**Credential AREA:Infant-Toddler Credential (Levels 2-4)****TOPIC: IRE-PPD-HSW Stacked Custom Assessment Example**

**Family Involvement & Communication Artifact**

**I. Assessment Competency & Standards Alignment**

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| **Gateways Competencies Assessed** | **Competency Alignment by citation** | |
| **Zero to Three (2016)** |
| **ITC IRE1**: Identifies the importance of healthy practitioner-parent interactions and relationships in nurturing the development, learning, mental-health, and well-being of young children, birth to age three | ------- |
| **ITC IRE2**: Describes interactions and strategies that support healthy infant/toddler development, learning, mental health, and well-being and how these can be integrated into daily routines | SE-5a, C-4a |
| **ITC IRE3**: Engages in interactions, embedded in daily routines and activities, supportive of developing and maintaining nurturing relationships with infants and toddlers | SE-1a, SE-1b, SE-1c, SE-1d, SE-1e, SE-1f, SE-1g, SE-1h, SE-1i, SE-2a, SE-3d, SE-3g, SE-5d, SE-5e, SE-5i, SE-6g, C-3f, L&L-2d |
| **ITC PPD2:** Uses relationship-based strategies to develop and maintain positive, responsive, respectful relationships with families | ------- |
| **ITC IRE4**: Integrates family experience, cultural practices and perspectives, and knowledge of childrearing beliefs and practices into the infant/toddler setting | C-1a |
| **ITC HSW5**: Identifies, utilizes, and supports family access to and engagement with health, nutrition, and safety information to support the healthy development and learning of young children, prenatal to age three | ------- |

**II. Assessment Task Description/ Directions**

In this assignment, you will develop a newsletter, podcast or newscast for your infant/ toddler families that highlights the importance of healthy practitioner-parent interactions and relationships in nurturing the development, learning, mental-health, and well-being of young children, birth to age three. You will also a provide a description of three to four interaction strategies that support healthy infant/ toddler development, learning, mental health, and well-being and how these can be integrated into daily routines.

**Technology Option:**

🡨 Embedded

Assignment requirements include the following:

* Product format – you may elect to develop a newsletter, podcast, or newscast
* Coverage of the age span across the birth to three continua
* Citations provided from research on a separate document
* An engaging overall product

**To address Level 2 competencies, the following content should be covered within your newsletter, podcast, or newscast:**

**Technology Option:**

- Communication options

1. A description of how positive practitioner-parent interactions and relationships support growth-promoting, positive parent-child interactions and relationships from birth-3
2. Examples of approaches for maintaining and strengthening caregiver/child relationships as the primary focus of all activities with infants and toddlers
3. Examples of how interactions support learning early development (e.g., those that foster attachment, self-regulation, and self-concept) can be integrated into daily caregiving and play routines
4. Research strategies (e.g., using non-verbal signals, such as eye contact and gestures, using verbal language) to support early communication and language in infants and toddlers with consideration given for individual differences and multilingual learners and families
5. Characteristics of interactions (e.g., those that are responsive) that promote and support mental health development of infant/ toddlers' emotional security and expression, self-regulation, and self-confidence to explore and learn
6. Recommendations of relationship-based strategies to develop and maintain positive, responsive, respectful relationships with families

**To address Level 3 competencies, the following content should also be covered within your newsletter, podcast, or newscast:**

1. A description of how individual differences in cultural, familial, and linguistic heritage influence perceptions of infancy, and thereby influence communication and interactions with infants and toddlers in the context of families and communities
2. A description of why it is important for infant/toddler practitioners to understand parents' views of their child (e.g., the child's strengths and needs, their parental, familial, and cultural goals for their child's development) and examples to support this
3. Examples that demonstrate how cultural ideas about infants/toddlers and about parenting have implications for working with individual children and their families

**To address Level 4 competencies, the following content should also be covered within your newsletter, podcast, or newscast:**

1. Include the importance of health, safety and nutrition to support the young child’s development
2. Identify a resource in the community that would meet the needs of an infant or toddler with varying abilities, mental health needs and or other health-related needs

**III. Assessment Rubric**

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| **ITC Level 2-4 ITC Family Involvement & Communication Artifact Custom Rubric** | | | | | | |
| **Competency** | **Distinguished** | | **Competent** | **Developing** | **Unsatisfactory** | **Unable**  **to Assess** |
| **IRE1**: Identifies the importance of healthy practitioner-parent interactions and relationships in nurturing the development, learning, mental-health, and well-being of young children, birth to age three  **Zero to Three**: N/A | Explains how positive practitioner-parent interactions and relationships are essential in supporting the development, learning, mental-health, and well-being of young children, birth to age three  Uses research to as a rationale to support explanation | | Explains how positive practitioner-parent interactions and relationships are essential in supporting the development, learning, mental-health, and well-being of young children, birth to age three | Identifies the relationship between positive practitioner-parent interactions and relationships and supporting the development, learning, mental-health, and well-being of young children, birth to age three | Inaccurate or incomplete identification of the relationship between positive practitioner-parent interactions and relationships and supporting the development, learning, mental-health, and well-being of young children, birth to age three |  |
| **Competency** | **Competent** | | | | | **Unable**  **to Assess** |
| **Checklist Criteria** | | | | |
| **IRE2**: Describes interactions and strategies that support healthy infant/toddler development, learning, mental health, and well-being and how these can be integrated into daily routines  **Possible Codes:** N = names, P = provides example of  **Zero to Three**: SE-5a, C-4a |  | how interactions that support learning core tasks of early development (e.g., those that foster attachment, self-regulation, and self-concept) can be integrated into daily care giving and play routines | | | |  |
|  | strategies (e.g., using non-verbal signals such as eye contact and gestures; using verbal language) to support early communication and language in infants and toddlers of different ages | | | |  |
|  | characteristics of interactions (e.g., responsive) that promote and support the healthy development of infant/ toddlers' emotional security and expression, self-regulation, and self-confidence to explore and learn | | | |  |
| **Competency** | **Distinguished** | | **Competent** | **Developing** | **Unsatisfactory** | **Unable**  **to Assess** |
| **IRE3**: Engages in interactions, embedded in daily routines and activities, supportive of developing and maintaining nurturing relationships with infants and toddlers  **Zero to Three**: SE-1a, SE-1b, SE-1c, SE-1d, SE-1e, SE-1f, SE-1g, SE-1h, SE-1i, SE-2a, SE-3d, SE-3g, SE-5d, SE-5e, SE-5i, SE-6g, C-3f, L&L-2d | Forms responsive, affectionate relationships with infants and toddlers  Responds to children's emotional expression in sensitive and age-appropriate ways  Demonstrates interaction and support techniques appropriate to infants and toddlers (e.g., responding, turn-taking, attunement, elaborating, redirecting, providing positive guidance)  Identifies strategies or directly supports families and colleagues in developing and maintaining nurturing relationships with infants and toddlers | | Forms responsive, affectionate relationships with infants and toddlers  Responds to children's emotional expression in sensitive and age-appropriate ways  Demonstrates interaction and support techniques appropriate to infants and toddlers (e.g., responding, turn-taking, attunement, elaborating, redirecting, providing positive guidance) | Forms relationships with infants and toddlers  Responds to children's emotional expression | Forms challenging and/or negative relationships with infants and toddlers  Responds to children's emotional expression in insensitive and age-inappropriate ways  Demonstrates interaction and support techniques that lack appropriateness |  |
| **Competency** | **Distinguished** | | **Competent** | **Developing** | **Unsatisfactory** | **Unable**  **to Assess** |
| **PPD2:** Uses relationship-based strategies to develop and maintain positive, responsive, respectful relationships with families  **Zero to Three**: N/A | Demonstrates that the primary role of an infant/toddler practitioner is to build positive, respectful, responsive relationships with families and with children  Identifies and uses relationship-based strategies to develop and maintain positive partnerships with families and nurturing relationships with children.  Identifies strategies to support others in adopting and using relationship-based strategies to develop and maintain positive partnerships with families and nurturing relationships with children | | Demonstrates that the primary role of an infant/toddler practitioner is to build positive, respectful, responsive relationships with families and with children  Identifies and uses relationship-based strategies to develop and maintain positive partnerships with families and nurturing relationships with children | Demonstrates positive, respectful, responsive relationships with families and with children  Identifies and uses relationship-based strategies to develop and maintain positive relationships with families and children | Demonstrates negative, stressful relationships and interactions with families and children  Fails to apply relationship-based strategies to develop and maintain positive relationships with families and children |  |
| **Competency** | **Distinguished** | | **Competent** | **Developing** | **Unsatisfactory** | **Unable**  **to Assess** |
| **IRE4**: Integrates family experience, cultural practices and perspectives, and knowledge of childrearing beliefs and practices into the infant/toddler setting  **Zero to Three**: C-1a | Provides examples of how families' experiences, knowledge, and childrearing beliefs and practices can be incorporated into practices in early care and education settings  Identifies ways in which individual differences in cultural, familial, and linguistic heritage influence perceptions of infancy, and thereby influence communication and interactions with infants and toddlers  Provides examples that illustrate why it is important for early childhood practitioners to understand cultural nuances in family health practices and parents' views of their child  Explains how culture impacts families’ perspectives about their infant toddler, parenting, and the services they value, and how cultural ideas about infants/toddlers and about parenting have implications for working with individual children and their families  Supports families as current and future advocates for integration of family experience, cultural practices and perspectives, and knowledge of childrearing beliefs and practices into future educational settings | | Provides examples of how families' experiences, knowledge, and childrearing beliefs and practices can be incorporated into practices in early care and education settings  Identifies ways in which individual differences in cultural, familial, and linguistic heritage influence perceptions of infancy, and thereby influence communication and interactions with infants and toddlers  Provides examples that illustrate why it is important for early childhood practitioners to understand cultural nuances in family health practices and parents' views of their child  Explains how culture impacts families’ perspectives about their infant toddler, parenting, and the services they value, and how cultural ideas about infants/toddlers and about parenting have implications for working with individual children and their families | Provides limited examples of how families' experiences, knowledge, and childrearing beliefs and practices can be incorporated into practices in early care and education settings  Identifies ways in which individual differences in cultural, familial, and linguistic heritage influence perceptions of infancy  Provides limited examples that illustrate why it is important for early childhood practitioners to understand cultural nuances in family health practices and parents' views of their child  Partially explains how culture impacts families’ perspectives about their infant toddler, parenting, and the services they value, and include limited explanation of how cultural ideas about infants/toddlers and about parenting have implications for working with individual children and their families | Provides inaccurate or incomplete examples of how families' experiences, knowledge, and childrearing beliefs and practices can be incorporated into practices in early care and education settings  Inaccurately identifies ways in which individual differences in cultural, familial, and linguistic heritage influence perceptions of infancy, and thereby influence communication and interactions with infants and toddlers  Provides inaccurate or incomplete examples that illustrate why it is important for early childhood practitioners to understand cultural nuances in family health practices and parents' views of their child  Provides an incorrect explanation of how culture impacts families’ perspectives about their infant toddler, parenting, and the services they value, and how cultural ideas about infants/toddlers and about parenting have implications for working with individual children and their families |  |
| **Competency** | **Distinguished** | | **Competent** | **Developing** | **Unsatisfactory** | **Unable**  **to Assess** |
| **HSW5**: Identifies, utilizes, and supports family access to and engagement with health, nutrition, and safety information to support the healthy development and learning of young children, prenatal to age three  **Zero to Three**: N/A | Identifies and utilizes health, nutrition, and safety information with families  Promotes family access to and engagement with resources  Information utilized includes adaptations and accommodations for infants and toddlers with varying abilities, mental health needs, and/or other health related needs  Partners with families to ensure resource selection, distribution, and utilization is culturally and linguistically responsive | | Identifies and utilizes health, nutrition, and safety information, supportive of young children’s development and learning with families  Promotes family access to and engagement with resources  Information utilized includes adaptations and accommodations for infants and toddlers with varying abilities, mental health needs, and/or other health related needs | Identifies and utilizes health, nutrition, and safety information with families  Promotes family access to resources | Health, nutrition, and safety information provided for families not supportive of young children’s development and learning and/or reflective of family needs |  |

Yellow = Level 2 Green = Level 3 Orange = Level 4

**IV. Data Collection & Analysis Tool**

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| **Competency & Standards Alignment** | | **Cumulative Assessment Data** | | | | |
| **Competency** | **Zero to Three (2016)** | **Distinguished** | **Proficient** | **Needs Improvement** | **Unsatisfactory** | **Unable to Assess** |
| **ITC IRE1**: Identifies the importance of healthy practitioner-parent interactions and relationships in nurturing the development, learning, mental-health, and well-being of young children, birth to age three | ------- |  |  |  |  |  |
| **ITC IRE2**: Describes interactions and strategies that support healthy infant/toddler development, learning, mental health, and well-being and how these can be integrated into daily routines | SE-5a, C-4a |  |  |  |  |  |
| **ITC IRE3**: Engages in interactions, embedded in daily routines and activities, supportive of developing and maintaining nurturing relationships with infants and toddlers | SE-1a, SE-1b, SE-1c, SE-1d, SE-1e, SE-1f, SE-1g, SE-1h, SE-1i, SE-2a, SE-3d, SE-3g, SE-5d, SE-5e, SE-5i, SE-6g, C-3f, L&L-2d |  |  |  |  |  |
| **ITC PPD2:** Uses relationship-based strategies to develop and maintain positive, responsive, respectful relationships with families | ------- |  |  |  |  |  |
| **ITC IRE4**: Integrates family experience, cultural practices and perspectives, and knowledge of childrearing beliefs and practices into the infant/toddler setting | C-1a |  |  |  |  |  |
| **ITC HSW5**: Identifies, utilizes, and supports family access to and engagement with health, nutrition, and safety information to support the healthy development and learning of young children, prenatal to age three | ------- |  |  |  |  |  |