

**Credential AREA: Infant-Toddler Credential (Level 3)**  
**TOPIC: HGD-OA Custom Assessment Example**  
**Child Observation/ Interview**

**I. Assessment Competency & Standards Alignment**

Gateways Competencies Assessed	Competency Alignment by citation
	Zero to Three (2016)
<b>ITC HGD1:</b> Explains the developmental trajectory of children birth to three and outlines realistic expectations for infant/toddler knowledge, capabilities and behaviors	-----
<b>ITC HGD2:</b> Describes ways that attachment, development, and learning, prenatal-age 3, are influenced by early environments and experiences (e.g., adult/child interaction, opportunities for exploration)	-----
<b>ITC HGD3:</b> Describes individual differences in infants and toddlers' interactions with and responses to the physical and social world	-----
<b>ITC HGD4:</b> Identifies how early relationships with and among caregivers influence healthy development and learning, prenatal-age 3	-----
<b>ITC HGD5:</b> Explains interrelationship between unique developmental trajectories and early relationships (e.g. attachment, trust) with primary caregivers on infant and toddler development, learning, mental health, and well-being	-----
<b>ITC OA1:</b> Selects and uses legal and ethical birth to three assessment procedures, screening tools, observation methods, and organizational strategies to gain knowledge of young children, and their familial and social contexts	SE-2b, C-4f
<b>ITC OA2:</b> Collaborates with families to support knowledge of the purpose and benefits of screening and assessment and the benefits of assessment partnership	-----

**II. Assessment Task Description/ Directions**

This assessment requires that you observe the physical, cognitive, language, social and emotional development of a young child between birth and 36 months of age. The goal of this assessment is to assess your competency in (1) understanding the infant/toddler developmental trajectory, and how this relates to realistic expectations for knowledge, capabilities and behaviors; (2) describing ways attachment, trust, development, mental health, and well-being and learning are influenced by early environments, relationships (e.g., attachment and trust) and experiences; and (3) describing how infants and toddlers respond to and interact with the world in unique ways, and (4) identifying responsive, supportive practices that nurture young children's development, learning, mental health, and well-being.

Your assessment requires that you conduct an observation of a child between the ages of birth and 36 months in the context of an early childhood program/ setting, as well as an interview of a caregiver of the child you observed. This caregiver needs to have knowledge of the

child and his or her context of development, such as a family member or a caregiver within an early childhood setting. Consult with your course faculty if you need assistance in identifying a child to observe.

### Part 1: Observation Pre-Reflection

Prior to your observation, you will conduct a pre-reflection. In your pre-reflection, please address:

- An overview of developmental milestones associated with the age of the child you are observing
- An overview of behavioral indicators for the progression of play for children between the ages of birth and 36 months
- An overview of attachment theory and the progression of its stages for children between the ages of birth and 36 months
- A description of how early relationships between young children, birth to age 3, and their caregivers, influence healthy development and learning
- An overview of the role of attachment and trust in supporting the young child's sense of self, exploratory play, and social interactions

### Part 2: Completing a Running Record

Plan to observe the child you have selected for approximately one hour. Use an anecdotal observational strategy (e.g., a literacy-based Running Record or time sampling) to take *accurate, concise, and objective* notes about that child's interactions and behaviors. Try to be unobtrusive and not directly interact with the child. Be sure that you are positioned where you can see and hear the child clearly. While completing your running record, be sure to capture descriptions of the child's physical, cognitive, language, social and emotional areas of development.

Technology Option:  
- Video/audio record options

### Part 3: Interview

Arrange to interview a caregiver of the child you observed. The caregiver can be a family member or infant and toddler professional. Use the example questions provided at the end of this document and record caregiver responses.

### Part 4: Reflection

For this portion of your assessment you will be analyzing the data you collected in your Running Record and synthesizing with your knowledge of child growth and development. Your reflection needs to include each of the following:

Technology Option:  
- Video/audio record options

- Observation Summary: Provide an overview of what you observed in terms of the child's development in each domain, using examples—as applicable. Your overview should include each of the following:
  - A description of what you observed in each developmental area. In your description, be sure to include connections to specific developmental milestones and research/ theory that supports your understanding of the child's unique development
  - Specific examples of how your observational data complemented or deviated from developmental milestones
  - Unique ways the infant/ toddler observed interacted with and responded to the physical and social world
  - Examples of communication used by the infant/ toddler during your observation

- Your analysis of the effectiveness of caregiver response to infant/toddler cues
- **Interview Summary:** Provide an overview of information gained during your interview. Your overview should include a description of child strategies for communication, interacting with the physical and social world, and the family profile.
- **Analysis:**
  - Identify 5-7 expectations in the areas of knowledge, capabilities, and behavior that you would have for the young child you observed, based on your observation, interview, and knowledge of the developmental trajectory
  - Provide a description of unique temperaments and preferred modalities of learning that would be essential to consider when designing responsive, supportive, evidence-based practices for the observed child
  - Provide three examples, based on your observation, of how each area of development and learning interrelates
  - Outline ongoing documentation needed to support a holistic understanding of the young child's development and learning
  - Provide three suggested strategies for outlining how to establish partnerships with families and share information regarding the benefits of assessment and screening
  - Suggest 4-6 meaningful ways that you could share this information with families. Include in your suggestions the format and strategy you would use for family communication.
  - Provide a rationale for how you would establish culturally- and linguistically responsive assessment partnerships with families

Technology Option:  
- Video/audio record options

### III. Assessment Rubric

ITC HGD-OA Level 3 Child Observation/ Interview Custom Rubric			
Competency	Competent		Unable to Assess
	Checklist Criteria		
<b><u>HGD1:</u></b> Explains the developmental trajectory of children birth to three and outlines realistic		developmental milestones, behavioral indicators for the progression of play, and patterns of development for young children, ages birth to three	
		realistic expectations for infant toddler knowledge, capabilities, and behaviors based on young children’s developmental trajectories	

expectations for infant/toddler knowledge, capabilities and behaviors		possible meanings that infants/toddlers communicate through their behavior about their preferences, needs, or agendas			
		major findings of important current research in early development, prenatal-age 3			
<b>Possible Codes:</b> N = names, D = describes					
<b>Zero to Three:</b> N/A					
Competency	Distinguished	Competent	Developing	Unsatisfactory	Unable to Assess
<b>HGD2:</b> Describes ways that attachment, development, and learning, prenatal-age 3, are influenced by early environments and experiences (e.g., adult/child interaction, opportunities for exploration)	Describes ways that early environments and experiences (e.g., adult/child interaction, opportunities for exploration) influence early brain development, prenatal-age 3	Describes ways that early environments and experiences (e.g., adult/child interaction, opportunities for exploration) influence early brain development, prenatal-age 3	Defines the term attachment. Definition is not reflective of attachment theories	Does not describe ways that attachment, development, and learning, prenatal-age 3, are influenced by early environments and experiences (e.g., adult/child interaction, opportunities for exploration), nor provide evidence from current research	
<b>Zero to Three:</b> N/A	Defines, describes, and give examples of the term attachment using attachment theories.	Defines, describes, and give examples of the term attachment using attachment theories	Identifies ways that attachment, development, and learning, prenatal-age 3, are influenced by early environments and experiences (e.g., adult/child interaction, opportunities for exploration), but does not provide evidence from current research		
	Current research and theory are integrated into description				
Competency	Distinguished	Competent	Developing	Unsatisfactory	Unable to Assess
<b>HGD3:</b> Describes individual differences in infants' and toddlers' interactions with and responses to the physical and social world	Describes individual differences in infants' and toddlers' interactions with the physical and social world. Description includes connections to research	Describes individual differences in infants' and toddlers' interactions with the physical and social world	Describes individual differences in infants' and toddlers' interactions with the physical or social world	Does not accurately describe individual differences in infants' and toddlers' interactions with the physical and social world	

<b>Zero to Three: N/A</b>					
<b>Competency</b>	<b>Distinguished</b>	<b>Competent</b>	<b>Developing</b>	<b>Unsatisfactory</b>	<b>Unable to Assess</b>
<b>HGD4:</b> Identifies how early relationships with and among caregivers influence healthy development and learning, prenatal-age 3  <b>Zero to Three: N/A</b>	Identifies and provides comprehensive description, supported by research, of how early relationships with and among caregivers of young children, prenatal-age 3 influence healthy development and learning	Identifies and provides description supported by research, of how early relationships with and among caregivers of young children, prenatal-age 3 influence healthy development and learning	Describes the importance of relationships between young children, birth to age 3, and their caregivers	Provides inaccurate or incomplete description of the importance of relationships between young children, birth to age 3, and their caregivers	
<b>Competency</b>	<b>Distinguished</b>	<b>Competent</b>	<b>Developing</b>	<b>Unsatisfactory</b>	<b>Unable to Assess</b>
<b>HGD5:</b> Explains interrelationship between unique developmental trajectories and early relationships (e.g. attachment, trust) with primary caregivers on infant and toddler development, learning, mental health, and well-being  <b>Zero to Three: N/A</b>	Identifies, explains, and give examples of how early relationships, and specifically how attachment and trust, influence other aspects of development and learning including the mental health and well-being in children, prenatal – age 3 (e.g., emerging sense of self, exploratory play, social interactions) and impacts overall growth and development  Current research-base is integrated into description	Identifies and explains how early relationships, and specifically how attachment and trust, influence other aspects of development and learning including the mental health and well-being in children, prenatal – age 3 (e.g., emerging sense of self, exploratory play, social interactions) and impacts overall growth and development	Identifies how early relationships, and specifically how attachment and trust, influence other aspects of development and learning including the mental health and well-being in children, prenatal – age 3 (e.g., emerging sense of self, exploratory play, social interactions) and impacts overall growth and development	Provides incomplete or inaccurate description of how early relationships, and specifically how attachment and trust, influence other aspects of development and learning including the mental health and well-being in children, prenatal – age 3 (e.g., emerging sense of self, exploratory play, social interactions) and impacts overall growth and development	
<b>Competency</b>	<b>Distinguished</b>	<b>Competent</b>	<b>Developing</b>	<b>Unsatisfactory</b>	<b>Unable to Assess</b>

<p><b>OA1:</b> Selects and uses legal and ethical birth to three assessment procedures, screening tools, observation methods, and organizational strategies to gain knowledge of young children, and their familial and social contexts</p> <p><b>Zero to Three:</b> SE-2b, C-4f</p>	<p>Selects and uses legal and ethical birth-3 observation, screening, and assessment procedures to gain knowledge of infant's or toddler's interests, preferences, needs, and particular ways of responding to people and things</p> <p>Selects and uses legal and ethical assessment procedures to gain information about young children's families and social context</p> <p>Selects and uses appropriate assessment, screening, and observation organizational strategies</p> <p>Supports families and colleagues' knowledge of the importance of observation, assessment, and screening in supporting young children's healthy development and learning</p>	<p>Selects and uses legal and ethical birth-3 observation, screening, and assessment procedures to gain knowledge of infant's or toddler's interests, preferences, needs, and particular ways of responding to people and things</p> <p>Selects and uses legal and ethical assessment procedures to gain information about young children's families and social context</p> <p>Selects and uses appropriate assessment, screening, and observation organizational strategies</p>	<p>Selects and uses legal and ethical birth-3 observation, screening, and assessment procedures to gain knowledge of young children's development and learning</p> <p>Selects and uses legal and ethical assessment procedures to gain information about young children's families</p>	<p>Observation, screening and assessment procedures selected and/or implemented not reflective of legal or ethical standards or implemented in a way that supports knowledge of young children, their families, and/or societal context</p> <p>Organizational strategies not utilized</p>	
Competency	Distinguished	Competent	Developing	Unsatisfactory	Unable to Assess

<b>OA2:</b> Collaborates with families to support knowledge of the purpose and benefits of screening and assessment and the benefits of assessment partnership  <b>Zero to Three:</b> N/A	Identifies appropriate strategies for assisting families in understanding the purpose and benefits of early screening  Articulates the importance of establishing culturally responsive assessment partnerships with families	Identifies appropriate strategies for assisting families in understanding the purpose and benefits of early screening  Articulates the importance of establishing an assessment partnership with families	Identifies appropriate strategies to inform families of the benefits of early screening	Appropriate strategies supporting family knowledge of early screening not identified  Rationale supporting the importance of families as partners in the assessment process not provided	
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Yellow = Level 2

Green = Level 3

#### IV. Data Collection & Analysis Tool

Competency & Standards Alignment		Cumulative Assessment Data				
Competency	Zero to Three (2016)	Distinguished	Proficient	Needs Improvement	Unsatisfactory	Unable to Assess
<b>ITC HGD1:</b> Explains the developmental trajectory of children birth to three and outlines realistic expectations for infant/toddler knowledge, capabilities and behaviors	-----					
<b>ITC HGD2:</b> Describes ways that attachment, development, and learning, prenatal-age 3, are influenced by early environments and experiences (e.g., adult/child interaction, opportunities for exploration)	-----					
<b>ITC HGD3:</b> Describes individual differences in infants and toddlers' interactions with and responses to the physical and social world	-----					
<b>ITC HGD4:</b> Identifies how early relationships with and among caregivers influence healthy development and learning, prenatal-age 3	-----					
<b>ITC HGD5:</b> Explains interrelationship between unique developmental trajectories and early relationships (e.g. attachment, trust) with primary caregivers on infant and toddler development, learning, mental health, and well-being	-----					

<b>ITC OA1:</b> Selects and uses legal and ethical birth to three assessment procedures, screening tools, observation methods, and organizational strategies to gain knowledge of young children, and their familial and social contexts	SE-2b, C-4f					
<b>ITC OA2:</b> Collaborates with families to support knowledge of the purpose and benefits of screening and assessment and the benefits of assessment partnership	-----					



## Caregiver Interview Tool

Date:

Individual interviewed:

Relation to the child:

Age of the child:

Suggested interview questions:

1. How does the infant/toddler communicate his/her needs and wants to you? What strategies does the child use most effectively?
2. What is your preferred way of engaging with the child? What interactions does the child seem to respond to most?
3. How would you describe the child's temperament?
  - a. Does the child have a set routine?
  - b. What is the child's overall mood?
  - c. Do you feel that s/he adapts easily to new situations?
  - d. Is the child active in exploring the environment, or more observant?
  - e. Is the child open to new relationships, or cautious?
  - f. Does the child have a bond or attachment to you? Another caregiver in the room?