:** Administer all items.

Directions

Ask the child to perform the skill.

1 Jumps off the floor with both feet

Say: Jump with both feet, like this.

Demonstrate.

Criteria: Give credit if the child jumps off the floor with both feet and lands without losing balance.

2 Walks backward four steps

With the child standing in a location that will allow him/her to walk backward,

Say: Walk backward, like this.

Demonstrate.

Criteria: Give credit if the child walks backward four steps without losing balance. Do not give credit if the child shuffles.

3 Stands on one foot for one second

Say: Stand on one foot by yourself, as long as you can.

Allow the child two attempts if needed.

Note: Do not designate on which foot the child is to stand; let it be his/her choice.

Criteria: Give credit if the child can establish a fixed, stable position and maintain it for one second. Do not give credit if the child never establishes a fixed, stable position or can perform the skill only by waving his/her arms for balance or by bracing one leg against the other.

4 Walks on tiptoe three steps

Say: Walk on your tiptoes, like this.

Demonstrate.

Criteria: Give credit if the child walks on tiptoe three or more steps with good balance.

6C Understands Concepts of Number and Size

Overview

This assessment focuses on the child's understanding of the quantity the number one represents and also on the child's understanding of concepts used to describe and compare size.

DOMAIN

Academic Skills/Cognitive Development

SKILLS

- Demonstrates understanding of early number concepts
- Demonstrates understanding of contrasting concepts of size

MATERIALS

- Five identical small objects (blocks*)
 - Page C-48
- * included in the *Screens III Accessories Kit*

SCORING INFORMATION

- **Data Sheet:** Two-Year-Old Child
- **Entry:** Start with item 1.
- **Scoring:** For items 1 and 2, give credit for each correct response. For items 3 and 4, give credit for an item only if the child responds correctly to both the initial request and the repeated request. Give credit even if the child points to the same picture for the initial request and the repeated request, provided the picture illustrates the concept requested.
- **Discontinue:** Administer all items.

Directions

For items 1 and 2, ask the child to give you a specific number of objects. If the child does not respond, repeat the request.

1 Just one

Place five small objects on the table in front of the child. Extend your hand and

Say: Give me one (name of object) . Give me just one.

Pause for the child's response. After the child gives you one object, pause to see if he/she plans to give you additional objects.

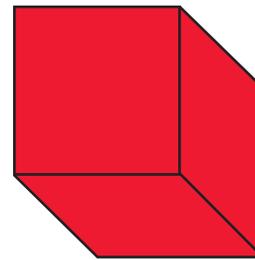
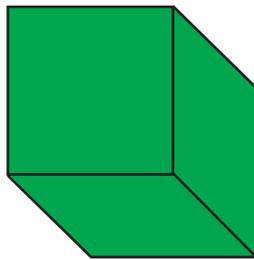
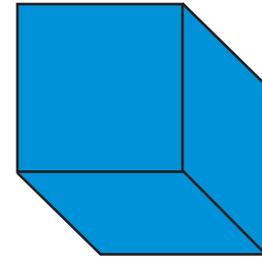
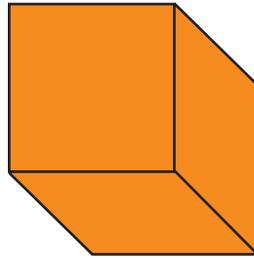
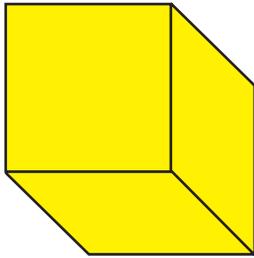
2 One more

With the object still in your hand,

Say: Give me one more (name of object) .

Pause for the child's response to see if he/she plans to give more.

For items 3 and 4, follow the directions given on the next page.



9C Matches Colors

Overview

This assessment focuses on the child's ability to match colors.

DOMAIN

Academic Skills/Cognitive Development

SKILL

Matches colors

MATERIALS

- Five colored wooden blocks (red, blue, green, yellow, orange)*
- Page C-51
- * included in the *Screens III Accessories Kit*

SCORING INFORMATION

- **Data Sheet:** Two-Year-Old Child
- **Entry:** Start with item 1.
- **Scoring:** Give credit for each correct response.
- **Discontinue:** Administer all items.

NOTE

Allow as much time as you think the child needs or five seconds per color.

POSSIBLE OBSERVATION

As the child matches colors, you may wish to observe and make note of the following:

Color Blindness: Children who confuse red and green or blue and yellow should be referred to the school nurse for evaluation of possible color blindness.

Directions

Show the child the five colored blocks pictured on page C-51 and the five colored wooden blocks. Demonstrate matching colors by placing the blue wooden block on the blue block pictured on page C-51.

Say: **This block goes here. The colors are the same.**

Position page C-51 and the five colored blocks in front of the child.

Say: **Now you do it. Put each block on the color that is the same.**

- 1 red
- 2 blue
- 3 green
- 4 yellow
- 5 orange

Introduction

This assessment focuses on the average number of words the child uses in a meaningful phrase and on how much of the child's speech is intelligible.

DOMAIN

Language Development

SKILLS

- Uses meaningful phrases of at least two words
- At least 50% of speech is intelligible

SCORING INFORMATION

- **Data Sheet:** Two-Year-Old Child
- **Entry:** Start with item 1.
- **Scoring:** Give credit for each skill the child demonstrates. See the specific Criteria given for each skill.
- **Discontinue:** Administer all items.

NOTE

Valid Sampling of the Child's Speech: To give credit for a skill based on a sampling of the child's speech, it is recommended that the sampling include a minimum of four responses from the child. If the child is shy, nonverbal, or verbally noncompliant, it may be difficult to get a valid sampling. If the validity of the sampling is questionable or if you cannot get a sampling, interview someone familiar with the child, such as the parent/caregiver or teacher. Remember that a child's speech may be intelligible or understandable to one person but not to another. Incorrect or immature speech patterns and articulation (omitting, substituting, adding, or distorting sounds) are not unusual for two-year-old children. Disregard articulation problems and incorrect grammar and give credit if at least 50% of the child's speech is understandable.

Directions

For items 1 and 2, obtain a valid sampling of the child's speech by observing the child talking with another person or by having a conversation with the child. Then ask yourself the question that follows the skill. Or ask the parent/caregiver or the child's teacher the question that follows the skill.

For item 3, use the sampling of the child's speech to determine how much of the child's speech is intelligible or ask the parent/caregiver or the child's teacher the question that follows the skill.

1 Uses two-word phrases in which words relate in combination

Ask: Does _____ combine two words to make a meaningful phrase, such as *big dog* or *more juice*?

Criteria: Give credit if the child uses at least two related words in combination for functional communication (expressing a need or wish) or when responding to a stimulus (an object, a picture, an action). Give credit for appropriate examples of the child's speech (e.g., *ride car, my ball, me do, fall down, want Mama*). Disregard articulation problems and incorrect grammar and give credit for the skill if the child's speech is understandable.

Do not give credit for nonfunctional word strings (e.g., *Mama, Dada*) or word repetitions (e.g., *gone gone, no no*). Do not give credit if the child merely imitates the speech of others or recites jingles. Do not give credit for nonfunctional speech even if the words are well articulated.

SELF-HELP AND SOCIAL-EMOTIONAL SCALES

Overview

The Self-help and Social-Emotional Scales provide a standardized measure of self-help skills in eating, dressing, and toileting, as well as social and emotional skills in playing and getting along with others. These scales can be used to gain a broader understanding of the child's developmental level and, if needed, to derive standardized scores in these areas. See the *BRIGANCE® Screens III Technical Manual* for background information on the scales and for additional scoring details.

AGE RANGE

Standardized scores can be obtained for children within the age range of 2 years, 0 months through 2 years, 11 months.

RECORDING AND SCORING RESPONSES

Two forms can be used to administer these scales—the Parent Report and the Teacher Report and Scoring Form. The reproducible Parent Report can be found on page 80; the reproducible Teacher Report and Scoring Form can be found on page 83.

The publisher grants permission to reproduce these forms in quantities as needed for nonprofit educational use.

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All items in the Self-help and Social-Emotional Scales have been standardized and validated. Standard scores, percentiles, and age equivalents can be determined. You must adhere strictly to the Directions and Scoring Information if you want to compare a child's scores to the norms found in the BRIGANCE® Screens III Technical Manual.

Self-help Scale (Items 1–6)

Overview

The Self-help Scale focuses on the development of the child's eating skills, dressing skills, and toileting skills.

DOMAIN

Adaptive Behavior: Self-help Skills

SKILLS

- Eats with as much independence as is age appropriate
- Removes and puts on clothing with as much independence as is age appropriate
- Cares for toileting needs with as much independence as is age appropriate

FORMS

- Copy of the Parent Report on page 80 (if the parent will be providing information about the child's skill levels and behaviors)
- Copy of the Teacher Report and Scoring Form on page 83

SCORING INFORMATION

- For each skill, circle the response on the Teacher Report and Scoring Form that best reflects the child's skill level or behavior.
- A point value is given for each response. Enter the point value for the circled response to the right of the item.
- Total the number of points for each skill area and enter the Total for each skill area.
- Next, total the number of points for all skill areas within the Self-help Scale and enter the TOTAL FOR SELF-HELP.

Directions

Assess the child's mastery of these skills and behaviors by one of the following methods:

- The parent completes the Parent Report.
- The teacher completes the Teacher Report and Scoring Form.
- The teacher interviews the parent and records the parent's responses on the Teacher Report and Scoring Form.

(See Administration Methods on page 78.)

A. Eating Skills

1 Asks for food when hungry

Ask: Does _____ ask for food when he/she is hungry?

2 Holds cup with one hand and drinks

Ask: Can _____ hold a cup in one hand and drink from it without much spilling?

Or, with the permission of the parent/caregiver, give the child a cup of water, milk, or juice. Observe the child's response.

3 Inserts spoon in mouth without turning it upside down, moderate spilling

Ask: Does _____ place the spoon in his/her mouth without turning the spoon upside down and without spilling a lot of food?

Or, with the permission of the parent/caregiver, put a spoon filled with soft food in the child's hand. Observe the child's response.

Social-Emotional Scale (Items 7–18)

Overview

The Social-Emotional Scale focuses on the child's interpersonal skills and self-regulatory skills that are necessary for positive interactions and relationships with people.

DOMAIN

Social-Emotional Development

SKILLS

- Demonstrates skills and behaviors that promote positive relationships with people
- Demonstrates skills and behaviors that promote self-esteem, pride, and resilience

FORMS

- Copy of the Parent Report on page 80 (if the parent will be providing information about the child's skill levels and behaviors)
- Copy of the Teacher Report and Scoring Form on page 83

SCORING INFORMATION

- For each skill, circle the response on the Teacher Report and Scoring Form that best reflects the child's skill level or behavior.
- A point value is given for each response. Enter the point value for the circled response to the right of the item.
- Total the number of points for each skill area and enter the Total for each skill area.
- Total the number of points for all skill areas within the Social-Emotional Scale and enter the TOTAL FOR SOCIAL-EMOTIONAL.

Directions

Assess the child's mastery of these skills and behaviors by one of the following methods:

- The parent completes the Parent Report.
- The teacher completes the Teacher Report and Scoring Form.
- The teacher interviews the parent and records the parent's responses on the Teacher Report and Scoring Form.

(See Administration Methods on page 78.)

D. Relationships with Adults

7 Gives affection

Ask: Does _____ give you affection by kissing, hugging, or patting you?

8 Explores and returns to parent/caregiver

Ask: Does _____ look back at you or come back to you often when in a new place?

9 Demonstrates pride in response to praise

Ask: Does _____ respond with feelings of pride and enthusiasm when he/she earns positive feedback?

10 Watches faces for emotional clues

Ask: Does _____ watch the faces of other people for clues about how they are feeling?

Appendix A—History of BRIGANCE®

HISTORY

As a school psychologist in the 1970s, the author, Albert H. Brigance, recognized the need for a criterion-referenced instrument with an ongoing record-keeping system. He also saw, from his work with students, the need for an assessment tool that would be a positive experience for both the examiner and child. This led (in 1978) to the creation of the first edition of the *BRIGANCE® Inventory of Early Development (IED)*, a criterion-referenced collection of approximately 200 assessments. Mr. Brigance pioneered a system that would support an easy assessment process for both educators and students while measuring the full range of a student's skills and knowledge.

Between 1978 and 1982, many school systems across the country were selecting and using assessments from the *BRIGANCE® Inventory of Early Development* for screening purposes. During those years, the author and the publisher received many requests to develop a screening instrument, using those assessments from the *Inventory* that would be the most appropriate for screening three-year-old and four-year-old children. Those requests were reiterated after the publication of the *BRIGANCE® K & 1 Screen* in 1982. The first *BRIGANCE® Preschool Screen* was published in 1985 and was followed by publication of the *BRIGANCE® Early Preschool Screen* in 1990 and the *BRIGANCE® Infant and Toddler Screen* in 2002.

In 2005, a new edition of the *BRIGANCE® Screens* incorporated the results of standardization and validation studies conducted by Frances Page Glascoe, Ph.D., of Vanderbilt University, Nashville, Tennessee. Based on this effort, the skill sequences were revised and assessment age ranges were updated to reflect more recent data on the development of children.

In 2010, the *Screens* benefited from an update to formatting and organization. Teacher pages were redesigned to include easier-to-follow directions and color enhancement.

DEVELOPMENT OF THE 2013 EDITION

The fully updated *BRIGANCE® Early Childhood Screens III* were published in 2013. Revisions and content additions were informed by current research and by input from leading experts in the field of early childhood (including current users of the *BRIGANCE® Screens*). The structure of the *Screens III* was streamlined to better represent current philosophy and practices of early learning programs. Coverage for preliteracy and early literacy skills was broadened and early mathematics concepts expanded with new assessments. The revision of the existing product was guided by a desire to continue offering a system of assessments that honors the ideals set by Albert Brigance.

The current content for the *Screens III* was included in the 2012 national standardization study conducted by Brian French, Ph.D., of Washington State University. This study was designed to ensure the validity and reliability of the screening measure while also offering normative data to support users in need of standardized scores.

Appendix B—Acknowledgments

The *Early Childhood Screens III* were shaped by a number of individuals who supported the strength of the content and research base.

Special thanks to Brian French, Ph.D., for spearheading the standardization process and to Chad Gotch, Ph.D., for his technical assistance and leadership on many aspects of the project. Thanks are also extended to the members of the psychometric laboratory in the Learning and Performance Research Center at Washington State University for their careful assistance with data coding, entry, and analysis.

Many thanks to the members of our Technical Advisory Committee, Kathleen T. Williams, Ph.D., Gale H. Roid, Ph.D., Carla A. Mazefsky, Ph.D., and Mark Pomplun, Ph.D., who provided detailed feedback throughout the process. Their assistance in thinking through the steps in the assessment process, the accuracy of that process, and the manner in which the technical research is presented was invaluable.

Content expertise in a number of domains was brought to the project by Diane Arnell, M.Ed., Youli Mantzicopoulos, Ph.D., Shelby Miller, M.A., and Paula Sable, Ed.D. Thanks to these experts for their thorough research and in-depth understanding of child development. Their contributions informed key content revisions and additions to the *Early Childhood Screens III*.

The content of the *Early Childhood Screens III* was shaped at its earliest stages by a group of individuals who reviewed previous editions of the assessments and offered comprehensive feedback on specific content areas in need of revision. Thanks to Susan Curtis, M.S., Shirley Leew, Ph.D., Franklin Trimm, M.D., and Nancy Wiseman, the members of the Content Review Board.

Appendix C—Standardization Study Sites

To gather standardization data, many examiners administered assessments to nearly 2000 children. We deeply thank the sites and personnel who assisted in the national standardization study. Below is a list of participating sites and independent examiners.

Arizona

Chandler

- ◆ Mannie Gardson
- ◆ Lindsay Hiatt

Paradise Valley

- ◆ Phoenix Country Day School

Sanders (Navajo Nation)

- ◆ Sanders Elementary School (Sanders Unified School District #18)

California

Alameda

- ◆ Janice Kim

Daly City

- ◆ Sa Rang Childcare Center

Marysville

- ◆ Fusion Schools

Olivehurst

- ◆ Fusion Schools

Ridgecrest

- ◆ High Desert Leapin' Lizards (Sierra Sands Unified School District)

Riverside

- ◆ Sunshine Early Childhood Center (Riverside Unified School District)

Sacramento

- ◆ Sacramento City USD-Child Development, Partners for School Readiness

San Francisco

- ◆ St. Mary's Chinese Day School

Tarzana

- ◆ Nicole Goodson

Yuba City

- ◆ Fusion Schools

Colorado

Boulder

- ◆ Boulder Community Hospital Breastfeeding Club

Denver

- ◆ Children's Corner Learning Center
- ◆ Highland Mommies
- ◆ Irene Bueno
- ◆ Tessa Gardner

Edgewater

- ◆ Lightway at Sloans
- ◆ Mamie Goodson

Golden

- ◆ Lindsay Hiatt

Louisville

- ◆ Lindsay Hiatt

Lyons

- ◆ Katie Zalzal
- ◆ Mamie Goodson

Telluride

- ◆ Domes Fernald

Westminster

- ◆ Lindsay Hiatt
- ◆ Mamie Goodson

Connecticut

Westport

- ◆ Children's Community Development Center

Florida

Fort Myers

- ◆ Child Care of Southwest Florida
- ◆ Lee County Early Childhood Learning Services (School District of Lee County)

Lake City

- ◆ Eastside Elementary School (Columbia County Schools)

Miami

- ◆ Alliance for Early Care & Education

Naples

- ◆ Nicaea Academy

Punta Gorda

- ◆ Baker Center Early Education Program (Charlotte County Public Schools)

Georgia

Augusta

- ◆ Nicole Goodson

Clarkston

- ◆ Partnership for Community Action

Lilburn

- ◆ Five Forks Academy

Hawaii

Kahului

- ◆ Lihikai Elementary (Maui School District)

Kailua-Kona

- ◆ Kealakehe Elementary (Hawaii School District)

Hilo

- ◆ Chiefess Kapi'olani Elementary (Hawaii School District)
- ◆ Joyland Preschool

Honolulu

- ◆ Aliamanu Elementary (Central School District)

Pukalani

- ◆ Pukalani Elementary (Maui School District)

Illinois

Allendale

- ◆ Mary Goodson

Chicago

- ◆ Neil Elementary School (Chicago Public Schools)

Manteno

- ◆ Manteno Community Unit School District No. 5

Mt. Zion

- ◆ Mamie Goodson
- ◆ Mary Goodson

Park Forest

- ◆ The Children's House

Indiana

Avon

- ◆ Nicole Goodson

Bloomington

- ◆ Bloomington Area Birth Services
- ◆ Kelly Nelson
- ◆ Mary Goodson
- ◆ Parents' Day Out

Cedar Lake

- ◆ Ruth Linz-Wietecha

Evansville

- ◆ Mary Goodson
- ◆ Emily Goodson

Fort Wayne

- ◆ Emily Goodson

French Lick

- ◆ Mary Goodson

Indianapolis

- ◆ Nicole Goodson

Jasper

- ◆ Mary Goodson
- ◆ Emily Goodson

Lowell

- ◆ Mary Goodson
- ◆ Emily Goodson

Newburgh

- ◆ Mary Goodson
- ◆ Emily Goodson

West Lafayette

- ◆ Purdue Baby Labs

Zionsville

- ◆ Mary Goodson

Iowa

Iowa City

- ◆ Mary Goodson
- ◆ Emily Goodson

Kansas

Kansas City

- ◆ Mary Goodson

Kentucky

Lexington

- ◆ Nicole Goodson

Louisville

- ◆ Leslie Jenkins

Maysville

- ◆ Mason County School District

Monticello

- ◆ Walker Elementary School
(Wayne County Schools)

Louisiana

Alexandria

- ◆ Tiny Tots Skool

Lafayette

- ◆ St. Mary's Early Learning Center

New Orleans

- ◆ Mamie Goodson
- ◆ Mary Goodson

Scott

- ◆ Sts. Peter and Paul Catholic School

Shreveport

- ◆ Learning Rx

Massachusetts

Boston

- ◆ BNY Mellon Early Learning Center,
Ellis Infant-Toddler Program

Kingston

- ◆ Jennifer Gilligan

Lowell

- ◆ St. Louis School
- ◆ St. Margaret School

Needham

- ◆ Isis Parenting

Quincy

- ◆ Kai Tan

Michigan

Eagle

- ◆ Nicole Goodson

Rockford

- ◆ Rockford Preschool Childcare Center
(Rockford Public Schools)

Minnesota

St. Louis Park

- ◆ Morning Star Women's Health &
Birth Center
- ◆ Torah Academy

Missouri

Kirksville

- ◆ Mary Goodson

Nevada

Las Vegas

- ◆ Myrtle Tate Elementary School
(Clark County School District)
- ◆ Ruby Thomas Elementary School
(Clark County School District)
- ◆ Ruth Fyfe Elementary School
(Clark County School District)

New Hampshire

Amherst

- ◆ Sunrise Children's Center (Regional
Services & Education Center, Inc.)

New Jersey

Morristown

- ◆ Maryann Clementi Jones

Old Bridge

- ◆ John Glenn Elementary School
(Old Bridge Township Public Schools)

New Mexico

Santa Fe

- ◆ Mannie Gardson
- ◆ Michelle Berte
- ◆ Amberleigh Rodriguez

New York

Albany

- ◆ Boys & Girls Club of Albany
- ◆ Eagle Point Elementary School
(City School District of Albany)
- ◆ Thomas O'Brien Academy
of Science & Technology
(City School District of Albany)

Grand Island

- ◆ St. Stephen School

North Carolina

Charlotte

- ◆ Mamie Goodson

Shelby

- ◆ La Petite Academy

Winston-Salem

- ◆ Our Lady of Mercy School

Ohio

Centerville

- ◆ Mary Goodson
- ◆ Emily Goodson

Cincinnati

- ◆ Mary Goodson
- ◆ Emily Goodson

Columbus

- ◆ Mary Goodson
- ◆ Emily Goodson

Madison

- ◆ Stepping Stones
Child Development Center

Marion

- ◆ St. Mary's Elementary School

Oklahoma

Oklahoma City

- ◆ Mary Goodson
- ◆ Emily Goodson

Tulsa

- ◆ Christ the Redeemer Lutheran
Preschool

Pennsylvania

Alexandria

- ◆ Juniata Valley Elementary School
(Juniata Valley School District)

Allison Park

- ◆ St. Ursula School

McDonald

- ◆ South Fayette Elementary School
(South Fayette Township District)

South Carolina

Georgetown

- ◆ Miss Ruby's Kids Early Literacy Program

Tennessee

Knoxville

- ◆ Early Learning Center for Research
and Practice/University of Tennessee-
Knoxville

Memphis

- ◆ Mary Goodson
- ◆ Emily Goodson

Murfreesboro

- ◆ Mary Goodson
- ◆ Emily Goodson

Nashville

- ◆ Lindsay Hiatt

Ooltewah

- ◆ Nicole Goodson

Texas

Austin

- ◆ St. Luke Infant Care Center

Mt. Pleasant

- ◆ Region 8 Education Service Center

Utah

Riverton

- ◆ St. Andrew School

Salt Lake City

- ◆ J.E. Cosgriff Memorial Catholic School
- ◆ Our Lady of Lourdes School

Virginia

Annandale

- ◆ St. Michael's School

Big Stone Gap

- ◆ Happy Hearts Childcare Center

Washington

Okanogan

- ◆ Forest Friends Early Learning Center

Wisconsin

Menomonie

- ◆ Morning Star Women's Health &
Birth Center

Newfoundland (Canada)

Corner Brook

- ◆ Western Health Center Corner Brook