

Title: Infants/Toddlers Assessment Tool (ITAT)

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Brief Summary of Project:

This assessment tool was developed in our program a few years ago and is designed to assess and evaluate infants and toddlers on several developmental domains twice a year. The results from the assessments help teachers and administrators to learn about the children's progression and provide additional assistance in areas of need.

Introduction and Overview:

The importance of assessing and evaluating the developmental progression of the children in our program is needed to learn about children who progress typically and those who may experience some difficulties/delays in a certain developmental domain. Additionally, the assessment procedure and results allow the program to learn about possible curricular and/or personnel difficulties in a specific site that need to be addressed in order to enhance the experiences and encourage the growth processes of the children at that site.

The Infants/Toddlers Assessment Tool (ITAT) was created a few years ago by our program to answer the need for a developmental assessment of the infants and toddlers enrolled in the program which did not require "testing the child". The main goals of the ITAT are to provide information about the development of each individual child as well as an overall picture of the development and growth of all children enrolled in New Direction Early Head Start (NDEHS). The development of the ITAT was based on the Battelle Developmental Inventory (BDI), the Infants-Toddler Social and Emotional Assessment (ITSEA), the Parents as Teachers Assessment checklist, Developmental Profiles: Prebirth through 12, and the Humanics National: Infant-Toddler assessment handbook.

The ITAT is a checklist assessment tool that helps teachers and caregivers evaluate infants and toddlers development and growth in four developmental domains and their subcategories: 1) Social-Emotional and Adaptive Development – Social-Emotional Skills, Adaptive Skills 2) Thinking Skills/Cognitive Development 3) Moving and Doing/Motor Development – Gross Motor Skills, Fine Motor Skills 4) Communication/Language and Literacy Development – Expressive Language Skills, Receptive Language Skills. The ITAT consists of assessment tools for six different age groups: 1) Birth to 3 Months 2) 4-6 Months 3) 7-9 Months 4) 10-12 Months 5) 13-24 Months 6) 25-36 Months.

Methodology:

Participants – All infants and toddlers enrolled in the program are assessed and evaluated using the ITAT twice each program year (usually once around the months of December or January, and again around May or June).

Measures/Evaluation Tools – Each teacher/home visitor is expected to have completed observation notes on each child they care for throughout the year. For the completion of the ITAT, the teacher/home visitor is expected fill out the checklist provided on each developmental domain depending on the child's current age. In the case of an identified disability, the teacher should use the form depending on the adjusted age of the child (and not according to the child's chronological age). As mentioned above, the formation of the ITAT's checklists were based on the Battelle Developmental Inventory (BDI), the Infants-Toddler Social and Emotional Assessment (ITSEA), the Parents as Teachers Assessment checklist, Developmental Profiles: Prebirth through 12, and the Humanics National: Infant-Toddler assessment handbook.

Procedures – The ITAT is administrated two times a year for each child enrolled in the NDEHS. The teacher/home visitor should choose the appropriate assessment tool according to the child's age. The teacher should complete the child's full name, the child's date of birth, the teacher's name, the name of the site the child is attending, and the date of completion. For each item on the checklist, the teacher has the possibility to choose from the following: Never/Rarely – the child under observation has never done this item before, or only done it once or twice, Sometimes – the child under observation has done this item more than three times but not consistently, Consistently – the child under observation does this item many times, and the teacher has observed the child performing it often and/or consistently. Next to each answer choices, the teacher has the option to add comments about the specific observation. After the teacher has completed each subcategory of the ITAT, the teacher is asked to total the answers for each developmental domain. Then, the teacher is asked to transfer each of the total calculated to a final scoring sheet, where the overall information is summarized. The figures on this scoring sheet are entered into the computer and serve as the ITAT scores for that child at his/her present age. The teacher also has an additional space for other general comments. The teachers keep a copy of the ITAT from where they can see the overall status of the child; they should use this information to enhance areas that are found to be below expectations (i.e., make changes to their lesson plan), to follow up with other professionals or supervisors when a “red-flag” is raised with a child who performed especially low in a certain domain, and share the developmental milestones achieved by the child at parent/teacher conference. The figures on the scoring sheet of each child are entered into SPSS and Excel by a designated person (a graduate student) at NDEHS main office. The data is analyzed by looking at each child's results and overall means for each age group across sites.

Results and Discussion:

Currently the data base includes 255 children, with most having more than one ITAT score sheet, for a total of 455 ITATS. The results of all the ITAT are currently being analyzed for each child, and each site. The hope is to identify children who may be at risk for developmental delay and need immediate attention. Furthermore, the hope as a program is to gain an overall representation of the developmental growth and progression of the children in each site and learn about any potential problems that need to be addressed in order to allow for more appropriate and supportive environment.

References:

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