Seeing Early, Acting Early:

ECE’s as Leaders in Identifying & Supporting Diverse Needs

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Core understandings

- A belief in “we can make this work” is essential
- EVERY child belongs. No cherry picking or sending home
- We learn tier 1 and 2 supports from parents and peers.
- We learn tier 3 from other disciplines / research / PL
- Building confidence & competence at the center
- We are learning, with, from and about our children

Identifying supports

- Who sees issues?
- Who “diagnoses”?
- Does a diagnosis change what you know about a child?
- How is assessment different than teaching?

My “agenda”

- Legitimize your professional perspective
- Recognize your irreplaceable role in understanding children’s needs
- Reflect on what you should be watching
- Strengthen what you need to be documenting
- Appreciate a space for formal assessment
- How to decipher the “language” of behavior
- Embrace parent as co-strategist and observer
- Celebrate neurodiversity

Assessment

- From the Latin word “Assidere” – to sit beside or with
- Become a clinical, formal approach, by someone else
- Formal and informal
- Quantitative and qualitative
- It does have a place

What is known about assessment?

Parents know their children

Educators know their children

Good assessment should clarify and direct

The further assessment happens from the home/class the more useless it is

Child development is highly individualized; “normal” is misnomer

Assessment field dominated by American culture and language

Tools hold limited utility in effecting change

You know what you are doing & seeing

4 pillars of formal assessment

01. Interviews

02. Observation

03. Informal approaches

04. Testing

What Is Good Assessment

- Objective
- Parallels good parenting
- Is inherent to teaching/working with kids & parents
- Indicators of future development
- Reliable – trust the tests to give accurate scores
- Valid – trust the scores to give accurate information on the child
- Directing levels of supports
- Empowering
- Holistic & clear
- Collaborative in nature
- Child-centered, family focused

Why do we assess?

- Early intervention “at risk”
- Prevent erosion of skill (“acquired disabilities”)
- Appropriately challenge child
- Direct supports
- Entitlement
- Empowerment
- Improve interactions
- Facilitate specialized referrals

When to assess

- Level 2 supports aren’t working
- Shared concern with parents
- When parents are ready
- When the means are available
- Who should be referred early??
- Who shouldn’t??

Who assesses

- SLPS
- OT’s
- Health care (GP’s, Peadiatricians)
- Psychologists
- “Specialists”

Pro's

- Name a problem
- Direct early intervention
- Eligible for services
- Identify Level 3 supports
- Maximize functioning
- Identify strengths as well as weaknesses
- Entitlement
- Samples of behaviour only
- Should be "point in time"

Con's

- Labeling debate
- Miss early intervention
- Counter to inclusion
- Limit options/ expectations
- Affected by fatigue, stress, anxiety, health, language…
- Demotivate
- Too clinical
- Scores change over time, yet emotional burden on family

Quantitative Assessment

- Published tests
- Individual or group
- Norm or criterion based
- Score based approximates
- Rigid in administration
- Child/family are subjects
- Specific training required
- Time-limited in accuracy
- Predictors of future functioning

Quantitative Assessment

- Case history
- Observation – actual or simulated
- Self-report checklists
- Work analysis
- Interviews – client, others
- Child & family are central contributors
- Objective Accurate when well done
- Indicative of current & past functioning

When to assess

- Measures specific tasks that child is working on as they work on it
- Comments on real world tasks
- Classroom teacher, driven through observation and interaction
- Parent is partner
- Student input is sought and valued

Authentic Assessment/ Evaluation

- Measures specific tasks that child is working on **as** they work on it
- Comments on real world tasks
- Classroom teacher, driven through observation and interaction
- Parent is partner
- Student input is sought and valued

Program Planning Steps for Inclusive Program

- Parent central partner
- Identify others in child’s ecosystem and bring them in
- Identify student’s strengths and needs
- Develop a schedule of supports
- Identify additional resources to teacher, student, family, peers
- Develop documentation / monitoring plan

What should we watch & document: Developmental domains

Behavioral
- Social
- Adaptive
- ABC's

Motor
- Gross
- Fine
- Visual spatial/visual motor
- Balance
- Coordination

Emotional Regulation & executive functioning
- Empathy
- Impulse control
- Patience
- Kindness
- Shift
- Plan/organize
- Working memory
- Monitoring
- Plan/organize
- Working memory
- Monitoring

Speech-language
- Expressive
- Receptive
- Articulation
- Nonverbal

Sensory
- Visual
- Auditory
- Tactile
- Smell/taste

Dysregulated children

All behaviour is communication

Triggers and co-regulation

Common triggers you see

How to co-regulate

Sensory stations (NEVER rooms)

What should we watch & document

ABC's of every behaviour

Antecedent

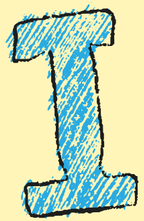
Behaviour

Consequence

Three points of every conflict

Relationship

Emotions



Issue

Developmental trauma

- Community/family violence
- Poverty and instability
- War
- Weather disasters
- Institutional care
- Abuse
- Medical trauma
- Other

Impacts

- Alters brain development
- Impairs psychological, physical, social/ emotional
- Evident in their play
- Carries significant sensory triggers

Neurodiversity

A spectrum of uniqueness

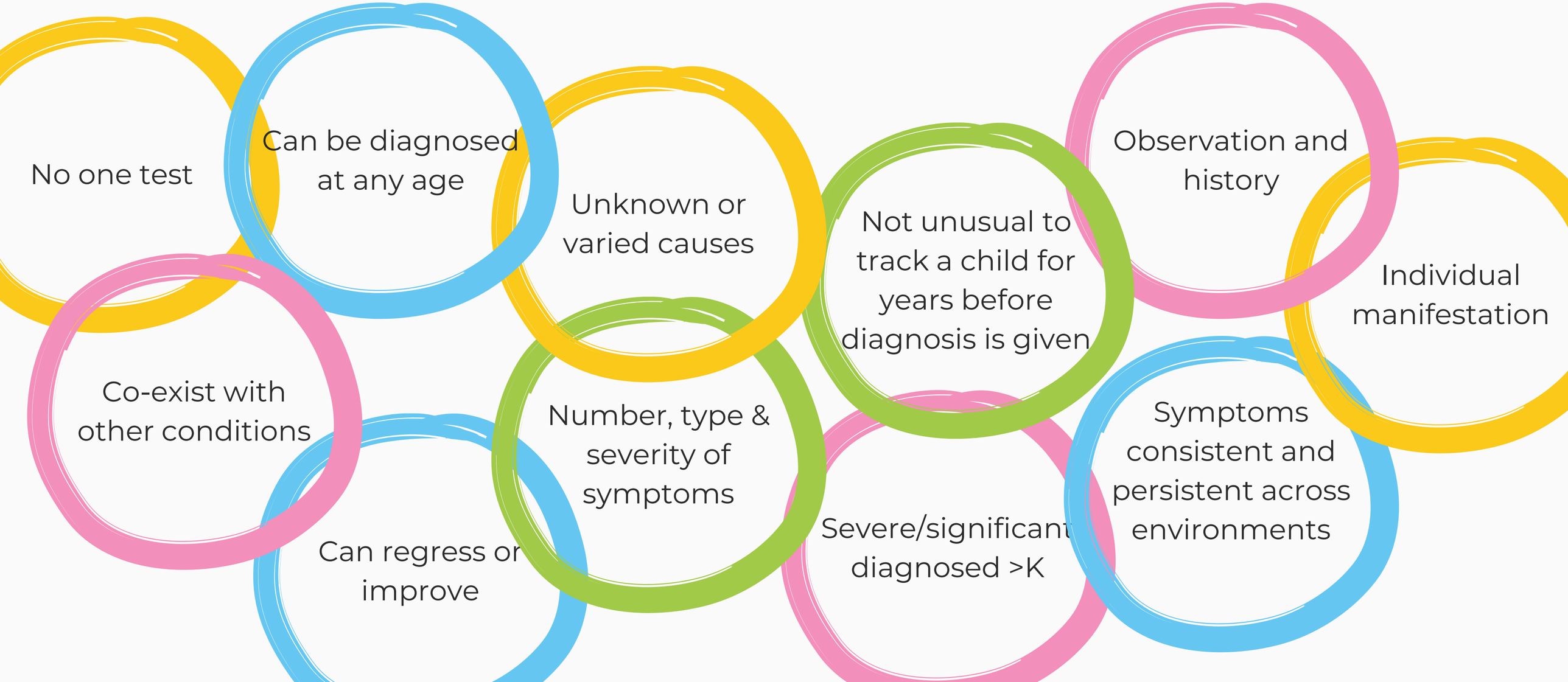
Pervasive delays in:

- Restricted & repetitive behavior
- Communication (verbal & non-verbal)
- Social Interaction

- Spectrum disorder with wide variety of manifestations
- Wide variety of cognitive ability (difficult to assess)
- Requires structure and routines

Differentiated Diagnosis

Based on factors such as:



Birth - 18 months

- No mutual gazing
- Feeding problems such as poor sucking
- Lack of smile
- Sensory issues
- Apathy and unresponsiveness
- Stiffness when held, rigid body
- Constant crying or no crying
- Repetitive motor movements
- Lack of anticipatory responses
- Obsessive interests in certain objects

18 months - 2 years

- Weak or no eye contact
- Sensory issues more apparent
- Fascinated by visual stimuli
- Withdrawal
- Failure to play with peers
- Difficulties with toilet training
- Overly sensitive to sound
- Looks through people
- Odd eating habits and food preferences
- Suspect deafness
- Apparent lack of expressive & receptive language
- Little interest in toys or obsessive interests in some toys

After 2 years

- Echolalic language
- Deviant babble
- Pronominal reversals (I – you confusion)
- Continued withdrawal (retreat from world)
- Co-operative play absent
- Developmental milestones delayed, weak or very inconsistent
- Motor activity delayed
- Self stimulation / self mutilation
- Flapping hands, hand splaying, walking on toes
- Development of repetitive habits, gestures
- Tantrums at change

Neuro-affirming practices:

Core principles:

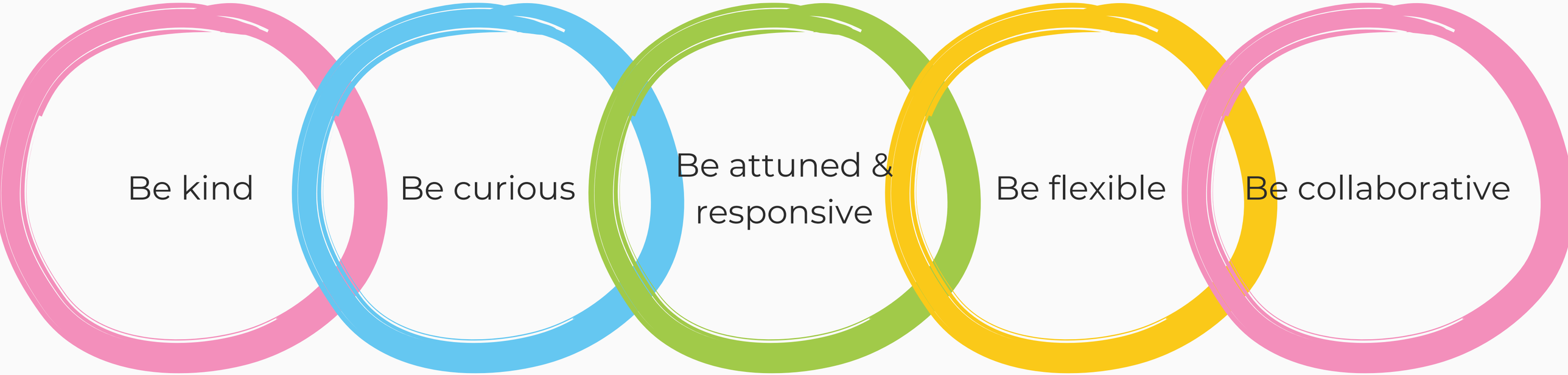
Reframing neurodivergence

Challenging a clinical approach

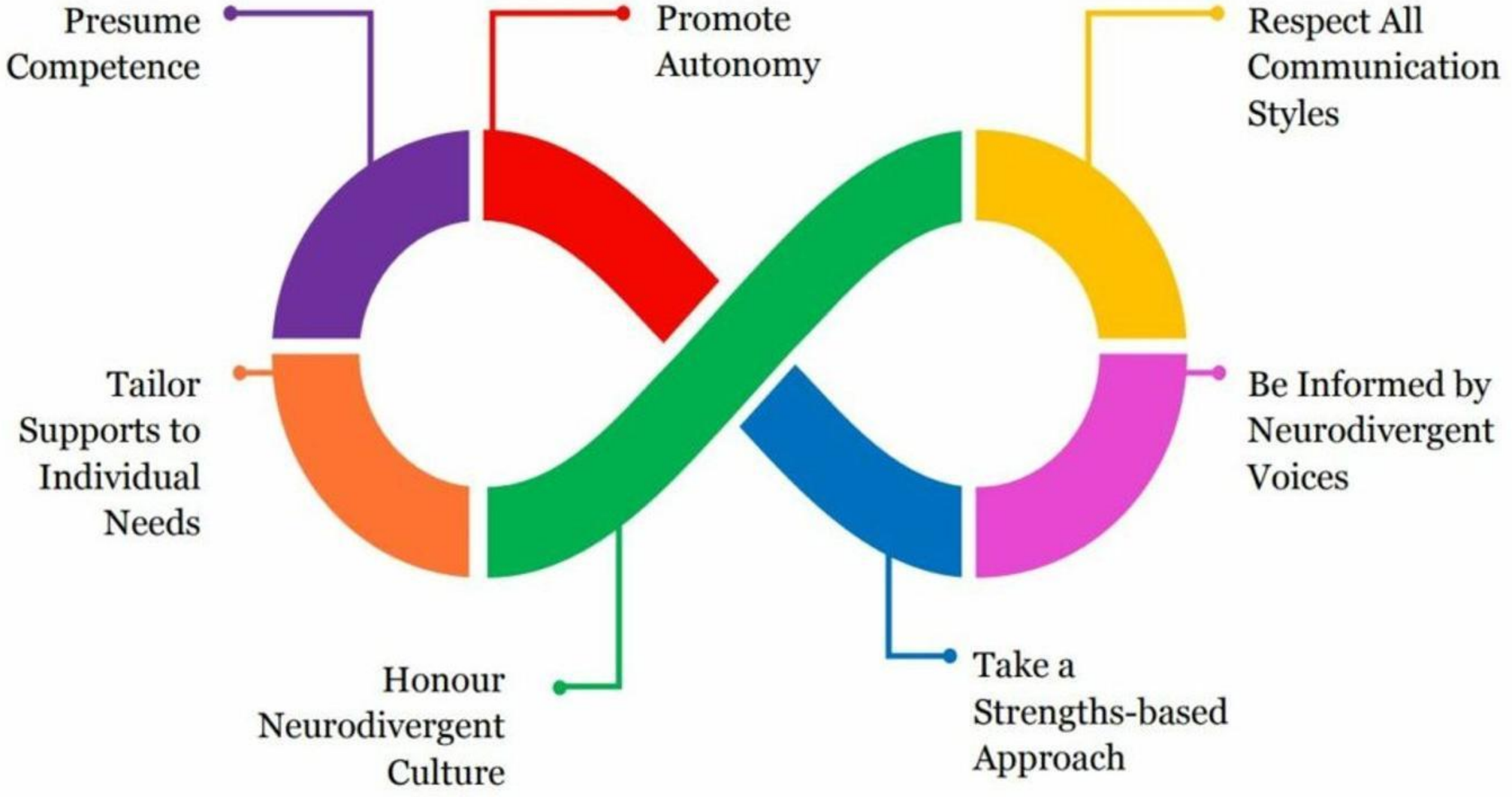
Promoting agency and autonomy

Creating inclusive environments

Implementing neuroaffirming practices

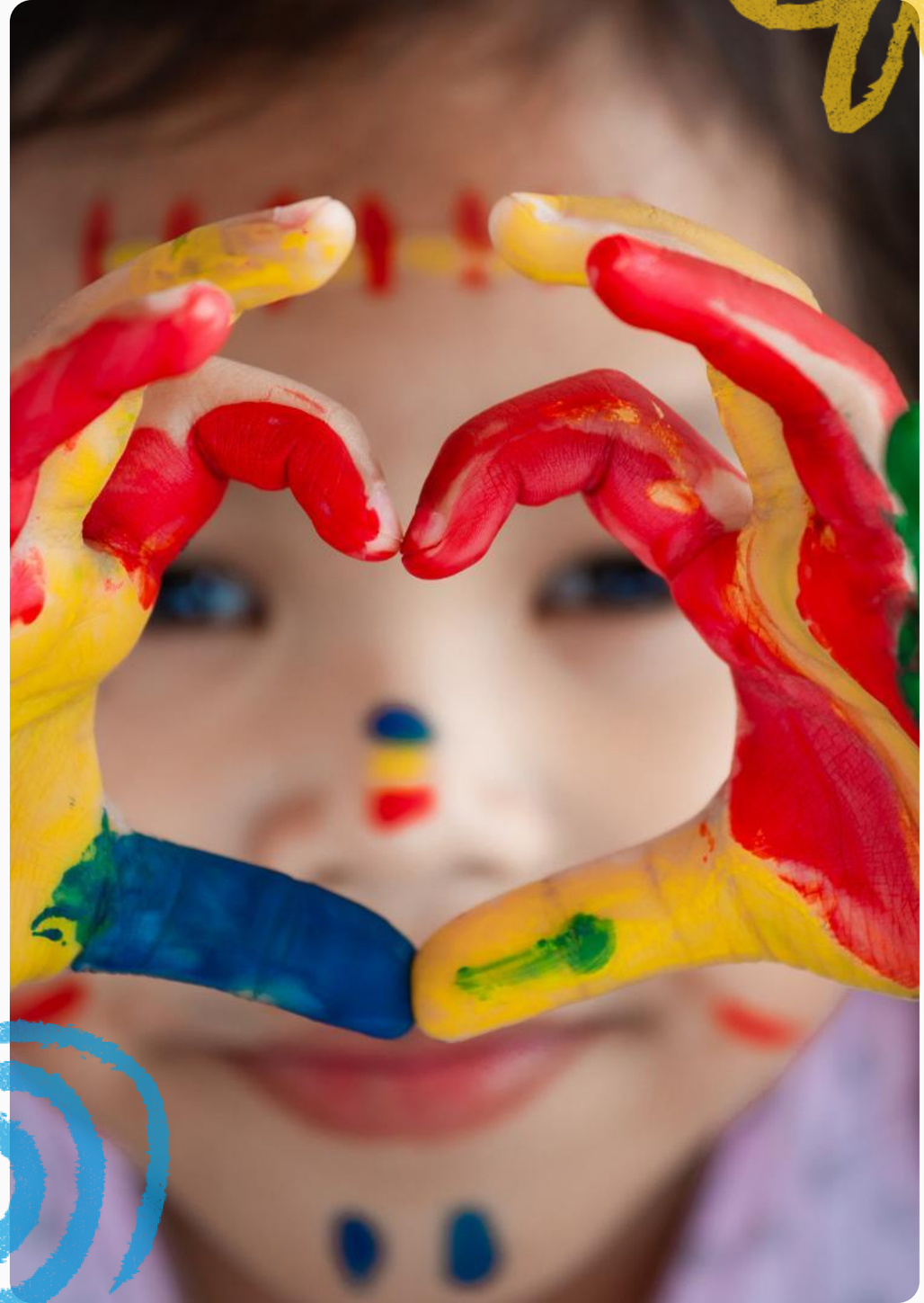


Neurodiversity Affirming Practice



ECE’s as “first assessors”

- You know your children
- Parent as “co-assessor”
- Know what to look for
- Document and share
- Know when to refer
- The goal is not to fix but to embrace



Accepting every child for exactly who they are, ***and*** how they present in this world.

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