


New York City Department of Health

**CULTURALLY AND LINGUISTICALLY
APPROPRIATE EVALUATIONS:
WHAT EVERY EI EVALUATOR IN NYC
NEEDS TO KNOW**

Module 2a: The Problems With the Current Tests



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OVERALL GOAL:

To improve NYCDOH EI evaluations
with a focus on ensuring that all children receive
culturally and linguistically appropriate evaluations.

This NYCDOH training is based on the following:

IDEA 2004 Part C
EI Regulations 69-4
Memorandum 1999-02– Diagnosed Conditions
Memorandum 2005-02 and addendum to Memo 2005
Clinical Practice Guidelines:
Communication, Motor, Down Syndrome, Autism, Hearing, Vision
Provider Agreement (Evaluation Section – B[LYF1])
Interim List of Developmental Assessment Instruments –
Revised 5/12
NYCDOH Policy and Procedures Manual

What you may be asking...

Question 1: Will BEI accept MDEs in which there was no standardized test used to establish a development delay?

YES. However NYSDOH EI regulations and guidance state that an evaluator should use a standardized instrument when it is appropriate to the child’s culture, language and developmental concern and the instrument has appropriate levels of sensitivity and specificity. It is incumbent on the MDE team to determine whether specific instruments meet the above requirements in relation to the unique characteristics of the child.

NYCDOH BEI Q and A, March 2016

Question 1 (con't) : Will BEI accept MDEs in which there was no standardized test used to establish a development delay? YES.

Regardless of whether a standardized instrument is used or not, all evaluators must

- Provide detailed clinical observations, informed clinical opinion and parent perceptions and observations about their child's development and any other pertinent information such as medical history, family history, etc. to support the child's reported level of functioning and developmental domain status.
- Reference developmental milestones and clinical clues/risk factors from *NYSDOH Clinical Practice Guidelines*.

NYCDOH BEI Q and A, March 2016

Question 1 (con't) : Will BEI accept MDEs in which there was no standardized test used to establish a development delay? YES

When a standardized instrument is used, scores should not be used in isolation to establish a child's eligibility status.

Special attention should be given to whether test/instrument items or skills presented are appropriate to assess given specific knowledge of the individual child's prior experiences, the relevance for the individual family's culture and background and the functional relevance and the individual child's ability to acquire skills.

NYCDOH BEI Q and A, March 2016

Question 2: Are evaluators required to use a standardized test for an English speaking child?

No. If an evaluator determines that a standardized test is not appropriate to the child's culture, language and developmental concern, or the instrument does not represent the child's developmental level, evaluator should provide written justification in the evaluation report why such instrument or instruments are not appropriate or available for the child.

NYCDOH BEI Q and A, March 2016

Question 2: Are evaluators required to use a standardized test for an English speaking child? No.

Evaluators should provide detailed information based on informed clinical opinion, parent interview and behavioral observation to support the child's developmental level and developmental domain status.

Evaluators must document procedures and methods of how developmental delay status and eligibility is determined in accordance with NYSDOH regulations and guidance documents.

NYCDOH BEI Q and A, March 2016

State regulations further specify that multidisciplinary evaluations must be conducted in a professional, objective fashion and must:

- consider the unique characteristics of the child;
- use several sources and types of information about the child;
- employ appropriate instruments and procedures... ; and,
- be conducted in a setting conducive to ensuring accurate results, and the parent's input regarding the preferred environment should be considered...

http://www.health.ny.gov/community/infants_children/early_intervention/memoranda/2005-02/multidisciplinary_procedures.htm

NYCDOH requires that
EI Evaluators
demonstrate evidence of
quality and considered
informed clinical
opinion.



How do evaluators develop quality informed clinical opinion?

1. By being on top of the research and understanding the statistical base of any assessment tool they use;
2. By identifying biases in assessment materials and in many current "developmental milestones";
3. By spending time assessing typically developing children from the same age and cultural and linguistic background as the ones they are evaluating for EI; and
4. By ensuring that they have a deep understanding of developmental milestones.



How can standardized and criterion-referenced tests tell us what to expect at a specific month or three month range when the Clinical Practice Guidelines cannot?

WHY CAN'T WE CONTINUE TO QUALIFY WITH THE APPROVED TESTS???

Appropriate evaluations are more than simply counting

- How many words?
- How many sounds?
- How many blocks can be stacked?
- How many body parts does the child know?
- How many stairs can the child climb?
- How many puzzle pieces?
- How many shapes can the child put in a formboard?

Static assessment assumes that every child has had the same experiences and we simply assess whether the child has acquired an appropriate number of skills for that age.

Dynamic assessment looks to see whether the child can learn new things. It is harder with young children because they may be shy. But a good evaluator can elicit that information through a good parent interview.

Current law, regulations, and policies for EI evaluations are current best practices.

Is it appropriate to report and use scores from a norm-referenced test that has not been standardized for a particular population?

No, the standardized instruments that are selected should be norm-referenced for the population being evaluated, including populations whose dominant language is not English. . . . Instruments used as part of an evaluation must be reliable and valid, have appropriate levels of sensitivity and specificity; and, be sensitive to the child's and parent's culture and dominant language or other mode of communication.

http://www.health.ny.gov/community/infants_children/early_intervention/memoranda/2005-02/addendum_memo_2005-02.htm

“It ain’t what you don’t know that gets you into trouble.

It’s what you know for sure that just ain’t so.”

Mark Twain

When developmentally can children use a thin sewing needle to string tiny beads?

**CULTURAL, LINGUISTIC,
and SES TEST BIASES**

Why INFORMED CLINICAL OPINION is so important in EI evaluations

HART and RISLEY, 1995, 2003

Impact of exposure to words based on socio-economic status.

By 3 years of age, there is a 30 million word gap between children from the wealthiest and poorest families.

Hart, B., & T.R. Risley. 1995. Meaningful Differences in the Everyday Experience of Young American Children. Baltimore: Brookes

Hart, B., & T.R. Risley. 2003. "The Early Catastrophe: The 30 Million Word Gap by Age 3." American Educator 27 (1) 4-9. www.aft.org/pdfs/americaneducator/spring2003/TheEarlyCatastrophe.pdf

Fernald, Marchman, & Weisleder 2013

SES Affects Toddler Vocabulary as Well.

By 18 months, children in different socio-economic groups display dramatic differences in their vocabularies.

By 2 years, the disparity in vocabulary development has grown significantly.

Fernald, A, V.A. Marchman, & A. Weisleder. 2013. "SES Differences in Language Processing Skill and Vocabulary Are Evident at 18 Months." *Developmental Science* 16 (2):234-48.

BIAS AREAS

Present in ways skills are elicited

Labeling/identifying/naming objects and body parts

The most tested skill across domains!

BIAS AREAS

How can developmental milestones be biased?

Gard, Gilam, Gorman: 12 to 24 mths

- Points to 1 to 3 body parts on command
- Says "bye" and possibly a few other conversational ritual words such as "hi", "thank you," and "please."
- Waves good-bye and plays pat-a-cake
- Produces animal sound or uses its name
- Says "What's that?" to elicit attention
- Acknowledges speech of another by giving eye contact, vocally responding, or repeating a word said

BIAS AREAS

How can developmental milestones be biased?

Gard, Gilam, Gorman: 24 to 30 mths

- Listens to 5- to 10-minute story
- Repeats two numbers correctly
- Arranges doll furniture into meaningful groups and uses doll figures act out similar themes from own experience
- Regular plural forms emerging (cat-cats)
- Uses in/on correctly
- Uses some contractions (it's, that's)
- Irregular past tense emerging

LINGUISTIC BIAS

How can developmental milestones be biased?
Gard, Gilam, Gorman: 30 to 36 mths

Listens to 20 minute story (semantics?)
Matches colors (semantics?)
Auxiliary "is/am + ing" (girl is running)
Uses "is" + adjective (ball is red)
Regular past-tense verbs appear (walk/walked)
Uses "s" for possession (Daddy's car)
Uses contracted form of "is" (he's running)
Understands "est" adjective marker (biggest)

For deeper understanding of dialect and second language acquisition

Grammar Fundamentals for a Pluralistic Society
LEADERSproject.org
Free ASHA CEUs
5 hours

BIAS AREAS:

Assume all children have same exposure to books

Looks at pictures in a book (DAYC-2) (9-12 mths)
When looking at a picture book, child regards one or more specific pictures with interest or recognition (Bayley-III) (11-13.5 months)
Child attempts to turn pages of a hardbound book (Bayley-III) (11 to 13.5 months)
Looks at picture book and turns pages (E-LAP) (18 months)
Points to pictures in book (E-LAP) (18 months)
Helps turn pages (HELP) (14-15 months)
Turns two or three pages at a time (HELP) (15-18 months)
Turns one at a time (HELP) (21-24 months)
When sharing books or magazines, can point to pictures involving five simple actions when asked questions like, "Who is eating?" or "Can you show me someone who is swinging?" (REEL-3) (25-36 months)

BIAS AREAS:

Assume all children share social routines

- Waves and responds to bye-bye (HELP) (6-9 mths)
- Uses ritual words "bye," "hi," "thank you," "please" (NYSDOH) (12-18 mths)
- Hugs and kisses parents (HELP) (14-15.5 mths)
- Toddler complies when someone asks to say words we associate with social routines, such as, "Say 'bye bye,'" or "Can you say 'hi' to Grandpa?" (REEL-3) (13-18 mths)
- Greets and says goodbye to people with words such as hi and bye bye, or with his or her own version of them (REEL-3) (13-18 mths)
- Says "bye" and possibly a few other conversational ritual words such as "hi," "thank you," and "please" (Gard, Gilman, Gorman)(12-18 mths)
- Uses different voice tones and words (such as please) when speaking to people of different status, such as talking to another child versus talking to a grandparent (REEL-3) (25-36 mths)

BIAS AREAS:

Assume all children engage in child-adult interactions

Child-Adult Interaction (as opposed to peer-peer)

- Participates in games with adults (Rossetti) (6-9 mths)
- Plays fetching game with caregiver (Rossetti) (12-15 mths)
- Wants to be near adults (E-LAP) (14 mths)
- Plays ball with adults (Rossetti) (15-18 mths)
- Requests assistance from an adult (Rossetti) (15-18 mths)
- Plays simple group games (i.e., "Ring Around the Rosey") with adult help (cooperative play) (E-LAP) (36 mths)

BIAS AREAS:

Present in physical, social and adaptive domains?

Summary in Recent EI Evaluation

"Since a child's neither language nor culture affects physical, social, or adaptive behaviors, the DAYC-2 was used for these three areas and standard scores and deviations were reported."

BIAS AREAS:

Assume all children have blocks

- Places one block after another on table (Gard, Gilman, Gorman) (9-12 mths)
- Places one block on top of another without balancing (HELP) (11-12 mths)
- Child takes toys (e.g. blocks) out of cup (Bayley-III) (13.5-16.5 mths)
- Holds 3 cubes (E-LAP) (14 mths)
- Builds tower of 3-4 (18 mths), 5-6 (21 mths), 6-7 (24 mths) cubes (E-LAP)
- Builds tower using two (12-16 mths), three (18-22 mths), six (22-24 mths) cubes (HELP)
- Stacks 6 to 7 blocks (DAYC-2) (18-24 mths)
- Builds tower of 6 to 7 blocks (Gard, Gilman, Gorman)(24-30 mths)

BIAS AREAS:

Assume similar experience with certain toys

- Removes round piece from formboard (HELP) (10-11 months)
- Removes pegs from pegboard (HELP) (8.5-12 months)
- Places cylinders in matching hole in container (HELP) (11-12 months)
- Inserts (14 mths)/Adapts (15 mths) round shape into formboard (E-LAP)
- When presented with pegboard, child explores holes, intentionally poking fingers in at least one hole (Bayley-III) (13.5-16.5 mths)
- Places one (12-15 mths)/ 6 (16-18 mths) round peg in pegboard (HELP)
- Places round (12-15 mths), square (15-24 mths), triangular (21-24 mths) pieces in formboard (HELP)
- Completes 3-piece formboard (circle, square, triangle) (E-LAP) (22 mths)
- Adapts to reversal of formboard in 4 trials (E-LAP) (24 months)

TEST MISUSE:
This is why
INFORMED CLINICAL OPINION
Is so important in EI evaluations


www.LEADERSproject.org
Grammar Fundamentals for a Pluralistic Society
Differential Diagnosis in a Preschool Evaluation
Disorder, Difference, or Gap? A School-Age Disability Evaluation
Model Speech-Language and Psychological Evaluations
Test Reviews of most commonly used tests

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