



University of Kentucky
UKnowledge

Theses and Dissertations--Early Childhood,
Special Education, and Rehabilitation
Counseling

Early Childhood, Special Education, and
Rehabilitation Counseling


2018

ASSESSMENT IN EARLY CHILDHOOD INTERVENTION: THE IMPORTANCE OF TRAINING

Carrie C. Burks

University of Kentucky, carrie.burks@jessamine.kyschools.us

Author ORCID Identifier:

 <https://orcid.org/0000-0002-7094-5232>

Digital Object Identifier: <https://doi.org/10.13023/etd.2018.451>

[Right click to open a feedback form in a new tab to let us know how this document benefits you.](#)

Recommended Citation

Burks, Carrie C., "ASSESSMENT IN EARLY CHILDHOOD INTERVENTION: THE IMPORTANCE OF TRAINING" (2018). *Theses and Dissertations--Early Childhood, Special Education, and Rehabilitation Counseling*. 68. https://uknowledge.uky.edu/edsrc_etds/68

This Master's Thesis is brought to you for free and open access by the Early Childhood, Special Education, and Rehabilitation Counseling at UKnowledge. It has been accepted for inclusion in Theses and Dissertations--Early Childhood, Special Education, and Rehabilitation Counseling by an authorized administrator of UKnowledge. For more information, please contact UKnowledge@lsv.uky.edu.

STUDENT AGREEMENT:

I represent that my thesis or dissertation and abstract are my original work. Proper attribution has been given to all outside sources. I understand that I am solely responsible for obtaining any needed copyright permissions. I have obtained needed written permission statement(s) from the owner(s) of each third-party copyrighted matter to be included in my work, allowing electronic distribution (if such use is not permitted by the fair use doctrine) which will be submitted to UKnowledge as Additional File.

I hereby grant to The University of Kentucky and its agents the irrevocable, non-exclusive, and royalty-free license to archive and make accessible my work in whole or in part in all forms of media, now or hereafter known. I agree that the document mentioned above may be made available immediately for worldwide access unless an embargo applies.

I retain all other ownership rights to the copyright of my work. I also retain the right to use in future works (such as articles or books) all or part of my work. I understand that I am free to register the copyright to my work.

REVIEW, APPROVAL AND ACCEPTANCE

The document mentioned above has been reviewed and accepted by the student's advisor, on behalf of the advisory committee, and by the Director of Graduate Studies (DGS), on behalf of the program; we verify that this is the final, approved version of the student's thesis including all changes required by the advisory committee. The undersigned agree to abide by the statements above.

Carrie C. Burks, Student

Dr. Jennifer Grisham-Brown, Major Professor

Dr. Melinda Ault, Director of Graduate Studies

ASSESSMENT IN EARLY CHILDHOOD INTERVENTION: THE IMPORTANCE OF
TRAINING

THESIS

A thesis submitted in partial fulfillment of the
requirements for the degree of Master of Science in
Education in the College of Education at the University
of Kentucky

By

Carrie C. Burks

Lexington, Kentucky

Director: Dr. Jennifer Grisham-Brown, Professor of Interdisciplinary Early Childhood
Education

Lexington, Kentucky

2018

Copyright © Carrie C. Burks 2018
<https://orcid.org/0000-0002-7094-5232>

ABSTRACT OF THESIS

ASSESSMENT IN EARLY CHILDHOOD INTERVENTION: THE IMPORTANCE OF TRAINING

Information collected from multiple domain child developmental assessments, known as five area assessments, are being used in early intervention for high stakes purposes such as program monitoring. As a result, it is important to examine variables that may affect test administration fidelity and its impact on obtaining valid data. The purpose of this study was to survey early intervention service providers in the state of Kentucky to determine possible independent variables that may affect their comfort level in administering five-domain tests. Surveys were made available to all early intervention service providers within the Kentucky First Steps early intervention program. Data were analyzed to determine the effect of independent variables such as: amount and format of training in administering assessments, amount and format of training in child development, years of experience, educational degree level, certification in interdisciplinary early childhood education, and discipline area on a provider's comfort level in administering five area assessments. The results of the study indicated a statistically significant positive relationship between the amount of assessment training a provider received and their self-perceived comfort level in administering assessments.

KEYWORDS: Early Intervention, Assessment, Training, Child Development, Interdisciplinary Early Childhood Education, First Steps of Kentucky

Carrie C. Burks

12/06/2018

Date

ASSESSMENT IN EARLY CHILDHOOD INTERVENTION: THE
IMPORTANCE OF TRAINING

By
Carrie C. Burks

Dr. Jennifer Grisham-Brown

Director of Thesis

Dr. Melinda Ault

Director of Graduate Studies

12/06/2018

Date

ACKNOWLEDGMENTS

I would like to thank my Thesis Chair, Dr. Jennifer Grisham- Brown for her countless hours of reading revisions, providing thorough feedback, and supporting me through what seemed like a never-ending process. Without her motivation, I may have never completed this work.

In addition, I would like to thank my family. Many long days and nights were sacrificed on reading and revising, while my husband and children were ignored. I am so very grateful for their understanding and support. I hope they saw my determination and know they too can do anything if they are willing to put in the time and effort.

TABLE OF CONTENTS

ACKNOWLEDGMENTS iii

LIST OF TABLES vi

CHAPTER 1. Introduction 1

 1.1 Introduction..... 1

 1.2 Early Intervention Services..... 2

 1.2.1 First Steps personnel..... 4

 1.2.2 Cabinet approved assessments..... 5

 1.2.2.1 CCITSN 5

 1.2.2.2 AEPS..... 6

 1.2.2.3 HELP..... 6

 1.2.3 Accountability..... 8

 1.2.4 Assessment personnel 8

 1.3 Purposes of Assessment 9

 1.3.1 Progress Monitoring..... 10

 1.3.2 Eligibility 10

 1.3.3 Program Evaluation 10

 1.3.4 Accountability..... 11

 1.4 Challenges in Administering High Stakes Early Childhood Assessments 11

 1.4.1 Administration Errors 12

 1.4.2 Scoring Errors 12

 Misuse of Data 12

 1.5 Purpose of this study..... 13

CHAPTER 2. Method..... 14

 2.1 Participants..... 14

 2.2 Measure..... 14

 2.2.1 Survey 15

 2.3 Procedure..... 16

 2.3.1 Recruitment..... 16

 2.3.2 Data Collection 17

CHAPTER 3. Results..... 18

 3.1 Analysis 19

3.2	<i>How much training have early intervention providers had?</i>	21
3.3	<i>What affects an early intervention provider's perception of their ability to obtain valid test results?</i>	22
3.4	<i>What variables are predictive of an early intervention provider's level of confidence?</i>	24
CHAPTER 4. Discussion		26
4.1	<i>How much training have early intervention providers had?</i>	26
4.2	<i>What affects an early intervention provider's perception on their ability to obtain valid test results?</i>	26
4.3	<i>What variables are predictive of an early intervention provider's level of confidence?</i>	27
4.4	<i>Field Implications</i>	28
4.5	<i>Limitations</i>	29
4.6	<i>Recommendations</i>	30
APPENDICES		32
	<i>APPENDIX 1. SURVEY</i>	32
	<i>APPENDIX 2. INVITATION TO PARTICIPATE</i>	37
REFERENCES		39
VITA		42

LIST OF TABLES

Table 3.1 Number of Participants per Region.	20
Table 3.2 Number of Participants per Discipline.....	20
Table 3.3 Participant's Years of Experience	20
Table 3.4 Participant's Educational Degree	21
Table 3.5 Number of Participant's with IECE Certification	21
Table 3.6 Multiple Regression Analysis of Comfort Level Administering the HELP	24
Table 3.7 Multiple Regression Analysis of Comfort Level Administering the AEPS	25
Table 3.8 Multiple Regression Analysis of Comfort Level Administering the CCITSN.	25

CHAPTER 1. INTRODUCTION

1.1 Introduction

For over 90 years the National Association of Education for Young Children (NAEYC) has worked diligently to support high quality early childhood programs, serving children from birth through age 8 years, through facilitating professional development of teachers and staff as well as strengthening collaboration with the public to promote understanding and support. In 2003, NAEYC along with the National Association of Early Childhood Specialists in State Departments of Education (NAECS/SDE) issued a joint position statement with recommendations for best practice regarding curriculum, assessment, and program evaluation. The statement called for curriculum, assessment, and program evaluation to be based on evidenced based practices including making “valid and reliable assessment a central part of all early childhood programs” (NAEYC, 2003, p. 2). This is not new information as NAEYC has indicated in past position statements that high quality programs offer appropriate curriculum and assessment which promote development and learning (NAEYC, 1991).

Furthermore, it also recommended that support should be provided to “implement high-quality curriculum, assessment, and program evaluation practices” (NAEYC, 2003, p. 2). Due to the heterogeneous way in which young children develop, it is inherently difficult to conduct sound developmental assessments. In October 2015, the National Task Force on Assessment Education for Teachers (2016) comprised of 3 advisors and 24 teachers, representing 17 states, was created. The goal was to encourage assessment literacy among the education community. The Task Force defined assessment literacy as

“understanding how to gather dependable evidence and how to use it productively to support or certify achievement” (p. 2).

Therefore, assessment literacy among the education community including policy makers, stakeholders, educators, and practitioners is critical. “Assessment that is not reliable or valid, or that is used to label, track, or otherwise harm young children, is not developmentally appropriate practice” (NAEYC, 2009, p. 22). In 2014, the Division for Early Childhood (DEC) released recommended practices indicating assessment “in early intervention and early childhood special education [should be] conducted for the purposes of screening, determining eligibility for services, individualized planning, monitoring child progress, and measuring child outcomes” (p. 8). It is important to note, DEC did not identify program evaluation or accountability as an appropriate use of assessment in early intervention and early childhood special education.

1.2 Early Intervention Services

In 1975, Public Law 94-142, now referred to as the Individuals with Disabilities Education Act (IDEA) was signed into law. Congress reauthorized IDEA in 2004. The purpose of IDEA was to ensure a free appropriate public education to all children, regardless of an individual’s ability. IDEA is subdivided into multiple parts, two of which are based on the age of the child being served: Part C includes infants and toddlers birth through age 2 years and Part B includes children age 3 through 21 years (Individuals with Disabilities Act, 2004).

In Kentucky, Part C early intervention services are provided by First Steps. First Steps provides services through a multidisciplinary approach and is administered by the Department for Public Health in the Cabinet for Health and Family Services. Eligibility for

services is determined by developmental delay or by an established risk condition through a diagnosis of a medical or physical condition that is likely to cause a developmental delay such as autism (Kentucky Early Intervention Services, 2018). A developmental delay is identified through an initial evaluation conducted by an initial evaluator, also called a Primary Level Evaluator (PLE) or District Child Evaluation Specialist (DCES). The initial evaluator is required to use a norm-referenced standardized test which assesses the following five developmental domains: cognition, communication, motor, social and emotional, and adaptive. A score of two standard deviations below the mean in one domain or a score of one and one-half standard deviations below the mean in two or more domains indicates a developmental delay.

If a child is identified as eligible for services, an Individualized Family Service Plan (IFSP) is created to identify measurable goals and outcomes, services authorized, as well as frequency and intensity of services, to assist the family in meeting their needs. As a part of ongoing assessment, a child's eligibility must be re-determined annually. The Primary Service Provider (PSP) will use one of three cabinet approved curriculum-based assessments (CBA) to evaluate skill level in each of the 5 developmental domains. The PSP is identified by the IFSP team and is typically the provider whose background most closely aligns with the main developmental concerns of the child. For example, a child with delays in cognition and speech may receive services from a speech language pathologist and a developmental interventionist; however, since the most severe delay is in communication, the team may identify the speech language pathologist as the PSP.

In 2014, the U.S. Department of Education announced a new system, Results-Driven Accountability (RDA), which shifted the focus from simply program compliance

to improvement in results for students with disabilities (Delisle & Yudin, 2014). Data obtained from the CBA is entered into the Kentucky Early Childhood Data System (KEDS) and is aligned with Kentucky Early Childhood Standards. This information is then used to document the child's progress as having met or not met the early childhood standards and benchmarks (Evaluation & Eligibility, 2014). This process meets the state's obligation to report outcome results to the Office of Special Education Programs (OSEP).

1.2.1 First Steps personnel

Kentucky Administrative Regulations (KAR) 30:150 Section 2, identifies personnel qualifications for First Steps providers. There are eighteen discipline areas: audiologist, licensed marriage and family therapist, developmental interventionist, nurse, dietician, occupational therapist, orientation and mobility specialist, physician, physical therapist, licensed psychologist, certified psychologist, social worker, speech-language pathologist, teacher of children who are deaf and hard of hearing, teacher of the visual impaired, licensed professional clinical counselor, optometrist, and ophthalmologist. Each area has specific requirements including educational degree and the associated license or certification. For example, a physical therapist must have a bachelor's degree and a license from the Kentucky Board of Physical Therapy.

The only discipline required to have an extensive knowledge of early childhood development is a developmental interventionist, who is required to have an interdisciplinary early childhood education (IECE) certification. Even the evaluation specialist may not have a background in early childhood development as the regulatory requirements allow a provider from any of the 18 disciplines to fulfill this role. Further, the only additional requirement for the evaluation specialist is 2 years experience working with

children birth through age 2 years, including those with disabilities, and 1 year of experience conducting standardized assessments.

1.2.2 Cabinet approved assessments

All First Steps providers, regardless of discipline, may be designated as a PSP based on the needs of the children on their caseload. Therefore, all providers are required to participate in a training of at least one of the three cabinet approved curriculum-based assessments: *Carolina Curriculum for Infants and Toddlers with Special Needs* (CCITSN), (Johnson-Martin, Attermeier, and Hacker, 2004), *Hawaii Early Learning Profile* (HELP), (Parks, 2006), and *Assessment, Evaluation, and Programming System for Infants and Children* (AEPS), (Bricker, Capt, and Pretti-Frontczak, 2002), (Kentucky Early Childhood Data System, 2003-2019). As noted on the First Steps Provider Procedures page of the Cabinet for Health and Family Services website (2018) KentuckyPartnership.org offers training in administering the HELP and the CCITSN. The description for each of these trainings is listed as introductory, meaning they provide an overview of the assessment. This training does not provide an opportunity for interrater reliability testing. Both list the targeted audience as early intervention teachers or providers. The HELP training is a 4-hour course and the CCITSN is a 5-hour course, completed at the preferred pace of the participant. KentuckyPartnership.org does not offer an AEPS training.

1.2.2.1 CCITSN

The CCITSN is a criterion referenced, curriculum-based assessment tool that links assessment to intervention and is published by Brookes Publishing. The CCITSN covers five developmental domains and is developed for children birth through 36 months, including those with mild to severe developmental delays. The items in each domain are listed in typical developmental order and scored at mastery, emerging, or unable to

demonstrate. There is also an option to identify atypical development for each item, as observed. The CCITSN identifies the intended administrator as early childhood educators, early interventionists, and therapists. There is no specific requirement identified to administer the assessment with fidelity; however, there is an online training webinar focusing on test administration.

1.2.2.2 AEPS

The AEPS is a criterion referenced, curriculum-based assessment tool that connects assessment to interventions and is also published by Brookes Publishing. It covers 6 developmental domains as it divides motor skills into fine and gross. It was developed for use with children birth to age 6 years. The items are scored as such: 2-independently, consistently meets criteria; 1-meets criteria with assistance or inconsistently; 0-does not yet meet criteria. The AEPS also identifies the intended administrator as early childhood educators, early interventionists, and therapists. It offers a Family Report to include information from family members and caregivers. Although there is no prerequisite specified to administer the assessment with fidelity, there is an online training webinar offered. Further, the AEPS offers an interrater reliability certification program for an additional fee (Brookes Publishing, 2018).

1.2.2.3 HELP

The HELP is a criterion referenced curriculum-based assessment covering six developmental domains (fine and gross motor are divided) offered by the Vort Corporation. The HELP Strands include 685 skills presented in a hierarchical foundation. The HELP Checklist and Chart present the items in a numerical format. Skills are scored as mastered,

emerging, or not present. There is also the option to note atypical development or if the environment impacted the score. The HELP 0-3 is developed for use with children birth to age 3 years. It is available as a checklist or strands. The *Inside the HELP* administration manual is listed as a requirement for appropriate use as a CBA (Vort Corporation, 2018). Under a section labeled “FAQ” the author indicates the HELP is “is not a norm-referenced, standardized test. As such, we are not aware of specific validity research” (Parks, n.d. para. 136).

Although there is no specific list of qualifications for administering the HELP, the author, Stephanie Parks Warshaw, responded to a question from a speech therapist who was concerned about her ability to assess items in other domains, for example gross motor, without extensive training.

If HELP is being used in Part C programs, it should be used as part of the assessment process, and a multidisciplinary team should be involved who are considered "qualified personnel" according to your State's definition under Federal regulations. In addition, when using HELP, if the child is identified with specific delays, atypical development or disabilities in a specific area of development, the professional whose background most closely matches that need should be included, e.g., a physical or occupational therapist if the child is identified as having abnormal muscle tone and movement, or, a speech language therapist if the child has disordered speech (Parks, n.d., para. 5).

1.2.3 Accountability

Formulary and discretionary grants are authorized to states through IDEA to provide support in implementation of early intervention services. Each state must submit a State Performance Plan (SPP) and an Annual Performance Report (APR) to OSEP as proof of compliance in eleven indicators: Timely Provision of Services, Services in Natural Environment, Early Childhood Outcomes, Family Involvement, Child Find (Birth to One); Child Find (Birth to Three), 45 Day Timeline, Early Childhood Transition, Resolution Sessions, Mediation, and State Systemic Improvement Plan (GRADS360, 2016).

Assessment data documented in KEDS is aggregated and used to determine compliance with indicator 3: Early Childhood Outcomes. Specifically, this indicator investigates the percent of infants and toddlers with an IFSP who demonstrate improved positive social-emotional skills, acquisition and use of knowledge and skills, and use of appropriate behaviors to meet their needs. Essentially, this indicator uses assessment data intended for progress monitoring to partially determine program effectiveness.

1.2.4 Assessment personnel

As previously stated, neither of the three cabinet approved assessments indicated specific qualifications needed to administer the assessment. The question then is, what skills are needed to administer an assessment with fidelity, meaning the extent to which the assessment is administered as designed? First, to ensure effective assessment practices, staff should be “knowledgeable about assessment” (NAEYC, 2003, p. 3). This indicates the need for anyone administering an assessment to be trained in evidenced based assessment practices. Authors Kagan, Scott-Little, and Clifford (2003) suggest individuals responsible for administering assessments, including “those who are not classroom-based

and are performing assessments” may not be equipped with the assessment knowledge needed to accurately interpret results (p. 8). NAEYC also indicated the necessity for understanding the “goals, benefits, and uses of assessment” (NAEYC, 2009, p. 8). Clearly, there is a need for “assessment literacy”.

Regardless of their level of involvement in the education process, [educators] understand the importance of:

- Beginning assessment with a clear purpose
- Starting with clear and specific learning target(s) to be assessed
- Building high-quality assessments to fit this intended context
- Communicating results in ways that assure understanding by recipients
- Linking assessment and student motivation in ways that keep all students striving for academic success (National Task Force, 2016, p. 2)

This again indicates an essential need for individuals administering tests to demonstrate an understanding of the process of evaluating, interpreting and reporting results. An assessor cannot exhibit fidelity by simply attending a training. There is a need for an ongoing determination of rater reliability (Wang, 2010). An assessment literate teacher is a master of the learning targets that are to be assessed (Task Force, 2016).

1.3 Purposes of Assessment

There are four purposes of assessment: to support learning and instruction (progress monitoring), to identify children who may need additional services (eligibility), to monitor

trends and program effectiveness (program evaluation), and for high stakes purposes (accountability) (Grisham-Brown & Pretti-Frontczak, 2011).

1.3.1 Progress Monitoring

Assessment to support learning and instruction should happen continuously throughout the process of instruction. This type of assessment is done through a multifaceted evaluation of the child's progress including direct testing, observation, and third-party interview. It is used to guide providers in planning what to teach next based on what the child is ready to learn by indication of skills they have already acquired. An example of an assessment for progress monitoring purposes is a curriculum-based assessment such as the AEPS.

1.3.2 Eligibility

Assessment for eligibility purposes typically incorporates a norm-referenced standardized test, although eligibility should never be determined based on a standardized test alone (Copple & Bredekamp, 2009). The purpose of eligibility assessment is to obtain services for children who need more than what is being offered to the general population. However, this is not to imply that these children simply need "more" in the sense of frequency or intensity. An example of an assessment for eligibility purposes is the Battelle Developmental Inventory (Newborg, 2005), which is what is currently used by First Steps PLE's.

1.3.3 Program Evaluation

Assessment for program evaluation examines the effectiveness of the services being offered by the program. Program effectiveness is typically evaluated in two parts:

process efficiency and program outcomes. Process efficiency includes timeliness of service, setting of the services, implementation of services, and staff expertise. Program outcomes investigate the program results, typically based on aggregated data of individual child assessments. (McNeil, 2011). An example of an assessment for program monitoring purposes is KEDS.

1.3.4 Accountability

When assessment is done with the purpose of accountability, the consequences typically include decisions about funding, support for continued operation of programs, and policy changes. While all assessment purposes are important, assessment for the sake of accountability tends to invoke a high level of stress on those who are being held accountable for obvious reasons. (Paris & McEvoy, 2000). Undesirable tests results in this area could mean a discontinuation of funding or support for a program, and an overhaul in current policies and procedures. An example of an assessment for accountability purposes is the SPP/APR submitted to OSEP.

1.4 Challenges in Administering High Stakes Early Childhood Assessments

Administration errors, scoring errors, and using assessment tools for purposes other than how they were designed are all factors that can negatively impact reliability in assessment. Quality assessment includes using the appropriate assessment tool; staff knowledgeable in the test components and administration; and accurate, effective communication of results. (McCormick & Gooden, 2009).

1.4.1 Administration Errors

Administration errors most commonly result from a lack of knowledge in the area being assessed or a lack of training in administering the assessment tool. (Salvia & Ysseldyke, 1995). “These errors may include rushed administration, inadequate preparation, insufficient materials for administration, and reduced child performance due to a lack of rapport.” (McCormick & Gooden, 2009, p. 4). Even slight errors can result in false conclusions about acquired skills and abilities; therefore, it is vital to preserve the reliability of early childhood assessment procedures to obtain valid and useful data. (Hallam, Lyons, Pretti-Frontczak, and Grisham-Brown, 2014).

1.4.2 Scoring Errors

Scoring errors include allowing credit for items when skills are not fully mastered. This may be a result of administrator bias or a misunderstanding of the item being scored. Improperly obtaining a basal or ceiling can also result in inaccurate data. Further, miscalculating the age of the child on the date of the assessment, is a common mistake that can cause a misrepresentation of a child’s ability.

Misuse of Data

While it may appear that assessment data can be used for multiple purposes, and in fact this practice has been documented in the past (e.g., Kentucky using portfolios for progress monitoring, program evaluation and accountability), it is extremely important to adhere to the actual purpose of the instrument in order to preserve the integrity of results (Shepard, Kagan, & Wurtz, 1998). The different uses of assessment data often require a

different degree of technical accuracy. It is crucial for professionals to match the assessment intent to the appropriate tool (Hallam, et al., 2014).

1.5 Purpose of this study

Hallam et al. (2014) indicate additional research is needed to investigate the effects of fidelity in assessment procedures. This study aims to explore the relationship between an early intervention provider's overall training in child development and assessment and the way they use data collected from five area assessments. Further, this study aims to examine personnel qualifications and potential effects on reliability in early childhood assessment, especially when used for high stakes purposes. Specifically, this research aims to answer the following questions: How much training have early intervention providers had? What affects an early intervention provider's perception of their ability to obtain valid test results? What variables are predictive of an early intervention provider's level of confidence in achieving valid test results?

CHAPTER 2. METHOD

2.1 Participants

Participants for this study were identified as early intervention providers contracted with Kentucky's Early Intervention Program "First Steps of Kentucky". These individuals were contracted to provide services in one or more of the 18 identified disciplines: audiologist, licensed marriage and family therapist, developmental interventionist, nurse, dietician, occupational therapist, orientation and mobility specialist, physician, physical therapist, licensed psychologist, certified psychologist, social worker, speech-language pathologist, teacher of children who are deaf or hard of hearing, teacher of visually impaired children, licensed professional clinical counselor, optometrist, and ophthalmologist.

2.2 Measure

This research study examined the hypothesis that increased training specifically in child development and test administration has a positive relationship on providers comfort level in obtaining valid assessment data. The dependent variable was perceived comfort level in obtaining valid data when administering early childhood developmental tests, specifically the HELP, CCITSN, or AEPS. The independent variables were the number of training hours in child development, the number of training hours in test administration, participation in inter-rater reliability training, participation in assessment fidelity training, years of experience, educational degree, service discipline, service region, and whether the provider was certified in interdisciplinary early childhood education.

2.2.1 Survey

The study was conducted using a 15-question survey (see Appendix A). The survey was designed to be completed within 5-10 minutes to encourage participation. To collect the most pertinent data for this study using minimal questions, it was reviewed and altered several times by this researcher and committee members, including a statistician, and two IECE professors. In order to collect as much information as possible, each question required an answer before moving on to the next; however, answer choices included "none", "not applicable", and "other" to allow respondents the option to opt out of question they felt did not apply to them. The questions were designed to elicit mainly quantitative information regarding respondent's education, experience, and training in providing services related to early childhood development and assessment. One open ended question was included to allow for qualitative data.

The first four questions were demographic, asking respondents to identify their region served, discipline, years of experience and educational degree. The fifth question asked respondents to identify whether they held an interdisciplinary early childhood education teaching certificate. Questions 6-7 asked respondents how many additional courses they had in child development and in what format (e.g., face-to-face, online/webinar, peer training, university coursework). Questions 8-9 asked respondents how many additional courses they have had in administering assessment and in what format (e.g., face-to-face, online/webinar, peer training, university coursework).

Question 10 asked respondents to identify which of the three-cabinet approved CBA's they administered: HELP, AEPS, and/or CCITSN. Question 11 asked respondents to rate their level of comfort with administering each of the above assessments using a

Likert scale. Respondents could choose from five different options including “not comfortable/my results are not valid”, “mildly comfortable/ my results probably aren’t valid”, “moderately comfortable/ my results probably are valid”, “very comfortable/ my results are valid”, and finally “I do not administer this assessment”. Question 12 requested respondents to identify the ways they used the data collected from the assessments, including “program planning”, “progress monitoring”, “program eligibility”, and “enter data into Kentucky Early Childhood Data System (KEDS)”. A brief definition of each choice was provided.

Question 13 asked respondents their opinion on whether it was appropriate for all First Steps providers to administer 5 domain child development assessments. Question 14 asked respondents if they would attend additional training on administering assessments if it was offered on a voluntary basis. Finally question 15 asked respondents to describe any additional concerns they may have regarding providers administering assessments for high stakes purposes such as funding allocations and rating program quality and effectiveness.

2.3 Procedure

2.3.1 Recruitment

The following recruitment procedure was approved by the Internal Review Board at the University of Kentucky:

A complete list of all active early intervention providers contracting with First Steps of Kentucky was obtained by filing an open records request through the Cabinet for Health and Family Services. This list included provider’s names and e-mail addresses. At the time of the study, in 2013, there were 1,034 providers contracted with First Steps.

All 1,034 providers were e-mailed an invitation, including a link to participate in the study, describing the reason for the research and how the information collected would be used (see Appendix B). To limit conformity and fear of retribution, the email also stated, “every attempt would be made to keep answers confidential”. Two weeks later, an additional email was sent to all providers with a reminder to participate, including a link to access the survey.

There was no incentive provided to participate in the research, other than the opportunity to contribute information relevant to the field of early intervention. Only 193 individuals chose to do so, for a response rate of 18.7%. This is a low response rate compared to the average e-mail survey response rate of approximately 25% (Shih and Fan, 2009). However, there were several contributing factors which are addressed in the limitations section.

2.3.2 Data Collection

The survey questions were uploaded into an online survey program, Qualtrics. Participants accessed the survey through the link in the emailed invitation to participate. No identifiable information was collected by Qualtrics, including IP address. The only information collected were responses to survey questions. All responses were kept confidential and only accessible through a password-protected Qualtrics account held by this researcher. All survey data were entered into a statistical analysis program, SPSS.

CHAPTER 3. RESULTS

Frequencies were reported for the following provider demographic data: region served, discipline, number of years of experience, educational degree, and attainment of IECE certification. Further, frequencies were reported on which of the three CBAs providers used. Responses were coded as categorical variables where 0 = no and 1 = yes.

Next, frequencies were reported for the format and number of courses providers completed in child development. Frequency data were also reported for the format and number of courses providers completed in administering assessments. Responses in amount of training were coded as categorical variables where 1= none, 2 = 1 course, 3 = 2 courses, 4 = 3 courses, and 5 = 4 or more courses. Responses in the format of training were coded as categorical variables where 1= no training, 2= face to face training, 3 = online/webinar training, 4 = peer training, and 5 = university coursework.

Descriptive statistics of provider's self-perceived comfort level of administering the assessments they used, as well as to rate their self-perceived validity of their test results using a Likert Scale were reported. For each assessment, respondents were asked to choose from the following categorical variables: 1= not comfortable, my results are not valid; 2= mildly comfortable, my results are probably not valid; 3= moderately comfortable, my results probably are valid; 4= very comfortable, my results are valid; and 5= I do not administer this test.

Next, frequencies were reported for the ways in which providers used the assessment data collected from a list of four choices: program planning, progress monitoring, program eligibility, and entered data into KEDS. Responses were coded as

categorical variables where 0 = no and yes = 1 in response to whether the provider used data collected for each purpose.

Frequency data were also reported to determine if providers felt it was appropriate for all providers to administer five domain child developmental assessments. Further, frequencies were reported on provider willingness to attend additional voluntary training on administering assessments, if offered. Responses were coded as categorical variables where 0= no and 1 = yes.

In addition, a standard multiple regression analysis was reported on each of the three CBAs. The dependent variable was the provider's comfort level based on their Likert scale scores and the independent variables including: discipline, years of experience, educational degree level, attainment of IECE certification, amount of child development training, and amount of training in administering assessments.

3.1 Analysis

As the corresponding tables indicate, the majority of participants served the Bluegrass, Kentuckiana, and Northern Kentucky regions. Many participants served more than one region; therefore, the total exceeds 100 % (see Table 1). Most respondents were either speech-language pathologists or developmental interventionists (see Table 2). Furthermore, over half of the respondents had 10 or more years' experience (see Table 3) and held a master's degree (see Table 4). However, less than a third had IECE certification (see Table 5).

Table 3.1 Number of Participants per Region.

Region	Number of Participants	Percentage of Participants
Bluegrass	49	25.4%
Barren River	13	6.7%
Big Sandy	11	5.7%
Buffalo Trace	7	3.6%
Cumberland Valley	12	6.2%
FIVCO	11	5.7%
Gateway	16	8.3%
Green River	14	7.3%
Kentuckiana	38	19.7%
Kentucky River	11	5.7%
Pennyrile	10	5.2%
Purchase	9	4.7%
Lake Cumberland	10	5.2%
Lincoln Trail	13	6.7%
Northern Kentucky	38	19.7%
Total	262	135.8%

Table 3.2 Number of Participants per Discipline

Discipline	Frequency Count	Percentage
Physical Therapist	25	13%
Occupational Therapist	23	11.9%
Developmental	50	25.9%
Speech-Language	83	43%
“Other”	12	6.2%
Total	193	100%

Table 3.3 Participant's Years of Experience

Years of Experience	Frequency Count	Percentage
0-1 years	4	2.1%
2-5 years	52	26.9%
6-9 years	38	19.7%
10 or more years	99	51.3%
Total	193	100%

Table 3.4 Participant's Educational Degree

Educational Degree Level	Frequency Count	Percentage
Bachelor's Degree	36	18.7%
Master's Degree	125	64.8%
Doctoral Degree	17	8.8%
Other	15	7.8%
Total	193	100%

Table 3.5 Number of Participant's with IECE Certification

IECE Certified	Frequency Count	Percentage
Yes	54	28%
No	139	72%
Total	193	100%

3.2 How much training have early intervention providers had?

Respondents were asked to identify the number of courses they had in child development and in what format. Five respondents (2.6%) indicated they had no additional training in child development other than the 6 clock hours required by First Steps; 5 respondents (2.6%) indicated they had 1 course; 7 respondents (3.6%) replied as having 2 courses; 12 respondents (6.2%) indicated they had 3 courses; and 164 respondents (85%) answered they had 4 or more courses.

Respondents also were asked to identify all the ways in which they received their training. The majority of respondents (82.9%) reportedly received their training in a face-to-face format. Sixty-two percent indicated they were trained through university coursework, 55.4% answered they had received training online or through a webinar, while only 14% indicated they received peer training.

Additionally, respondents were asked to identify the format and number of courses completed which focused on administering assessments, exclusive of the requirement to obtain introductory training in one of the three CBAs. Ninety-two respondents (47.7%)

replied they had no additional training; 40 respondents (20.7%) indicated they had 1 additional course; 26 respondents (13.5%) replied they had 2 additional courses; 15 respondents (7.8%) indicated they had 3 additional courses; and 20 respondents (10.4%) answered they had more 4 or more courses.

Respondents were asked to identify the format in which they received their training. The majority of respondents (27.5 %) indicated they were trained face-to-face, while 20.2% indicated they were trained through university coursework. Online or webinar was the mode of training for 2.6%, while only 2.1 % indicated they received training from a peer. As previously discussed, the remaining 47.7% of respondents indicated they received no additional training.

The survey asked respondents to identify which of the three assessment instruments approved for use by First Steps they administered. Some respondents indicated they used more than just one instrument; therefore, the total percentage exceeds 100. The majority of respondents (58.5%) indicated they use the CCITSN, while 49.2% replied they used the HELP. Only 18.1% of respondents answered as having administered the AEPS.

3.3 What affects an early intervention provider's perception of their ability to obtain valid test results?

Respondents were then asked to rate their self-perceived comfort level of administering the assessments they used, as well as to rate their self-perceived validity of their test results. Of the 123 respondents that reportedly administer the CCITSN, most (91.9%) felt either "very comfortable" or "moderately comfortable" with "valid or probably valid results". Only 8.1% indicated they were either "not comfortable" or "mildly comfortable" and felt they produced invalid or probably invalid results. Regarding the 122

respondents who replied they administered the HELP, the majority (87.7%) felt “very or moderately” comfortable and suspected they produced “valid” or “probably valid” results. The remaining 12.3% revealed they were “not comfortable” or “mildly comfortable” and believed their results to be invalid or likely invalid. Of the 62 respondents that answered they administer the AEPS, 75.8% indicated they felt “very” or “moderately” comfortable and suspected their results were “valid” or “probably valid”. Although it is still less than the majority, when comparing the AEPS results to the other two assessments, a considerably higher number of respondents (24.2%) felt their results were at best likely invalid and felt mildly to very uncomfortable.

Next, respondents were asked to identify all the ways they used the data they collected from a list of four choices: progress monitoring, program planning, program eligibility, and accountability. Respondents primarily indicated they entered data into KEDS (87%). Progress monitoring was identified by 80.8% of respondents, followed by 71.5% indicating data was used for program planning. Additionally, 39.4% responded they used the data to determine eligibility for intervention services.

Further, respondents were asked if they felt it was appropriate for all providers to administer 5 domain child developmental assessments. The majority (62.2%) indicated they did not feel it was appropriate. In addition, respondents were asked if they would be willing to attend additional voluntary training on administering these types of assessments. A large number of participants (71%) indicated they would in fact attend.

3.4 What variables are predictive of an early intervention provider’s level of confidence?

In order to analyze the data further, regression analyses were conducted on each of the three assessments, with the dependent variable being the comfort level based on a Likert scale from 1-4 (1= “not comfortable, invalid results”, 2 = “mildly comfortable, result probably invalid”, 3= “moderately comfortable, results probably valid”, 4= “very comfortable, results are valid”). The independent variables included: discipline, years of experience, educational degree level, attainment of IECE certification, amount of child development training, and amount of training in administering assessments.

When examining the HELP assessment, the analysis showed a statistically significant positive relationship between the respondents’ comfort level and their years of experience, IECE certification, and amount of training in administering assessments (see Table 6). Further investigation of the standardized coefficient beta value showed statistical significance with years of experience, indicating this variable made a positive contribution when predicting the self-perceived comfort level of respondents administering this assessment. Tolerance and VIF values indicated no evidence of multicollinearity.

Table 3.6 Multiple Regression Analysis of Comfort Level Administering the HELP

	Pearson Correlation	Sig. (1 – tailed)
Region	.209	.011
Discipline	.118	.098
Years of Exp.	.306	.000**
Degree	.050	.292
IECE Certification	.242	.004**
Training in Child Development	.005	.477
Training in Assessment	.336	.000**
Model Summary		
R Square	.241	
Adjusted R Square	1.94	

Note. ** denotes statistical significance. $p < .0005$

The same analysis conducted on the AEPS showed a statistically significant positive relationship with the amount of training in administering assessments (see Table 7). Tolerance and VIF values were examined and showed no evidence of multicollinearity.

Table 3.7 Multiple Regression Analysis of Comfort Level Administering the AEPS

	Pearson Correlation	Sig. (1 – tailed)
Region	.310	.007
Discipline	.072	.289
Years of Exp.	.266	.018
Degree	.172	.091
IECE Certification	.067	.303
Training in Child Development	.065	.309
Training in Assessment	.450	.000**
Model Summary		
R Square	.307	
Adjusted R Square	.217	

Note. ** denotes statistical significance. $p < .0005$

Analysis conducted on the CCITSN showed none of the independent variables significantly impacted the provider’s self- perceived comfort level (see table 8). Tolerance and VIF values were examined and showed no evidence of multicollinearity.

Table 3.8 Multiple Regression Analysis of Comfort Level Administering the CCITSN

	Pearson Correlation	Sig. (1 – tailed)
Region	.086	.173
Discipline	.063	.245
Years of Exp.	.151	.047
Degree	.042	.321
IECE Certification	.110	.113
Training in Child Development	.107	.119
Training in Assessment	.175	.022
Model Summary		
R Square	.059	
Adjusted R Square	.052	

Note. ** denotes statistical significance. $p < .0005$

CHAPTER 4. DISCUSSION

4.1 How much training have early intervention providers had?

First Steps of Kentucky only requires providers to receive 3 clock hours of training in administering assessments. Almost half of the respondents (47.7%) indicated they did not have any additional training and only (42%) reported having one additional training course. However, study analysis showed 71% of respondents would attend an additional voluntary training in administering assessment, if offered. This may indicate a lack of available training opportunities. This theory is supported by the limited training opportunities focused on assessment found on Kentuckypartnerhsip.org, specifically excluding training opportunities for the AEPS, which is the assessment providers reported as being least comfortable with administering.

On the other hand, the majority of respondents (85%) indicated they have completed four or more courses in child development. This may indicate there is a sufficient number of training opportunities focused on child development.

4.2 What affects an early intervention provider's perception on their ability to obtain valid test results?

Although the majority (85%) of respondents indicated they have completed four or more courses in child development, study analysis did not show that to have a statistically significant impact on a provider's comfort level. Further, the publishers for the HELP and AEPS do not specifically required a background in child development in order to use the assessment. However, the publisher for CCITSN does require a background in child development and this assessment was reportedly used the most at 58.5%. Although study

analysis appears to show most providers a background in child development, there are potential problems with this analysis addressed in the limitations section.

Study analysis of the HELP and the AEPS showed a statistically significant positive relationship between a provider receiving additional training in administering assessments and self-perceived comfort level in obtaining valid results. This shows further indication of providers placing a substantial importance on being trained to administer assessments.

4.3 What variables are predictive of an early intervention provider's level of confidence?

There was not one variable that had a statistically significant impact across all three assessments. However, as part of the multiple regression, the relationship of independent variables was also analyzed. This produced a pervasive finding. Several independent variables showed a statistically significant positive relationship. Provider discipline correlated with the level of degree earned, indicating some disciplines result in a higher level of educational experience. The years of experience correlated with the amount of training in administering assessment, suggesting providers obtain training in administering assessment over time. Finally, holding an IECE certification correlated with the amount of training in administering assessment, indicating providers with an IECE certification are more equipped to administer assessments.

Also, important to note was the limited use of the AEPS at just 18.1%. Many items are a continuum of objectives to reach a goal. The scoring is different than the other two tests as it allows for objectives to be considered mastered without testing each individual item if the goal is considered mastered. The assessment may be intimidating to providers

who do not have a strong knowledge base in child development or assessment, which may have contributed to the low usage rate. Training costs can be significant

Further, the way in which service providers are contracted may also impact their confidence level. In Kentucky, many service providers are independently contracted, meaning they do not work within an agency. This likely reduces resources available to the provider for professional development, such as inter-rater reliability training. Often times, providers are responsible for paying for their own training and the cost can be substantial. This may also limit the opportunity for peer mentoring, especially for providers who are new to the field which this study shows often results in less training in administering assessments.

However, in other states the requirements are much different. For example, providers in the bordering state of Tennessee are contracted through Early Intervention Resource Agencies (EIRA) and are required to complete 42 hours of training including training on the statewide adopted assessment, the AEPS. The 2016-17 APR indicated Tennessee chose the AEPS, because it was the only developmental assessment that had been cross-walked with OSEP child outcomes. Further, the report indicated a plan for FFY 2018 to include increased support to providers in administering the AEPS as well as implementing the curriculum (Tennessee Part C SPP/APR, 2016).

4.4 Field Implications

It's important to discuss how providers are using the data they collect and the implications for using potentially invalid data. Study analysis showed 71.5% of respondents used the data collected for program planning. This means there is a potential

for children to be identified as developmental appropriate before they truly are which results in an early discontinuation of needed services. The opposite could also be true where services are continued but unnecessary.

Progress monitoring and entering data into KEDS was listed as a use of data by approximately 80% of respondents. A report of inaccurate data in this area has potential to directly impact funding and program support as this information is reported to OSEP through outcome 3 of the APR. If data indicates the program is successful, it will likely continue to be funded. However, if the data is flawed and the child outcomes really aren't being met, it is a disservice to our children to continue with more of the same.

Eligibility was an indicated use by almost 40% of respondents. The potential for dire outcomes exist in this area too. Inaccurate administration, scoring, or interpretation of data to determine eligibility may result in an over identification of children with special needs which may financially tax our already limited funds. Even worse, under identification of a need for services may prevent our children from reaching their full potential which may have negative consequences for generations to come.

4.5 Limitations

One limitation to this study was a low response rate of 18.7%. Although several precautions were made to protect respondent's confidentiality, this may have been due to a fear of judgement. Respondents were asked in an open response type question if they had any concerns about all providers administering assessments for high stakes purposes. Out of 72 responses, 52 or 72.2% questioned either their own or their colleague's qualifications to administer multi- domain child developmental assessments.

In addition, it is unknown if a representative sample was obtained from each discipline area. This researcher made several requests for further information regarding percentage of providers in each discipline area; however, a response has yet to be received. Therefore, it is possible that one or more discipline area is not represented equally. Further, since this study focuses on the respondents self-perceived comfort level, it is possible that providers might be administering and scoring the assessments correctly, producing valid results.

Further, some survey questions could have been stated more clearly. Respondents may have misunderstood questions regarding child development training as there are many disciplines which address child development specific to their field. In addition, the questions aimed at identifying a provider's comfort level may have been difficult to answer as they were two-fold in that it asked for comfort level and likelihood of achieving valid results.

4.6 Recommendations

Although the publishers indicate a need for knowledge in child development in order to administer each assessment with fidelity, the results of this study do not indicate this variable as having a meaningful impact on provider's self-perceived comfort level. What is clear is the importance providers place on being well trained in administering assessments. When administering the AEPS, 24% of respondents felt the data they collected was likely invalid, followed by 12.3% of respondents administering the HELP, and 8% of respondents administering the CCITSN. However, considering 39.4% of respondents indicated the data collected were used to determine eligibility for intervention

services, we must consider the need for probability instead of just possibility. This study shows there may be a lack of training opportunities available for providers to build their knowledge in administering assessment. Therefore, consideration should be made to support providers in obtaining additional training on administering assessments.

In the absence of inter-rater reliability testing, we cannot assure the information reported to OSEP through the SPP/APR is valid. Therefore, it is possible high stakes decisions such as determining eligibility for services, progress monitoring, and program evaluation are being made based on invalid and unreliable data. Kentucky would be wise to take note of the ways in which other states provide early intervention services and, most importantly, the requirements and support provided to interventionists for assessment and curriculum implementation. Further research should include determination for the need for inter-rater reliability, especially when data are being used for high stakes purposes.

APPENDICES

APPENDIX 1. SURVEY

ASSESSMENT SURVEY FOR EARLY INTERVENTION SERVICE PROVIDERS

1. In which region do you currently provide early intervention services for First Steps? Choose all that apply.

Bluegrass

Barren River

Big Sandy

Buffalo Trace

Cumberland Valley

FIVCO

Gateway

Green River

Kentuckiana

KY River

Pennyrile

Purchase

Lake Cumberland

Lincoln Trail

Northern KY

2. Choose the discipline for which you provide services. Choose all that apply.

Physical Therapist

Occupational Therapist

Developmental Interventionist

Speech Language Pathologist

Teacher of Children who are deaf

Social Worker

Certified Psychologist

Licensed Psychologist

Physician

Orientation and mobility specialist

Nutritionist

Nurse

Licensed Marriage and Family Therapist

Audiologist

Teacher of Children who are visually impaired

Licensed Professional Clinical Counselor

Optometrist

Ophthalmologist

Dietitian

3. How many years' experience do you have in your current position?

- less than 1 year
- 2-5 years
- 6-9 years
- 10 or more years

4. What is the highest degree you have completed?

- Bachelor's Degree
- Master's Degree
- Doctoral Degree
- Other (please specify)

5. Do you hold an Interdisciplinary Early Childhood Education Teaching Certificate?

- Yes
- No

6. Other than the 6 clock hours mandated by First Steps, how many courses have you had in child development?

- None
- 1 course
- 2 courses
- 3 courses
- more than 3 courses

7. In what format did you receive this child development training? Check all that apply.

- Attended a face to face training
- Online/Webinar
- Received training from a peer
- University Coursework
- I did not receive training
- Other

8. Other than the 3-hour training mandated by First Steps, how many courses have you had in administering 5 domain child development assessments?

- None
- 1 course
- 2 courses
- 3 courses
- more than 3 courses

9. In what format did you receive this training in administering 5 domain child development assessments?

- Attended a face to face training
- Online/Webinar
- Received training from a peer
- University Coursework
- I did not receive training
- Other

10. Which of the following assessments do you administer to children receiving First Steps services? (Check all that apply.)

- Hawaii Early Learning Profile (HELP)
- Carolina Curriculum
- Assessment Evaluation and Programming System (AEPS)
- None of the Above

11. How comfortable do you feel with your ability to administer the following assessments and collect valid results?

HELP

- Not Comfortable/My results ARE NOT valid
- Mildly Comfortable/ My result PROBABLY ARE NOT valid
- Moderately Comfortable/ My results PROBABLY ARE valid
- Very Comfortable/ My results ARE valid
- I do not administer this assessment

AEPS

- Not Comfortable/My results ARE NOT valid
- Mildly Comfortable/ My result PROBABLY ARE NOT valid
- Moderately Comfortable/ My results PROBABLY ARE valid
- Very Comfortable/ My results ARE valid
- I do not administer this assessment

Carolina Curriculum

- Not Comfortable/My results ARE NOT valid
- Mildly Comfortable/ My result PROBABLY ARE NOT valid
- Moderately Comfortable/ My results PROBABLY ARE valid
- Very Comfortable/ My results ARE valid
- I do not administer this assessment

12. In what ways do you use the data you collect? (Check all that apply.)

- Program Planning (Identifying goals and objectives, etc.)
- Progress Monitoring (Monitoring progress to see if goals, objectives, etc. are being met)
- Program Eligibility (Determining if a child is eligible for services)
- Entered data into KEDS (Kentucky Early Childhood Data System)

Other

13. Do you feel it is appropriate for ALL First Steps early intervention service providers to administer 5 domain child development assessments?

Yes

No

14. If additional training on administering assessments was offered on a voluntary basis, would you attend?

Yes

No

15. Please describe any other concerns you have about early interventionists administering assessments for high stakes purposes (funding allocations, program quality and effectiveness, etc.).

APPENDIX 2. INVITATION TO PARTICIPATE

Your participation is being requested in a research study. The purpose of this project is to study the qualifications of First Steps early intervention service providers in regard to administering the Hawaii Early Learning Profile (HELP), the Carolina Curriculum for Infants and Toddlers with Special Needs (CCITSN), and/or the Assessment, Evaluation, and Programming System for Infants and Children (AEPS), as determined by the test developer. This study is being conducted by Carrie Bales, a graduate early childhood education student, under the direction of Dr. Jennifer Grisham-Brown from the Department of Special Education and Rehabilitation at the University of Kentucky. Participating in this study includes completing a brief survey about your educational background and assessment training, and your comfort level in regard to administering child development assessments. The survey should take 5-10 minutes to complete. Participation in this study is voluntary and you may choose to withdraw at any time; however, there are no known risks to participating. Your responses to survey questions will remain confidential and no personally identifying information will be collected. By participating in this study, you will provide information that may be useful when determining policies and procedures regarding services provided to infants and toddlers with special needs. Please access and complete the survey within 2 weeks of receiving this invitation by clicking on the following link:

https://uky.qualtrics.com/SE/?SID=SV_bjX83PWySfd87je

Your participation is greatly appreciated. If you have any questions about this research, you may contact Carrie Bales at 502-836-2943 or carrie.bales@uky.edu. If you

have any questions about your rights as a volunteer in this research, contact the staff in the Office of Research Integrity at the University of Kentucky at 859-257-9428 or toll free at 1-866-400-9428.

Please be aware, while we make every effort to safeguard your data once received from the online survey/data gathering company, given the nature of online surveys, as with anything involving the Internet, we can never guarantee the confidentiality of the data while still on the survey/data gathering company's servers, or while en route to either them or us. It is also possible the raw data collected for research purposes may be used for marketing or reporting purposes by the survey/data gathering company after the research is concluded, depending on the company's Terms of Service and Privacy policies.

REFERENCES

- Bricker, D., Capt, B., & Pretti-Frontczak, K. (2002). Test [for] Birth to Three Years and Three to Six Years. Assessment, Evaluation, and Programming System for Infants and Children (AEPS). Brookes Publishing Co., PO Box 10624, Baltimore, MD 21285-0624.
- Copple, C., & Bredekamp, S. (2009). Developmentally appropriate practice in early childhood programs serving children from birth through age 8. National Association for the Education of Young Children. 1313 L Street NW Suite 500, Washington, DC 22205-4101.
- Delisle, D. S., & Yudin, M. (2014). Letter to Chief State School Officer. Retrieved from <https://www2.ed.gov/about/offices/list/osers/osep/rda/050914rda-lette-to-chiefs-final.pdf>
- Division for Early Childhood. (2014). DEC recommended practices in early intervention/early childhood special education 2014. Retrieved from <http://www.dec-sped.org/recommendedpractices>
- Evaluation & Eligibility. 2014. Retrieved from <http://www.lrc.ky.gov/kar/902/030/120.pdf>
- GRADS360. (2016). Retrieved from <https://osep.grads360.org/#report/apr/2016C/publicView?state=KY&ispublic=true>.
- Grisham-Brown, J., & Pretti-Frontczak, K. (2011). Assessing Young Children in Inclusive Settings: The Blended Practices Approach. Brookes Publishing Company. PO Box 10624, Baltimore, MD 21285.
- Hallam, R. A., Lyons, A. N., Pretti-Frontczak, K., & Grisham-Brown, J. (2014). Comparing apples and oranges: The mismeasurement of young children through the mismatch of assessment purpose and the interpretation of results. *Topics in Early Childhood Special Education*, 34(2), 106-115.
- Individuals with Disabilities Education Act. (2018). Retrieved from <https://sites.ed.gov/idea/about-idea/>
- Johnson-Martin, N. M., Attermeier, S. M., & Hacker, B. J. (2004). The Carolina curriculum for infants and toddlers with special needs (CCITSN). Baltimore, MD: Brookes Publishing Co.
- Kagan, S. L., Scott-Little, C., & Clifford, R. M. (2003). Assessing young children: A policy brief that addresses what policy makers need to know and do. In C. Scott-Little, S. L. Kagan & R. M. Clifford (Eds.), *Assessing the state of state assessments: Perspectives on assessing young children*. Tallahassee: SERVE.
- Kentucky Early Childhood Data System. (2003-2019). Retrieved from http://www.kedsonline.org/FirstSteps_Home/faq.aspx
- Kentucky Early Intervention Services. (2018). Retrieved from <https://chfs.ky.gov/agencies/dph/dmch/ecdb/Pages/fs-enrollment.aspx>

- McCormick, K. & Gooden, C. (2009). Reliability Measures in Early Childhood Assessment. Kentucky Early Childhood Data Systems, Human Development Project, University of Kentucky
- McNeil, R. C. (2011). A Program Evaluation Model: Using Bloom's Taxonomy to Identify Outcome Indicators in Outcomes-Based Program Evaluations. *Journal of adult education*, 40(2), 24-29.
- National Association for the Education of Young Children (NAEYC) and the National Association of Early Childhood Specialists in State Departments of Education (NAECS/SDE). 1991. Guidelines for appropriate curriculum and assessment in programs serving children ages 3 to 8. *Young Children* 46 (3): 21–38.
- NAEYC & NAECS/SDE (National Association of Early Childhood Specialists in State Departments of Education). (2003). Early Childhood Curriculum, Assessment, and Program Evaluation: Building an Effective, Accountable System in Programs for Children Birth Through Age 8. Joint position statement.
- National Association for the Education of Young Children. (2009). Developmentally appropriate practice in early childhood programs serving children from birth through age 8: A position statement of the National Association for the Education of Young Children. Washington, DC: Author.
- National Task Force on Assessment Education. (2016). Retrieved from <https://www.assessmenteducation.org/wp-content/uploads/Assessment-Literacy-Definition.2017.01.25.pdf>
- National Research Council. (2000). *Inquiry and the national science education standards: A guide for teaching and learning*. National Academies Press.
- Newborg, J., & Riverside Publishing Company. (2005). *Battelle developmental inventory*. Riverside Pub.
- Paris, S. G., & McEvoy, A. P. (2000). HARMFUL AND ENDURING EFFECTS OF HIGH-STAKES TESTING. *Issues in Education*, 6(1-2), 145-159.
- Parks, S. (2006). *Inside HELP: Administration and Reference Manual for HELP*. Palo Alto, CA: VORT Corp.
- Salvia, J., & Ysseldyke, J. (1995). *Assessment* (6th ed.). Boston, MA: Houghton Mifflin
- Shepard, L., Kagan, S. L., & Wurtz, E. (1998). *Principles and Recommendations for Early Childhood Assessments*.
- Shih, T. H., & Fan, X. (2009). Comparing response rates in e-mail and paper surveys: A meta-analysis. *Educational research review*, 4(1), 26-40.
- Tennessee FFY 2016 Part C State Performance Plan /Annual Performance Report. Retrieved from https://www.tn.gov/content/dam/tn/education/teis/teis_part_c_annual_perf_rpt_2016-17.pdf

Wang, B. (2010). On rater agreement and rater training. *English language teaching*, 3(1), 108.

Warshaw, S. P. (2008, October). FAQ: HELP 0-3 Clinical Questions. Message posted in response to "Personnel Qualifications". <http://www.vort.com/pages.php?pageid=14#q040>].

VITA

EDUCATION:

B. A. University of Kentucky, College of Education

- Major: Elementary Education

University of Kentucky, College of Special Education and Rehabilitative Counseling

- Fifth Year Certification: Interdisciplinary Early Childhood Education

PROFESSIONAL EXPERIENCE:

- Elementary teacher for Anderson County Public Schools, 2001-2003
- Service Coordinator for First Steps of Kentucky, 2008-2010
- Developmental Interventionist for First Steps of Kentucky, 2010-2014
- Regulatory and Training Specialist for Child Care Council of KY, 2014-2018
- Preschool Service Coordinator for Jessamine County Public Schools, 2018- present

Carrie C. Burks