



**BRIGANCE<sup>®</sup>**

# Early Childhood Screen II K & 1



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# Introduction

## OVERVIEW

The BRIGANCE® *Early Childhood Screen II* is a collection of quick and highly accurate assessments and data-gathering tools to use with children in kindergarten and first grade.

All assessments in the *Early Childhood Screen II* have been nationally standardized producing results that are highly reliable, valid, and accurate. The *Early Childhood Screen II* includes the following age-specific screens:

- Basic Assessments for the Kindergarten Child
- Basic Assessments for the First-Grade Child

Screening can be done quickly, usually within 10-15 minutes, allowing teachers to identify readily children who may be developmentally delayed or advanced.

Assessment items are both criterion-referenced and norm-referenced and cover a broad sampling of a child's skills and behaviors. Key developmental skills include:

- Fine-motor and Gross-motor
- Language
- Academic/Cognitive
- Self-help and Social-Emotional

Other data-gathering tools included with the *Early Childhood Screen II*:

- *Data Sheets* to record screening results providing a one-page review of the child's performance
- *Self-help and Social-Emotional Scales* to gather data on the child's functional independence and play skills
- *Parent's Rating Forms* to record input from parents/caregivers
- *Teacher's Rating Forms* to record input from teachers
- *Screening Observations Forms* to record examiner's observations while screening

The *Early Childhood Screen II* assessments and data-gathering tools help early childhood teachers and program directors:

- satisfy screening requirements
- produce raw scores, quotients, age equivalents, and percentiles for individual or group reports. (A free scoring calculator is available at [www.BRIGANCE.com/](http://www.BRIGANCE.com/).)
- initiate referrals for further evaluation or special services.
- monitor and report progress over time by administering the age-appropriate screen mid-year or end-of-year as a post test.
- guide individualized and group instruction.
- track and report individual and group progress online at [www.BRIGANCE.com](http://www.BRIGANCE.com). (A per student subscription fee applies.)

**Note:** Screening for vision, hearing, or speech problems is not included. When administering the assessments, however, observe for such problems and report them to the appropriate personnel. See the *Hearing and Vision Observations* on page 58.

## STANDARDIZATION AND VALIDATION

Built on more than twenty years of research and experience in early childhood development, the *Early Childhood Screen II* is a highly accurate, reliable, and valid screening tool. Assessments were standardized and validated on a representative geographic, demographic, and socio-economic sample. Teachers can confidently compare any child to the national sample to help set goals that focus on kindergarten success.

The assessments in the *Early Childhood Screen II* were standardized in 2005 on a geographically diverse sample of 1,366 children whose families are representative of the population of the United States in terms of ethnicity, gender, parental level of education, and psychosocial risk status.

The *Early Childhood Screen II* reliably identifies those children with delays, those who are advanced in development, and those who are developing at a typical rate.

- For over 20 years, the validity of the assessments in the *Early Childhood Screen II* has enjoyed positive professional scrutiny from researchers.
- The assessments were validated on 907 children who were given other measures for comparison and were found to correlate highly with assessments of similar content.
- Validation studies have shown the assessments in the *Early Childhood Screen II* to have substantial content and construct validity, excellent concurrent validity, and a high degree of discriminant validity.
- The *Early Childhood Screen II* is a highly reliable tool. The overall scores have
  - a high degree of internal consistency (.81–.99).
  - excellent test/retest reliability (.84–.99).
  - outstanding inter-examiner reliability (.90–.99).
- The *Early Childhood Screen II* is highly accurate and a single screening will identify
  - 81% of children with disabilities.
  - 84% of children with advanced development.
  - 84% of children with typical development.

For detailed information on the 2005 Standardization and Validation Study, see Chapters 7–9 of the *Technical Report of the BRIGANCE® Screens* published by Curriculum Associates, Inc.

### Standardization means:

- The directions for scoring and administration have been field-tested and are clear enough that the test can be administered in exactly the same way by different examiners.
- The test has been administered to hundreds of children, who represent the geographic regions of the United States and the demographic characteristics of the U.S. population as a whole.
- The parents of children in the standardization sample represent the U.S. population in terms of educational attainment, income levels, and other demographic characteristics.
- The pooled scores generate normative results or “norms” that are truly reflective of average and they also capture the range of performance. Thus standardization enables Screens users to confidently compare each child tested to the national sample.

## BRIGANCE® EARLY CHILDHOOD SYSTEM

The *BRIGANCE Early Childhood Screen II* is a component of the overall *BRIGANCE Early Childhood System* developed to help teachers screen, provide ongoing assessment, measure progress, and provide instruction. The *Early Childhood System* is organized around domains found in state and national early learning outcomes, standards, and foundations.

Domains addressed in the *Early Childhood Screen II*:

- Fine-motor
- Gross-motor
- Language
- Academic/Cognitive
- Self-help and Social-Emotional

The following components of the *BRIGANCE Early Childhood System* will help children develop the skills they need to succeed in school.

### 1. *Early Childhood Screen II*

Quickly and accurately screen children with the *Early Childhood Screen II* to identify needs and meet early childhood requirements. The screens assess a broad sampling of skills in 10–15 minutes, helping identify learning delays, giftedness, and strengths and weaknesses in language, motor, self-help, social-emotional, and cognitive skills. A *Spanish Directions Booklet* is available for each *Screen*.



### 2. *Early Childhood Developmental Inventory*

Easily monitor individual progress toward early childhood outcomes and plan developmentally appropriate, individualized instruction, including objectives for IEPs/IFSPs. The *Inventory* assessments directly correlate to the assessments in the *Early Childhood Screen II*, allowing teachers to identify a child's areas of strength and weakness easily. Ideal for providing ongoing assessment in early childhood outcomes and for instructional planning, the *Inventory* includes objectives for writing IEPs/IFSPs.

### 3. *Readiness Activities*

This collection of easy-to-use lesson plans for instructional activities is correlated to the assessments in the *Early Childhood Developmental Inventory*. The *Readiness Activities* include helpful teaching objectives and recommendations.

### 4. *Early Childhood Management System*

Use the online system to generate student and class reports in real-time to see progress and make instructional plans. Visit [www.BRIGANCE.com](http://www.BRIGANCE.com).

### 5. **CA101**

Free online training is available 24/7 at [www.BRIGANCE.com](http://www.BRIGANCE.com).



# Program Decisions

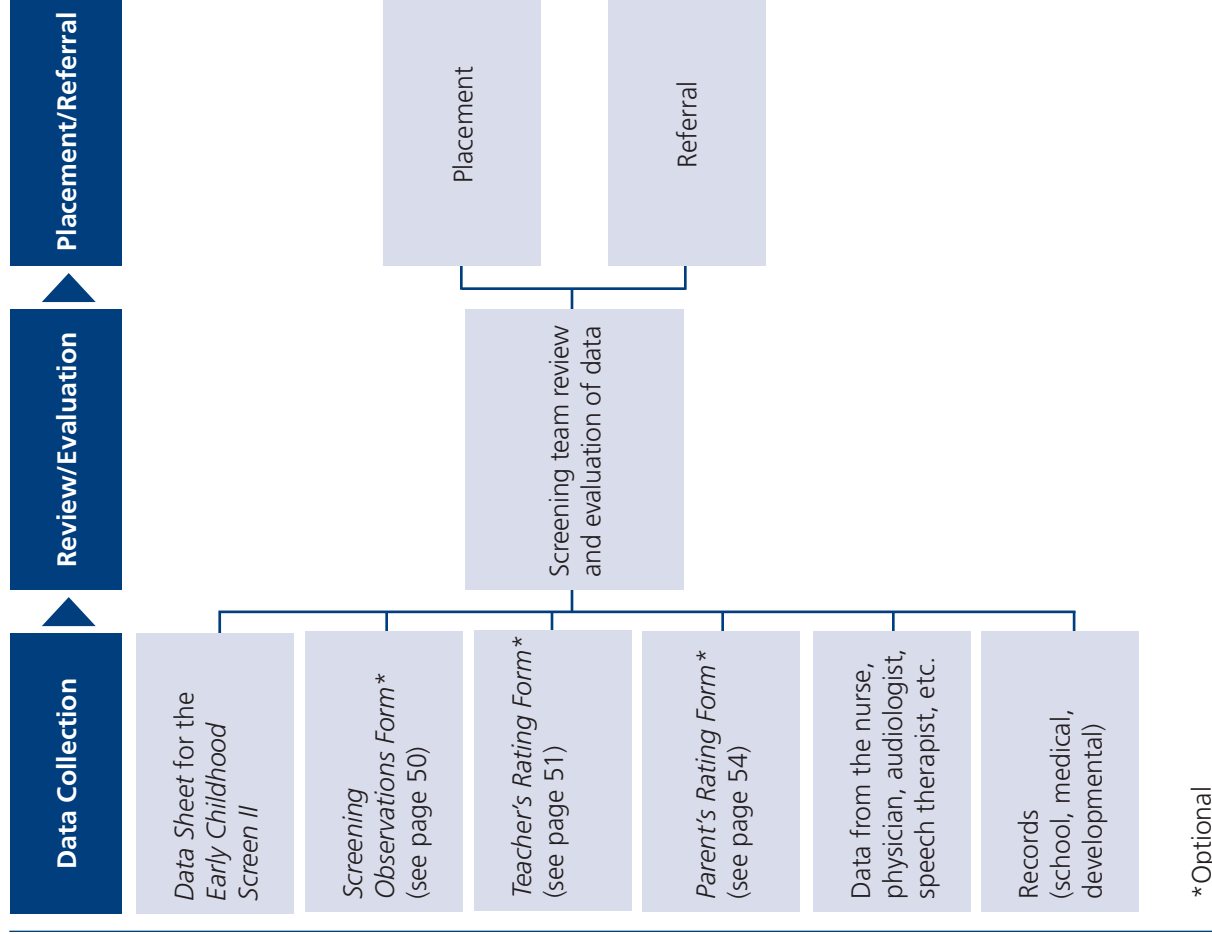
The *Early Childhood Screen II* can help your program satisfy screening requirements, monitor progress, and evaluate program effectiveness. Follow the guidelines below when implementing the *Early Childhood Screen II* in your program.

## 1. DETERMINE SOURCES OF DATA COLLECTION

Ideally, screening is a process involving one or more professionals working with a child along with parents/caregivers to obtain the most valid sampling of the child's skills and behaviors. The following *Early Childhood Screen II* data-gathering tools, as well as data from medical and school records, can be used to provide data from multiple sources:

- *Data Sheet*—an at-a-glance record of *Early Childhood Screen II* assessment results, observations, and recommendations
- *Screening Observations Form*—detailed record of examiner's observations while screening
- *Teacher's Rating Form*—record of the teacher's view of the child's skills/behaviors
- *Parent's Rating Form*—take-home parent evaluation of the child's skills/behaviors
- *Supplemental Assessments Data Sheet*—optional assessment results for children who are more developmentally advanced

Determine which sources of data collection to use in your program as part of your screening process. The diagram on the right shows how the *Early Childhood Screen II* can be used as a model for data collection, review/evaluation, and placement/referral.



## 2. DETERMINE WHEN TO SCREEN

Determine how often and when your program will administer the *Early Childhood Screen II*. Use the guidelines below to decide when the initial screening should take place and when rescreening should take place.

### Initial Screening

To begin, determine when a child's initial screening should take place. The initial screening can serve as a baseline indicator of performance.

### Rescreening

**Follow-up screening** is recommended for children who score low in the first screening. The second screening can be conducted six weeks later or after remedial activities have been implemented. Also, children who score lower than expected due to a "bad day" or illness can be rescreened at a more appropriate time.

**Mid-year or end-of-year screening** can be used to measure growth and help identify children who are not making adequate progress during the program year. See STEP 5 of the Step-by-Step Screening Procedures (Monitoring Progress on page xxii) for details on using the screen as a post test.

## 3. ESTABLISH CUTOFF SCORES

The *Early Childhood Screen II* includes three sets of cutoff scores, each based on the standardization and validation study of the *Screen*. If you plan to use any of the following cutoff scores, it is important that the age-appropriate screen be administered.

### BRIGANCE® Cutoff Scores

- Cutoff scores for detecting children who are developmentally advanced or gifted
- Cutoff scores for detecting children with disabilities or delays
- Cutoff scores for at-risk children

### Customized Cutoff Scores

A customized cutoff score may better suit your particular program needs. Your program may decide that a certain percentage of a testing group be referred for additional assessment. For example, your program's policy may be that the lower twenty percent of the group be referred for additional assessment. A child who scores below your program's customized cutoff score should be evaluated in more detail by screening personnel and considered for more comprehensive assessment.

See STEP 4 of the Step-by-Step Screening Procedures on page xvii for details about when and how to use cut-off scores.

#### 4. ONGOING ASSESSMENT AND PROGRESS MONITORING

Many early childhood programs provide ongoing developmental assessment for all children throughout the year to chart progress and to plan activities. Use the *Early Childhood Developmental Inventory* to establish the child's developmental level in several domains and to monitor progress.

The *Early Childhood Developmental Inventory* is a comprehensive inventory of developmental assessments that correlate directly with the assessments in the *Screen*. The *Inventory* is an appropriate child assessment system that

- is both criterion-referenced and norm-referenced.
- aligns with many early learning outcomes, standards, and foundations.
- includes objectives to write IEPs/IFSPs.
- tracks progress over time.
- allows use of information from multiple sources (teachers, parent reports, and direct assessment) including analysis of samples of children's work and performance.

#### To use the *Early Childhood Developmental Inventory* to show progress in developmentally weak areas:

1. Identify broad areas of weakness using the assessments in the *Early Childhood Screen II*.
2. Next, identify specific skills in need of further evaluation.
3. Administer the correlating assessments of prerequisite skills and related tasks from the *Early Childhood Developmental Inventory*.
4. Use the assessment items to plan developmentally appropriate instruction and to show progress. To assess in even more developmental skill detail, see the Comprehensive Skill Sequences following each section in the *Inventory*.

#### To use the *Early Childhood Developmental Inventory* to show progress in areas of strength:

1. Identify broad areas of strength using the assessments in the *Early Childhood Screen II*.
2. Next, identify specific skills in need of further evaluation.
3. Administer the correlating assessments of higher-level skills from the *Early Childhood Developmental Inventory*.
4. Use the assessment items to plan developmentally appropriate instruction and to show progress. To assess in even more developmental skill detail, see the Comprehensive Skill Sequences following each section in the *Inventory*.

#### 5. PROVIDE DEVELOPMENTALLY APPROPRIATE INSTRUCTION

The *BRIGANCE® Readiness Activities* is a collection of lesson plans and activities correlated to the skills in the *Early Childhood Screen II* and *Early Childhood Developmental Inventory*. Objectives and recommendations for effective teaching are included in the *Readiness Activities*.

Using the information learned from administering the *Inventory* assessments, teachers can use the *Readiness Activities* to plan appropriate individual and group instruction.



# Step-by-Step Screening Procedures

## STEP 1: GET READY TO SCREEN

### A. Planning ahead

**Schedule testing early in the day**, when the child should be free from hunger and fatigue.

**Eliminate distractions.** Conduct testing in an environment free of background noises or disturbances. Remove any materials that may be distracting to the child during testing.

**Become familiar with the assessment procedures** so that you can conduct the assessment in a natural manner and can focus your attention on the child. If helpful, use tabs or markers to quickly locate the information you will need.

### B. Selecting the age-appropriate screen and Data Sheet

In order to derive standardized scores, you must use the screen and *Data Sheet* appropriate for the child's age. Follow the steps below to select the correct screen and *Data Sheet*.

**1. Determine the child's rounded chronological age.** Use the free chronological age calculator at [www.BRIGANCE.com](http://www.BRIGANCE.com) or follow the instructions below.

**a. Computing chronological age** Write the date of screening in the top row and the child's birth date in the second row. Subtract the birth date from the date of screening, borrowing months and years as needed. You must convert 1 month to 30 days, and 1 year to 12 months (e.g.,  $30 + 7 = 37$ ,  $12 + 2 = 14$ ).

	Year	Month	Day
Date of Screening	2010	2	7
Birth Date	2004	5	22
Age	5	9	15

**b. Rounding chronological age** Once the age is computed in years, months, and days, the number of days needs to be rounded.

Ignore the number of days if there are fewer than 15. If there are 15 days or more, round the month up by 1. For example, as shown below, a chronological age of 5 years, 9 months, and 15 days is rounded up to 5 years, 10 months.

Age	Year	Month	Day
	5	10	15

**2. Select the age-appropriate screen and Data Sheet.** There is one screen and one *Data Sheet* for each age level.

Kindergarten Child: 5 years, 0 months to 5 years, 11 months

First-Grade Child: 6 years, 0 months to 6 years, 11 months

### C. Recording child and program data on the Data Sheet

**Write the child's personal information** in Section A of the *Data Sheet* before screening. The information should be current and should clearly identify the child. Complete this section of the *Data Sheet* before screening so that all of your attention can be focused on the child and on the administration of the screen. (If the child is not a native English speaker, note his primary language in Section D of his *Data Sheet*.) Use official records and parents/caregivers to confirm the accuracy of the information.

## D. Identifying Accommodations

Before you screen, be aware of any physical conditions or cultural and language differences that may affect the child's score. Make adjustments in the sequencing of skills or in the screening procedures to accommodate the needs of the child.

**Observe for possible hearing and vision problems** that could affect screening results. (See *Hearing and Vision Observations* on page 58.)

**Change the sequence of the skills if needed.** The skills have been arranged in a sequence suggested by field-testing. However, this sequence may not produce the best performance and most valid results with every child. Thus, the examiner should administer the skills in the sequence that will yield the most valid result.

**Adapt the screening procedures** to ensure the most valid assessment of the child's skills. See Screening Children with Special Considerations on page xxvi for screening children at-risk, bilingual or non-English-speaking children, and children with exceptionalities. **Note:** If you are using the Screen as a standardized instrument, it is critical to use the age-appropriate screen and to follow the directions.

## E. Screening Groups of Children

For large groups of children, the station method used with more than one examiner may be appropriate. See Appendix B: Station Method for Screening on page 86.

## F. Gathering Materials

**Before testing, gather all materials** needed so that you can focus your attention on the child and on the administration of the screen.

### Essential Materials

- A copy of the screen
- A *Data Sheet* for the age level of the child (See sample *Data Sheets* on pages xv–xvi.)
- Two pens or sharpened pencils for recording data
- Unlined 8 ½" x 11" sheets of paper
- Lined paper of the type used in your program
- Primary pencils or the type used in your program
- A timepiece for timing to the second

### Optional Materials

Permission to reproduce the following screening forms for nonprofit educational use is granted by the author and publisher.

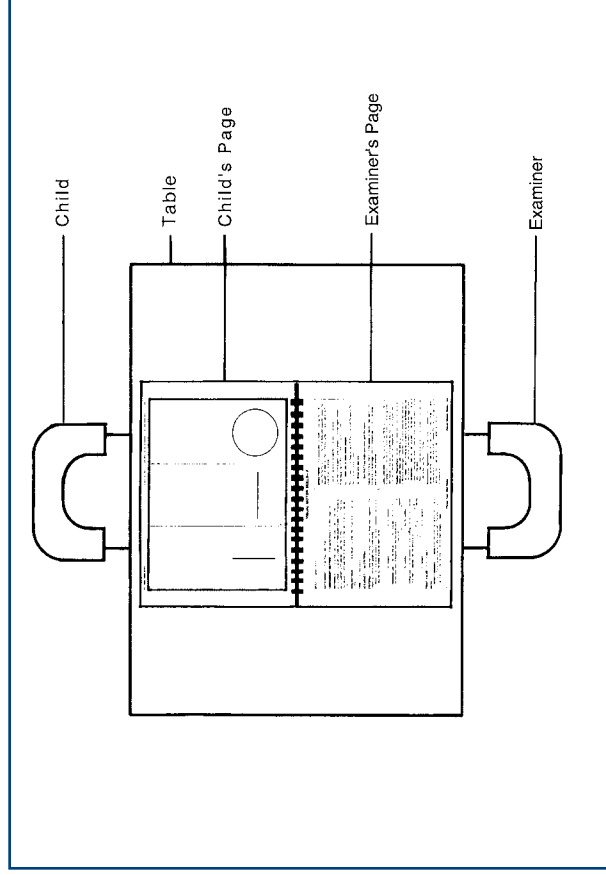
- *Supplemental Assessments Data Sheet*
- *Screening Observations Form*
- *Teacher's Rating Forms—Kindergarten Child, First-Grade Child*
- *Parent's Rating Forms—Kindergarten Child, First-Grade Child*
- *Teacher's Report and Scoring Form—Self-help and Social Emotional Scales*
- *Parent's Report—Self-help and Social Emotional Scales*
- *Parent's Report Form—Readiness for Reading Scale*
- *Teacher's Report and Scoring Form—Readiness for Reading Scale*

## STEP 2: SCREEN THE CHILD

Positioning the Screen correctly and reading through the tips provided below will result in a more positive screening experience for the teacher, child, and parent/caregiver.

### POSITIONING THE SCREEN

The format of the Screen allows the examiner and the child to follow the assessment procedures easily. The Screen can be opened to an assessment and placed on a table between the examiner and the child, as shown below.



### TIPS FOR EFFECTIVE ASSESSMENT

- **Read directions and questions in natural manner.** Keep the assessments moving comfortably and informally.
- **If the child page is too visually stimulating,** cover part of the page or cut a copy of the child page so the items can be presented one at a time.
- **Remain objective.** Any subtle clues or extra assistance given to a child during screening may influence the child's performance and invalidate the results.

### TIPS FOR ASSESSING BY OBSERVATION

- **Observe children in classrooms, outdoors, or their home environment.** Most gross-motor skills and many fine-motor skills can be scored simply by observing. Some language, social, and self-help skills can be scored by observation. Being present with the child in a natural setting can also build rapport and make screening easier.
- **Take cues from the child.** If the child is quiet and withdrawn, approach the child quietly and gently. Too much enthusiasm can be overwhelming or frightening to young children. A relaxed and playful manner works best.

### TIPS FOR ASSESSING BY INTERVIEW

If it is not possible to obtain a response from a child, even on lower-level items, you may interview parents and teachers. Be sure to use the questions printed in the assessment since they are standardized. If a parent or teacher states that a child demonstrates a skill "almost always" or "most of the time," give the child credit for the skill. Since some parents report on emerging but not yet mastered skills (giving answers such as "sometimes," "if I let him," "a little"), you can note these emerging skills for instructional planning but do not give credit.

### TIPS FOR ESTABLISHING RAPPORT

Children are generally slow to warm up to and cooperate with an unfamiliar person. They may refuse to answer questions, attempt to leave the testing area, become tearful, or alternately grab for test materials or play with toys they have brought with them. The following suggestions may help when administering the *Early Childhood Screen II*.

#### Testing with a Parent/Caregiver Present

Engage the parent first. Ask a parent how their child will be most comfortable during the screening. This makes both the parent and the child comfortable.

## Guiding Desirable Behavior

- **Use clear but pleasant requests** such as, “Come with me. We are going to look at a book and play with some blocks.” Do not ask children whether they would like to participate since any subsequent refusals are challenging.
- **Introduce tasks as “games”** rather than tests and present assessment items rapidly enough to maintain interest without rushing the child.
- **Use verbal reinforcement** and show interest and enthusiasm in the child’s effort. Phrases such as “Good job” and “Way to go” are appropriate since they do not indicate to the child that his response was incorrect or correct and they also provide encouragement to continue. Be careful not to show feelings of disappointment in a child’s performance.
- **Use stickers** to reward effort (not success). Place them on separate sheets of paper that the children can take home. A timer may also be helpful, and children can be allowed to turn the dial to a predetermined point. Tell them they will have a chance to play when the timer goes off, but they must work until then.

## If the Child Becomes Upset

Screening should be stopped if a child becomes upset, cries, and is unable to be soothed. Parents are likely to be embarrassed by the child’s behavior. Reassure the parent that this situation is common and not to worry. Schedule another appointment for rescreening.

## If the Child Refuses to Participate

- **Switch to a different task** and then after rapport has been established, return to the one the child refused.
- **Present a lower-level task**—one that the child can easily demonstrate.

If there are excessive refusals, it may be an indication of developmental or behavior problems since children generally will demonstrate skills they have mastered.

## If the Child Refuses to Perform a Skill

If the child refuses or is reluctant to perform a skill, focus on a skill that the child may be more willing to perform. Return to the skill the child refused to perform after a rapport has been established and the child feels more secure.

## PRECAUTIONS WHEN SCREENING

### Gazing at the Correct Choice

Examiners should be careful not to gaze at the correct choice. Children are often alert to where examiners are looking and use this as a cue to responding. This can inflate performance and make it challenging to detect children with difficulties. Examiners should either gaze at something other than the correct choice, off to the side of the test book, or at the child.

### Viewing Testing as a Contest

Inexperienced examiners sometimes view testing as a contest in which the goal is to have the child succeed with tasks. In fact, the goal of testing is to determine the child’s individual level of skills and whether development of skills appears to be typical. An excess of verbal and physical prompts, demonstrations, and encouragement can produce inflated scores and make it difficult to identify children who may need special help. It is important for those who are new to assessment to remember its purpose, to become familiar with administration procedures, and to adhere strictly to test directions.

### Providing Reminders

It can be tempting for examiners or teachers to provide reminders as a form of encouragement, such as “You know this, we did it yesterday.” This violates test standardization and produces inflated scores because it provides hints that were not available to children on whom the Screens were standardized. Children who cannot demonstrate skills when they are elicited have not mastered them, and these children will need additional instruction before achieving competence. Again, adhering to test directions and using noncommittal encouragement will contribute to the accuracy of test results.

### Eliciting Responses Above the Ceiling

For each assessment, a child can establish a basal (the point in the assessment at which the child is answering all test items correctly) and can reach a ceiling (the point in the assessment at which the child is missing all items). The Scoring Information for many assessments tells you when to stop (e.g., Discontinue: Stop after the child has 3 incorrect responses in a row).

An examiner who is also the child's teacher, and who will be using test results for instructional planning, may be tempted to elicit responses above the ceiling. It is okay to elicit responses above the ceiling, but do not give credit for correct responses because this will inflate scores and may mask detection of difficulties. Probing above the ceiling should be used for instructional purposes only.

## STEP 3: COMPLETE THE DATA SHEET

To complete the *Data Sheet*, have on hand any information about the child gathered from the *Screening Observations Form*, the *Parent's Rating Form*, or the *Teacher's Rating Form*. Then follow the instructions below to fill in each section of the *Data Sheet*. Sample *Data Sheets* can be found on pages xv–xvi.

**A. Child Data:** This information should be current and should clearly identify the child. Use official records and parents to confirm the accuracy of the information. If you plan to derive standard scores, you must compute the child's chronological age. Go to [www.BRIGANCE.com](http://www.BRIGANCE.com) for a free age calculator or to page x for instructions on computing chronological age.

**B. Basic Assessments:** The page numbers and the assessment numbers in the left columns of the *Data Sheet* correspond to those in the screen. To keep testing time as short as possible, the skills within each assessment are in developmental order. If the child misses several skills in a row (the exact number of incorrect responses in a row is shown on the *Data Sheet* in the first column of Section C), this is the ceiling and you can assume that the higher-level items are too hard and you need not administer them.

A child does not always respond correctly or incorrectly to three items in a row. Circle each item for which the child gives a correct response. If probing above the ceiling, mark all items for which the child responds correctly with a  $\Delta$ , but do not count these when scoring.

**C. Scoring:** In order to focus your attention on the child and the assessments, do not calculate the score until after the screening is completed. An examiner who is involved in calculating scores while the child is responding to items may miss revealing observations.

Point values assigned to each assessment in the screen allow a Total Score of 100. To derive a child's Total Score:

1. Record the number of correct responses for each assessment in the **Number Correct** column. Do *not* count any correct responses above the ceiling.
2. Multiply the **Number Correct** by the assigned **Point Value** listed in the **Point Value** column. Record this number in the **Child's Score** column.
3. Calculate the **Total Score** by adding the numbers in the **Child's Score** column.

**D. Observations:** Record any significant observations made during screening. Routinely record observations on handedness, pencil grasp, and observations or conclusions regarding hearing, vision, health, and behavior/emotional well-being. If English is not the child's native language, record the child's primary language and other observations in the spaces provided or on the back of the *Data Sheet*.

**E. Recommendations:** Note any recommendations regarding placement and referral as well as whether the child scored above or below the cutoff score.

**Note:** When using cutoff scores, it is important that the complete set of assessments be administered. (See page xvii for more information about cutoff scores.)

# BRIGANCE® Screen Kindergarten Data Sheet



A. Child's Name Colin Killoran  
 Parent(s)/Guardian Kristin Killoran  
 Address 310 Locke Street

School/Program Vinal School  
 Teacher Leslie Feingold  
 Examiner Dennis Dowd

Date of Screening 2008 6 15  
 Birth Date 2003 1 10  
 Age 5 5 5

B. Basic Assessments		C. Scoring				
Page	Assessment Number	Skill (Start with first item and proceed in order. Circle each correct response.)	Discontinue after (must be in a row)	Number Correct	Point Value for Each	Child's Score
2	1A	<b>Personal Data Response:</b> Orally gives: (1) first name (2) full name (3) age (4) address (street or mailing) (5) birth date (month and day) (6) telephone number	3 incorrect	6	2	12/12
5	2A	<b>Identifies Body Parts:</b> Identifies by naming: (1) heels (2) ankles (3) jaw (4) shoulders (5) elbows (6) hips (7) wrists (8) waist	3 incorrect	8	1	8/8
6	3A	<b>Gross-Motor Skills:</b> (1) Stands on one foot for ten seconds (3) Stands on one foot momentarily (one second) with eyes closed (2) Stands on other foot for ten seconds (4) Stands on other foot momentarily (one second) with eyes closed 5. Walks backward toe-to-heel four steps	3 incorrect	4	1	4/5
8	4A	<b>Color Recognition:</b> Identifies and names the color of objects: (1) red (2) blue (3) green (4) yellow (5) orange (6) purple (7) brown (8) black (9) pink (10) gray	3 incorrect	10	.5	5/5
10	5A	<b>Visual Motor Skills:</b> Copies: (1) X (2) □ (3) ▢ (4) △ (5) ◇	3 incorrect	5	1	5/5
12	6A	<b>Draws a Person (Body Image):</b> Draws a picture of a person that includes the body parts: (1) head (2) legs (3) ears (4) arms (5) trunk (6) eyes (7) nose (8) neck (9) hands (10) mouth	—	9	.5	4.5/5
14	7A	<b>Prints Personal Data:</b> Prints: (1) first name (2) last name Reversals: Yes ___ No <input checked="" type="checkbox"/>	—	2	4	8/8
16	8A	<b>Rote Counting:</b> Counts by rote to: (Circle all numbers prior to the first error.) 1 2 3 4 5 6 7 8 9 10 (11) 12 13 14 15 16 17 18 19 20 (21) 22 23 24 25 26 27 28 29 30	first incorrect	30	5 points each group of 10	15/15
17	9A	<b>Numeral Comprehension:</b> Matches quantity with numerals: (3) (2) 4 8 (6)	2 incorrect	2	2	4/10
18	10A	<b>Number Readiness:</b> Joins groups of objects to: (1) 3 (2) 6 (3) 10	2 incorrect	3	3	9/9
19	11A	<b>Reads Uppercase Letters:</b> Recognizes and names uppercase letters: (Use score for only one—uppercase or lowercase.) O A D G Q B P C E L T I F J N M R H U V W Y X Z K S	3 incorrect	0	.5	0/13
20	11A	<b>Alternate—Reads Lowercase Letters:</b> Recognizes and names lowercase letters: (Use score for only one—uppercase or lowercase.) o a d g q b p c e l t i f j n m r h u v w y x z k s	3 incorrect	22	.5	11/13
22	12A	<b>Syntax and Fluency:</b> (1) Speech is understandable. (2) Speaks in complete sentences of at least 5 words.	Administer both items.	2	2.5	5/5
<b>D. Observations</b>		<b>E. Recommendations:</b>			Total Score = <b>90.5</b> /100	
1. Handedness: Right <input checked="" type="checkbox"/> Left ___ Uncertain ___ 2. Grasps pencil with: Fist ___ Fingers <input checked="" type="checkbox"/> ___ 3. Hearing appears normal: Yes <input checked="" type="checkbox"/> No ___ Uncertain ___		4. Vision appears normal: Yes <input checked="" type="checkbox"/> No ___ Uncertain ___ 5. Record other observations on another sheet.			Above gifted and talented cutoff >80. Refer for enrichment classes.	

# BRIGANCE® Screen First-Grade Data Sheet



A. Child's Name Maria Nicolav  
 Parent(s)/Guardian Alice and José Nicolav  
 Address 22 Blodgett Way

School/Program Rudd School  
 Teacher Ken Lightfoot  
 Examiner Ruth Zikaris

Date of Screening 2008 Year 8 Month 8 Day 30  
 Birth Date 2002 Year 8 Month 8 Day 27  
 Age 6 Year 0 Month 0 Day 3

B. Basic Assessments		C. Scoring				
Page	Assessment Number	Skill (Start with first item and proceed in order. Circle each correct response.)	Discontinue after (must be in a row)	Number Correct	Point Value for Each	Student's Score
25	1B	<b>Personal Data Response:</b> Orally gives: (1) telephone number (2) complete address (including ZIP) (3) complete birth date (month, day, and year)	Administer all items.	2	4	8 /12
26	2B	<b>Recites Alphabet:</b> Recites alphabet to: (Circle all letters prior to the first error.) a b c d e f g h i j k l m n o p q r s t u v w x y z	first incorrect	16	1 point each group of 5	3 /5
27	3B	<b>Visual Discrimination—Lowercase Letters and Words:</b> Visually discriminates which one of four symbols is different: (1) o (2) c (3) c (4) b (5) n (6) on (7) men (8) can (9) that (10) was	3 incorrect	4	.5	2 /5
28	4B	<b>Reads Lowercase Letters:</b> Recognizes and names lowercase letters: o a d g q b p c e l t i f j n m h u v w y x z k s	3 incorrect	4	.5	2 /13
29	5B	<b>Auditory Discrimination:</b> (Circle the number or letter if both responses are correct.) (1) b — tab-tab; bit-pit (3) s — set-wet; bus-bud (5) f — fix-mix; fan-fan (2) h — hide-wide; hat-mat (4) m — met-met; sum-sun	Administer all items.	5	1	5 /5
30	6B	<b>Phonemic Awareness and Decoding:</b> Tells first letter of: 1. h — heap, hood, hut 2. d — date, deaf, dog 3. k — keep, kind, kiss	Administer all items.	0	3	0 /9
32	7B	<b>Listening Vocabulary Comprehension:</b> Identifies which word does not belong: (1) five (2) duck (3) fish (4) milk (5) second (6) yarn three (7) boy (8) dress (9) butter (10) fourth (11) scissors hand (12) girl (13) coat (14) cheese (15) brush (16) string six (14) mother (15) hat (16) dough (17) third (18) rope	3 incorrect	4	2	8 /12
33	8B	<b>Word Recognition:</b> Reads words at grade level: 1. a 6. do 11. me 16. so 21. both 26. place 2. go 7. my 12. down 17. of 22. eat 27. stop 3. is 8. red 13. green 18. yes 23. fast 28. took 4. said 9. can 14. come 19. morning 24. long 29. wait 5. run 10. have 15. friend 20. picture 25. never 30. wood	3 incorrect	5	.5	2.5 /15
35	9B	<b>Draws a Person (Body Image):</b> Draws a picture of a person that includes the body parts: (1) ears (2) arms (3) nose (4) neck (5) hands (6) shoulders (7) feet (8) hair	—	6	.5	3 /4
36	10B	<b>Prints Personal Data:</b> Prints: (1) first name (2) last name Reversals: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Administer both items.	1	2.5	2.5 /5
38	11B	<b>Computation:</b> 1. Addition facts with sums to 6 2. Subtraction facts with minuends to 8	Administer both items.	0	5	0 /10
39	12B	<b>Numerals in Sequence:</b> Writes numerals to: (1) 2 3 4 5 6 7 8 9 10 Reversals: Yes <input type="checkbox"/> No <input type="checkbox"/>	3 incorrect	2	.5	1 /5
<b>D. Observations</b>		<b>E. Recommendations:</b>				Total Score = <b>37</b> /100
1. Handedness: Right <input checked="" type="checkbox"/> Left <input type="checkbox"/> Uncertain <input type="checkbox"/>		4. Vision appears normal: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Uncertain <input type="checkbox"/>				
2. Grasps pencil with: Fist <input checked="" type="checkbox"/> Fingers <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Uncertain <input type="checkbox"/>		5. Record other observations on another sheet.				
3. Hearing appears normal: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Uncertain <input type="checkbox"/>		<b>Absence of risk factors.</b> <b>Rescreen in 4–6 months.</b>				

## STEP 4: ANALYZE RESULTS

After the *Data Sheet* has been completed, all screening personnel should meet to review the screening data and to discuss appropriate recommendations. Data from other personnel, such as the nurse or physician, speech therapist, or social worker, should also be discussed.

### Comparing a Child's Score with Cutoffs

Compare the child's Total Score with the BRIGANCE cutoff scores below or with your program's customized cutoff scores. **Note:** When using cutoff scores, it is important that the complete set of assessments be administered.

### Table 1. Cutoff Scores for Detecting Children Who May Be Gifted or Academically Talented

Age (in years and months)	Cutoff Score	BRIGANCE® Screen Basic Assessments
5-0 to 5-5 5-6 to 5-11	>80 >88	Kindergarten Child
6-0 to 6-5 6-6+	>79 >82	First-Grade Child

Children who score above the cutoff scores shown in Table 1 may be gifted or academically talented. These children may need referral for further assessment for giftedness.

Table 2. Cutoff Scores for Detecting Children Likely to Have Developmental Disabilities or Academic Delays

Age (in years and months)	Cutoff Score	BRIGANCE® Screen Basic Assessments
5-0 to 5-5 5-6 to 5-11	<65 <78	Kindergarten Child
6-0 to 6-5 6-6+	<50 <60	First-Grade Child

Children who score below the cutoff scores shown in Table 2 are probably experiencing delays due to developmental difficulties or possibly due to psychosocial risk factors. These children may need referral for further assessment.

If the child scores below the cutoff score in Table 2, do the following:

1. Determine whether psychosocial risk factors are present. See Table 4 on page xxvi.
2. If fewer than four risk factors are present, there is a high probability of developmental disabilities. Refer for further evaluation.
3. If four or more risk factors are present, it is important for the child to remain in a high-quality early learning program. Determine if the child's score is below the At-risk Cutoff in Table 3 on page xviii.
4. If the child has enrolled recently and scores below the cutoff, but does not score below the At-risk Cutoff in Table 3, review Table 5 on page xvii to determine if there are factors associated with disabilities.
5. If the child has been enrolled for at least six months but scores below the cutoff in Table 2 (even if still above average for at-risk children), developmental disabilities are likely and the child should be referred for further evaluation.



### Using the At-risk Cutoff Table

For all children scoring below the cutoffs in Table 2 on page xxvii, determine whether four or more risk factors are present. (See Table 4 on page xxvi.) If so, use the *Early Childhood Online Management System* to compute scores for the specific assessments listed in Table 3 below.

To hand score, use the first three columns of Table 3 to find the appropriate group of assessment items for the child's age. Total the child's scores on these assessment items.

Compare the child's score on the assessments with the score for the appropriate age range in Table 3, and initiate referrals for all children scoring below the at-risk cutoff listed in the far right column. Note this in the **Recommendations** section of the *Data Sheet* (e.g., Scores below at-risk cutoff. Needs referral.).

**Table 3. At-risk Cutoffs**

BRIGANCE® Screen Basic Assessments	Assessments	Total Possible Score (Sum of Items)	Refer if Child is: (Age in years and/ or months)	At-risk Cutoff
Kindergarten Child	Personal Data Response Color Recognition Rote Counting Numeral Comprehension Number Readiness Reads Letters	64	5-0 to 5-5 5-6 to 5-11	< 42 < 55

## IDENTIFYING STRENGTHS AND WEAKNESSES

A child's developmental strengths and weaknesses can be identified by administering assessments from the *Early Childhood Screen II*. Specific assessments grouped by developmental area can reveal areas of strength or weakness and thus can determine the kind of referrals that need to be made. To view the child's assessment results as a percentage grouped into Motor, Language, and Academic areas, see the *Developmental Profile* on [www.BRIGANCE.com/](http://www.BRIGANCE.com/). This report is especially useful when reporting information to parents. See Chapter 4 of the *Technical Report for the BRIGANCE Screens* for more on interpreting screening results and sample case studies.

### REASONS FOR LOW SCORES

If the child's screening results in a score that is below the cutoff score for academic delays, the examiner should decide on the most likely reason for poor performance, identify domains of apparent weakness, and make appropriate follow-up decisions. There are three main categories of reasons for poor performance—potentially unreliable performance, destabilized performance, and likely deficits or disabilities.

#### Unreliable Performance

##### *Reluctance or Refusal to Perform*

Even when screening is conducted in an ideal environment, it may be a threatening experience to a child. A child's reluctance or refusal to perform can present a delicate and challenging situation. While this behavior may be a sign of developmental or emotional problems, it may be helpful to have an experienced diagnostician repeat the screening.

##### *Poor Testing Conditions*

Environmental factors, such as uncomfortable room temperature, noise, visual distractions, or poor lighting, may prevent a child from performing at his or her best. In addition, a child may not perform well in an emotionally uncomfortable atmosphere, when tired, or in a situation in which encouragement and motivation are lacking. Rescreen under better conditions within one to two weeks.

#### Destabilized Performance

##### *Physical Problems*

Physical problems, such as poor vision or hearing, can cause a delay in the development of some of the skills. A child screened just prior to the onset of an illness or just after an illness may perform at a lower level than usual. Poor nutrition or an imbalance in body chemistry can cause a child to be lethargic or hyperactive, resulting in low scores.

##### *Language and Cultural Barriers*

A child from a home in which English is not the primary language may not understand what responses are expected of him or her. Discretion should always be exercised with a child who does not speak English or with a child who is from a different cultural background. Whenever possible, screening should be conducted by personnel who are fluent in the primary language of the child or who understand the child's cultural background. Professional judgment should be used in determining to what degree the child's performance is affected by language and cultural differences.

The *Spanish Directions Booklet* provides direction lines in Spanish for the Basic Assessments sections and the Supplemental Assessments of the *BRIGANCE® Screens*. Use this booklet with the *Early Childhood Screen II* when screening a Spanish-speaking child. *Data Sheets*, *Parent's Rating Forms*, and *Parent's Report Forms* also are provided in Spanish.

#### Undiagnosed Disabilities or Psychosocial Risks

The most likely reason for low scores is undiagnosed disabilities or substantial psychosocial risks. Record and report these observations and make appropriate referrals for services or additional testing. Questionable or invalid scores should not be recorded in the child's permanent record. A second screening may be required if a more valid score can be obtained on another day or in another testing situation. See *Screening Children with Special Considerations* on page xxvi for more information.

## STEP 5: IDENTIFY NEXT STEPS

After the screening has been completed, you may choose to do one of the following:

- Rescreen the child at a later date if the results seem invalid.
- Refer the child for a more comprehensive assessment if screening results or observations indicate a possible developmental problem or disability or academic giftedness.

Once rescreening and referral decisions are made, it is important to:

- communicate referral decisions to parents/caregivers.
- monitor progress throughout the year with the *Early Childhood Screen II* and the *Early Childhood Developmental Inventory*.
- provide targeted instructional planning and activities with the *Inventory* and the *BRIGANCE Readiness Activities*.
- promote development, especially for those children at-risk.

### Rescreening

Follow-up screening is recommended for children who scored low in the first screening. The second screening can be conducted after a period of six weeks or after remedial activities have been implemented. Also, children who score significantly lower than expected, possibly due to a “bad day” or illness, can be rescreened at a more appropriate time.

### Making Referrals

Recommendations for referrals may be made based on cutoff scores and on an analysis of the areas of strength or weakness. For example, fine-motor or gross-motor skill deficits might indicate the need for a physical or occupational therapy evaluation. Expressive or receptive language weakness may indicate the need for a speech-language evaluation. Deficits across multiple domains may suggest the need for evaluation by a developmental psychologist along with other professionals. See Chapter 4 of the *Technical Report for the BRIGANCE® Screens* for additional information.

In addition, the presence of psychosocial risk factors such as parent(s) with less than a high-school education, parent(s) with limited literacy, or a history of domestic abuse or violence, should be considered when recommendations are made for further evaluation or rescreening. It may be necessary to determine which at-risk children probably have disabilities that will require special services. See *Screening Children with Special Considerations* on page xxvi.

### Referral Decisions with Bilingual Children

- Bilingualism often has a positive effect on cognitive development and any vocabulary delays are typically temporary.
- Bilingualism does not contribute to native language difficulties in receptive language or articulation. Difficulties in these areas may indicate cognitive delays or language disorders.
- Below-cutoff performance is rarely due to bilingualism alone. Many bilingual children have the same psychosocial risk factors as English-speaking children. See Table 4 on page xxvi.
- Because the standardization of the *BRIGANCE Screen* included bilingual children, and because cutoff scores are tied to the detection of significant developmental problems, bilingual children without psychosocial risk factors who have been screened in their native language and perform below cutoffs should be referred for further evaluation.

### Communicating Screening Results

Because referrals for evaluations require parental consent, parents need to be informed of the results of the screening. Explaining screening results to parents requires careful handling. Poorly conducted conferences can produce much ill will and unwillingness to follow through on recommendations. Well-conducted conferences help parents adjust to difficult news and promote an optimistic attitude toward exploring possible reasons for problems and seeking effective interventions.

There are two pitfalls in explaining screening test results:

- Overstating the meaning by making a diagnosis
- Understating the meaning by downplaying their potential importance

### Tips on Explaining Screening Results

- Talk with parents face to face when discussing screening results. Giving results over the phone often leads to distress and denial by parents.
- Explain the need for further evaluation in a positive way. (For example, say, “We need to explore the way Sharon learns so that we can better plan for her educational needs.”)
- Use phrases like “may be delayed,” “may be behind other kids,” “seems to be learning more slowly,” and “could be having difficulty learning” are effective but not devastating. Avoid using terms such as “positive” or “negative results.” These are confusing to parents.

- Ask parents prior to screening whether they have concerns about their child's learning or behavior. Begin the conference by acknowledging the parents' observations (e.g., "I am impressed with how carefully you have observed Mario's development and by your sense that he may be having some difficulties. In screening him today, I also thought he had more trouble with certain tasks than other children. I want to recommend that he receive more in-depth testing to see if he really is having trouble and what we can do to help him.").
- When parents have not raised concerns, pause after presenting the results, but before making recommendations. Ask questions such as: "Have you ever noticed him having difficulties with \_\_\_\_\_? Have you been able to watch him do \_\_\_\_\_ and watch how other children do \_\_\_\_\_? It is also helpful to invite parents into the classroom to observe their child's performance in comparison with others."
- If possible, avoid mentioning specific skills children had trouble demonstrating. If this isn't possible, it may be helpful to say things like, "When we test children we have to present things in a certain way. When children cannot answer a question if it is worded a little differently, it means they are still learning the skill and need more practice to master it."
- Acknowledge emotions. When parents appear anxious, it may be helpful to say, "This is hard to hear, isn't it?" This can enable them to express their fears, move beyond them, and follow through with recommendations.
- Avoid false assurances. It is natural to want to comfort parents and assure them that probably nothing is the matter. However, if screening results do reflect a true problem, false assurances may make adjustment more difficult. Simply say something like, "We need to look further to decide if Mario actually needs more help with learning."
- Provide telephone numbers, descriptions of services, and the purpose of the recommendations. Families who have the necessary information are more likely to follow through. Describe the services so parents can visualize themselves participating.
- Put recommendations in writing. Written information affirms the findings and recommendations and allows parents to share with other family members. Many programs use a form letter such as the following example.

Dear Parent(s),

This week we administered the BRIGANCE® Early Childhood Screen II in our class. The Screen measures motor, language, and academic skills, and also how well your child draws and writes. Your child seemed to have trouble in some areas and so we feel that further testing would be helpful in educational planning for (child's name). We recommend further testing to discover the best ways we can be of help to your child.

Specifically we recommend the following evaluations (write referrals below):

---



---

We would also like to know if you could (write referrals for services that parents must seek on their own): \_\_\_\_\_

### Promoting Development in At-risk Children

Children with psychosocial risk factors will benefit from the following:

1. **Wait two to three weeks before screening new enrollees in your program.** Children often make tremendous progress when they enter a program. Giving them a chance to learn new skills prior to screening will minimize unnecessary referrals. Some programs prefer to screen upon program entrance and then compare performance on rescreening. In this case, it may be wise to wait on making decisions until there are results from rescreening. Children whose difficulties are severe and apparent should be referred promptly.
2. **Monitor academic progress and target instruction** with the *Early Childhood Developmental Inventory*.
3. **Initiate prompt referrals** for evaluations and services when the child is not making progress.
4. **Provide small-group and one-to-one instruction.** Plan instruction with the *BRIGANCE Readiness Activities*, a collection of lesson plans and activities linked to the assessments in the *Early Childhood Developmental Inventory*. Make use of volunteers and elementary school children to help in the classroom.

5. **Encourage parents to participate in parenting classes.** Many schools, churches, YMCAs, and public-health offices offer parenting classes.
6. **Encourage parents to participate in classroom activities.** Inviting parents to read to the class, tell stories, or sing songs, and giving them guidance on how to do this can help parents learn to respond to children's conversations.
7. **Encourage parents to read to their children.** The greatest predictor of parental reading is the presence of books in the home. Provide books for families who need them.
8. **Refer parents** who appear to be depressed, anxious, or show signs of substance abuse to mental-health services.
9. **Refrain from correcting errors in dialect either in conversation or in reading when culturally different or at-risk children are learning to read.** Children cannot learn Standard English and reading simultaneously.
10. **Encourage participation in recreational activities such as sports, music, scouting, etc.** High achievement in any area increases the likelihood of continuing in school and improves self-concept.

### Monitoring Progress

Use one or both methods below to measure and report progress during the year.

1. **Administer the age-appropriate *Early Childhood Screen II*** at mid-year or end-of-year as a post test to measure progress over time. Be sure to recalculate the rounded chronological age when rescreening to determine the correct screen to use. Growth Indicators can measure progress from one screen to the next higher screen while taking into account the child's expected rate of growth. For more on charting progress with growth indicators, see Using Growth Indicators to Measure Progress.
2. **Use the *Early Childhood Developmental Inventory*** to provide more comprehensive ongoing assessment throughout the year. The assessments in the *Screen* correlate directly with the assessments in the *Early Childhood Developmental Inventory*, allowing the teacher to pinpoint the child's area of strength and weakness, optimize instructional planning, and measure developmental progress. See page ix and Appendix A for details on using the *Early Childhood Developmental Inventory* with the *Early Childhood Screen II*.

### Using Growth Indicators to Measure Progress

Programs can chart the progress of individual children or the overall program using *BRIGANCE® Screen Growth Indicators* on pages xxiv and xxv. When a child has been administered the same screen twice, progress is easily demonstrated by subtracting post-test scores from pretest scores. However, when a child has been administered two different levels of screens, one level in the fall (e.g., Four-Year-Old-Child screen) and the next higher level in the spring or fall of the following year (e.g., Kindergarten screen), the scores will not vary much between the two screenings. This is because, although the child has mastered many new skills, the child is presented with more challenging tasks on the higher-level assessments. This is where the *BRIGANCE Screen Growth Indicators* are helpful. The Growth Indicators make it possible to estimate how the child would have scored had he or she been administered the higher-level screen at an earlier time.

The Growth Indicators were derived from studies in which children were administered two screens in one sitting—one, the age-appropriate screen and the other, the next level screen. This enables a different score to be extracted. For example, children administered both the Kindergarten screen and the First-Grade screen performed, on average, 30 points lower on the First-Grade screen. Given this information, when a child is actually old enough to take the First-Grade screen and receives, for example, a score of 70, we can assume that 6 to 11 months earlier the child would have scored 30 points lower, receiving a score of 40. The estimated score of 40 can then be compared to the actual, later administration of the First-Grade screen.

In this example where the average difference in scores on the two screens was 30 points, the scores of the majority of children ranged between 17–43 points (30 points plus or minus 13 points). The 13 points (somewhat larger than 1 standard deviation), when added to and subtracted from the 30, help show when children may be learning more slowly or more rapidly than most. Thus, if there is less than a 17-point difference between the estimated performance on the First-Grade screen and the actual performance when the child is old enough for those assessments, then the child may be learning more slowly than most. On the other hand, if there is more than a 43-point difference between the estimated and actual scores, the child may be learning more quickly than most.

### Directions for Producing Growth Indicators

1. Have available each child's screen results from earlier in the school year or from the end of the previous year (e.g., results from the Four-Year-Old-Child screen). Also have available each child's post-test performance (e.g., results from the Kindergarten screen administered six to twelve months later).
2. Use the Growth Indicators on pages xxiv and xxv for comparing performance (in this case between the Four-Year-Old-Child screen and the Kindergarten screen). Locate in column 1 the child's score on the pretest screen.
3. In the same row in column 2 is the approximate score the child would have received on the next higher screen had it been administered at the same time as the pretest screen.
4. In the same row in column 3, write the score from the most recent (post test) screen.
5. In the same row, subtract column 2 from column 3 and write the difference in column 4.
6. Column 4 now contains a growth indicator for each child. Higher numbers indicate the most gains, lower numbers (including negative numbers) indicate limited progress.
7. To obtain average growth indicators for a program, total all growth indicators (subtracting negative numbers) and divide by the number of children screened.

Growth Indicators for Comparing Performance Between Kindergarten and First-Grade Screens

Column 4 (cont.)	Column 3 (cont.)	Column 2 (cont.)	Column 1 (cont.)	Column 4	Column 3	Column 2	Column 1
Enter below actual score from recent testing with the First-Grade Assessments: (post test)	Enter below actual score from recent testing with the First-Grade Assessments: (post test)	Score on First-Grade Assessments would have been:	If score on Kindergarten Assessments is: (pretest)	Enter below actual score from recent testing with the First-Grade Assessments: (post test)	Enter below actual score from recent testing with the First-Grade Assessments: (post test)	Score on First-Grade Assessments would have been:	If score on Kindergarten Assessments is: (pretest)
Subtract Column 2 from Column 3	Subtract Column 2 from Column 3			Subtract Column 2 from Column 3	Subtract Column 2 from Column 3		
<b>Growth Indicator:</b>	<b>Growth Indicator:</b>			<b>Growth Indicator:</b>	<b>Growth Indicator:</b>		
8	0	25	55	8	0	25	55
9	0	26	56	9	0	26	56
10	0	27	57	10	0	27	57
11	0	28	58	11	0	28	58
12	0	29	59	12	0	29	59
13	0	30	60	13	0	30	60
14	0	31	61	14	0	31	61
15	0	32	62	15	0	32	62
16	0	33	63	16	0	33	63
17	0	34	64	17	0	34	64
18	0	35	65	18	0	35	65
19	0	36	66	19	0	36	66
20	0	37	67	20	0	37	67
21	0	38	68	21	0	38	68
22	0	39	69	22	0	39	69
23	0	40	70	23	0	40	70
24	0	41	71	24	0	41	71
25	0	42	72	25	0	42	72
26	0	43	73	26	0	43	73
27	0	44	74	27	0	44	74
28	0	45	75	28	0	45	75
29	0	46	76	29	0	46	76
30	0	47	77	30	0	47	77
31	1	48	78	31	1	48	78
32	2	49	79	32	2	49	79
33	3	50	80	33	3	50	80
34	4	51	81	34	4	51	81
35	5	52	82	35	5	52	82
36	6	53	83	36	6	53	83
37	7	54	84	37	7	54	84
38	8	55	85	38	8	55	85
39	9	56	86	39	9	56	86
40	10	57	87	40	10	57	87
41	11	58	88	41	11	58	88
42	12	59	89	42	12	59	89
43	13	60	90	43	13	60	90
44	14	61	91	44	14	61	91
45	15	62	92	45	15	62	92
46	16	63	93	46	16	63	93
47	17	64	94	47	17	64	94
48	18	65	95	48	18	65	95
49	19	66	96	49	19	66	96
50	20	67	97	50	20	67	97
51	21	68	98	51	21	68	98
52	22	69	99	52	22	69	99
53	23	70	100	53	23	70	100
54	24			54	24		

**Note:** If the growth indicator (derived in Column 4) is 17 or fewer points, the child may be learning more slowly than most, while a growth indicator of 43 or greater suggests that a child may be learning more rapidly than most. (sd = 13)

Growth Indicators for Comparing Performance Between Four-Year-Old Child and Kindergarten Screens

Column 4 (cont.)	Column 3 (cont.)	Column 2 (cont.)	Column 1 (cont.)	Column 4	Column 3	Column 2	Column 1
<b>Growth Indicator:</b> Subtract Column 2 from Column 3	Enter below actual score from kindergarten with the recent testing Assessments: (post test)	<b>Score on the Kindergarten Assessments would have been:</b>	<b>If score on Four-Year-Old Child Assessments is:</b> (pretest)	<b>Growth Indicator:</b> Subtract Column 2 from Column 3	Enter below actual score from kindergarten with the recent testing Assessments: (post test)	<b>Score on the Kindergarten Assessments would have been:</b>	<b>If score on Four-Year-Old Child Assessments is:</b> (pretest)
		26	76			0	50
		27	77			1	51
		28	78			2	52
		29	79			3	53
		30	80			4	54
		31	81			5	55
		32	82			6	56
		33	83			7	57
		34	84			8	58
		35	85			9	59
		36	86			10	60
		37	87			11	61
		38	88			12	62
		39	89			13	63
		40	90			14	64
		41	91			15	65
		42	92			16	66
		43	93			17	67
		44	94			18	68
		45	95			19	69
		46	96			20	70
		47	97			21	71
		48	98			22	72
		49	99			23	73
		50	100			24	74
						25	75

**Note:** If the growth indicator (derived in Column 4) is 26 or fewer points, the child may be learning more slowly than most, while a growth indicator of 74 or greater suggests that a child may be learning more rapidly than most. (sd = 24)



# Screening Children with Special Considerations

It is often necessary to screen bilingual children and to screen and make referrals for children at-risk, or those who have known disabilities, to assess their skill levels, especially those skills not affected by any of these conditions. For example, a child with a vision impairment needs screening to determine the likelihood of an undiagnosed language impairment. The following guidelines and modifications are designed to help children demonstrate skills they have mastered.

## BILINGUAL AND NON-ENGLISH SPEAKING CHILDREN

Children who are bilingual or non-English speaking must be tested in their primary language—the language spoken most at home. Even children who speak some English perform best when tested in their native tongue. Use the Spanish Language directions for the *BRIGANCE Screen* for children whose primary language is Spanish or who are bilingual in Spanish. If the examiner is not fluent in the child's language, an interpreter will be needed during assessment and for gathering parent information and interpreting results. Professional interpreters should be used to evaluate children's articulation and syntax skills in their native language.

## CHILDREN AT-RISK

In making referral decisions based on scores below *BRIGANCE Screen* cutoffs, it is helpful to consider psychosocial risk factors. (See Table 4.) Examiner observations about parents'/caregivers' well-being and parenting style should also be considered when determining at-risk status. The presence of four or more factors shown in Table 4 are strongly associated with school difficulties. The factors shown in Table 5 on page xxvii should be used as *supporting evidence* of probable developmental disabilities.

**Table 4. Psychosocial Risk Factors (at-risk, if four or more are present)**

—	Parent(s) have less than a high-school education.
—	Parent(s) have limited literacy (e.g., they had difficulty completing questionnaire, poor spelling, unpracticed handwriting, etc.)
—	There is less than twenty years age difference between parent and oldest child.
—	Child is member of a racial/ethnic minority. (See page xxvi for a discussion of issues in bilingualism.)
—	Family does not speak English at home.
—	Child lives in a single-parent household.
—	Four or more children live in the home.
—	Child has changed schools frequently or family has moved more than twice in the past twelve months. (It may be helpful to view school records of older siblings.)
—	Child has no prior participation in structured early-prevention programs.
—	Child has a history of being abused or has been exposed to domestic or neighborhood violence.
—	Child or siblings participate in free lunch program or Medicaid.
—	Parent(s) are unemployed.
—	Parent reports rarely or never reading to child.
—	Child watches more than one and a half hours of TV per day.
—	Parent reports or appears to be distressed, sad, lonely, angry, depressed, helpless, numb, substance abusing, or lacking in self-esteem. Flattened affect (e.g., rarely smiles or interacts with child) is a likely indicator.
—	Parent reports a single concern about child's behavior, social, self-help, or gross-motor skills.
—	Parent reports limited social support (e.g., no one else to help care for child or children).
—	Parent reports high levels of anxiety (feeling pressured, stressed, can't relax).
—	Parent is not observed to teach child new things, to talk to child about toys and objects, or to play games with child.

**Table 5. Factors Associated with Developmental Disabilities**

- \_\_\_ Parent reports concerns about aspects of development.
- \_\_\_ Parent reports a moderate or serious concern about child's health.
- \_\_\_ Child failed hearing screening.
- \_\_\_ Child has untreated vision problems.
- \_\_\_ Child has or has had serious health problems including substantial prematurity, birth trauma, or genetic conditions associated with disabilities.
- \_\_\_ Child cannot engage in conversation or answer much other than rote questions, confuses rote questions (e.g., answers with his/her age, when asked, "How are you?"), answers in very short sentences, has a limited vocabulary, or has trouble speaking with correct sentence structure.
- \_\_\_ Child has substantial behavior and attention problems despite intervention.
- \_\_\_ Child is reluctant or unwilling to participate in writing or drawing tasks.

**Indicators of Resilience**

Having identified risk factors and indicators of developmental disabilities, it is helpful to consider characteristics of resilience—a term used to describe children who do not develop academic, emotional, or behavioral problems despite having many risk factors. (See Table 6.)

**Table 6. Factors Associated with Resilience**

- Curiosity and enthusiasm
- Ability to set goals
- High self-esteem
- Well-developed expressive-language skills
- Excelling in academics, sports, music, or other activities with well-rounded development in other areas
- Family stability, including an intact family with an involved father
- Parents who set rules but who are also responsive to and accepting of childlike behavior
- Parents who are respectful of children's interests and unique qualities
- Parents who talk with and read to their children
- Availability of toys and books in the home
- Parents who play games with their children
- Homes with appropriate space for children to play and explore
- Attendance in before-school and after-school care programs
- Parents who attend programs designed to build child-rearing skills
- Parents who are free from mental health problems including anxiety, depression, or substance abuse

## CHILDREN WITH EXCEPTIONALITIES

It is often necessary to screen children with known disabilities. For example, a child with hearing impairment needs screening to assess the development of her gross-motor skills. The following modifications are designed to help children demonstrate skills they have mastered. These modifications should not be viewed as a means of giving credit for skills that are not mastered.

### Children with Motor Impairment

- Ensure that seating is appropriate. Use of corner sitters or other adaptive equipment may be needed. Some children perform best when lying on one side. Parents are usually the best source of information on the best method of seating. It may be helpful to consult a physical therapist.
- Some children with motor impairment have difficulty with articulation. A parent/caregiver who accompanies the child can help interpret oral responses. If not, use the receptive language alternative (i.e., pointing rather than naming). Use augmentation communication systems if the child has them.
- For children who cannot point or express themselves orally, the direction of eye gaze can be used to assess skills. Examiners can make photocopies of the pictures on the child pages, cut them apart, and place the pictures on separate cards. The cards are then placed six inches apart on the table in front of the child. Instead of asking the child to point, ask them to “look at ...” a specific picture, letter, etc.
- Be patient as children with motor impairment usually need extra time to respond.
- Interviewing the parent/caregiver first about the child’s skills will help give the examiner confidence in deciding when to probe for responses.
- When all subtests cannot be administered, a total test score cannot be obtained. Examiners should view the performance of the most predictive screen assessments and base referral decisions on strengths or weaknesses of these tasks. (See Table 4-2 on page 38 in the *Technical Report for the BRIGANCE® Screens*.)

### Children with Hearing Impairment or Deafness

- Find out from the parent/caregiver how the child communicates. If sign language or total communication is used, the examiner should either be fluent or use an interpreter. For a basic introduction to signing, see [www.handspeak.com](http://www.handspeak.com) or [www.sign2me.com](http://www.sign2me.com). Signs can also be used when testing children with autism spectrum disorders.
- The child should be wearing prescribed amplification devices.
- The room should be quiet and free from visual distractions.
- The child’s attention must be obtained before directions are given.

### Children with Vision Impairment or Blindness

- Ask the school’s vision specialist about appropriate lighting, magnification, positioning, size, and color of objects or pictures that will enable the child to see.
- If a child’s vision is too impaired for him to see pictures, substitute real objects for pictures when possible.
- When a Total Score cannot be obtained because certain assessments cannot be administered, examiners should view the performance of the most predictive screen assessments and base referral decisions on strengths or weaknesses on these tasks. (See Chapter 4, Table 4-2, of the *Technical Report for the BRIGANCE® Screens*.)

### Children with Severe Speech Impairments

- The parent/caregiver or speech teacher can help interpret verbal responses. If necessary, switch to the receptive language alternative (e.g., pointing instead of naming).
- Give credit for gestures that clearly convey a correct response.

### Children with Emotional Disturbance and Behavior Problems

- Start with imitation tasks (clapping or eye blinking) so the child has some initial success. Ask the parent/caregiver about the child’s preferred activities and begin with those types of assessment items.
- Note changes in the child’s behavior across assessment items. Children with emotional problems often react poorly to tasks that are too difficult for them.
- Allow the child some control in the testing situation, such as allowing the child to set a timer.
- Have a variety of reinforcers (e.g., crackers, stickers, etc.) to use.

- Let the child know immediately when his behavior is unacceptable by saying, “No.” Temporarily switching tasks may be helpful. Be sure to give clear guidance for appropriate behavior.
- Often parents can give advice on behavioral control. (“Do you have any ideas on how to get him to cooperate?”)
- Present items quickly and as appealingly as possible to avoid challenging behavior.
- Avoid making threats or promises that can’t be delivered.
- Use puppets, allowing the examiner’s puppet and the child’s puppet to communicate, to relieve stress and anxiety.

### **Children with Significant Health Problems**

- Schedule testing when the child is refreshed.
- If the child is fatigued, reschedule or take frequent breaks.
- Omit those gross-motor items that may be too challenging.
- If the entire test cannot be administered, rely on significant item scores or factors to make referral decisions. (See Chapter 4, Table 4-2, of the *Technical Report for the BRIGANCE® Screens*.)

### **Children with Autism and Developmental Disorders**

- Interview the parent first. Parents/caregivers can usually give helpful information about how best to work with their child.
- Remove materials that may distract the child from the area.
- Begin with items that provide immediate success, such as those that involve activity rather than a verbal response.
- Tap on the test materials to direct the child’s gaze to the appropriate place.
- Use a soft voice to praise and redirect the child gently. If the child is destructive to test materials, use a louder voice.
- Do not require the child to make eye contact with you during the screening.
- Simplify your language as much as possible while maintaining standardized procedures and instructions. Use visual cues and gestures.
- Use tangible or edible reinforcers rather than social ones.
- Because it is difficult for these children to make transitions, trade one toy for another when changing items.
- Arrange seating that will discourage the child from leaving the work area.

- Avoid making assumptions about one skill area based on another. Children with developmental disorders often have unexpected areas of strength and weakness.

### **Children with Traumatic Brain Injury**

- Attention span, distractibility, and difficulties with memory often pose problems when working with children who have traumatic brain injury.
- Repeat directions if necessary. Use visual cues to help the child remember.
- Have patience and give the child extra time to respond.

### **Children with Giftedness and Academic Talent**

- Children with giftedness or academic talent often have well-developed reading skills. Cover the examiner’s directions (even though they are upside down) to prevent the child from reading answers.
- Gifted children are often creative and produce a range of alternative answers to items. Additional probing may be required (e.g., “What else do we call this?”).

## Introduction

The assessments in this section allow screening personnel to assess the basic skills of children in kindergarten. The assessments coordinate with the skills listed on the *Kindergarten Data Sheet*.

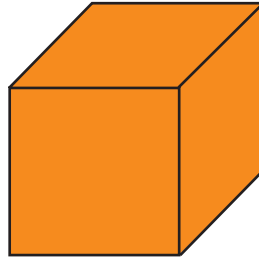
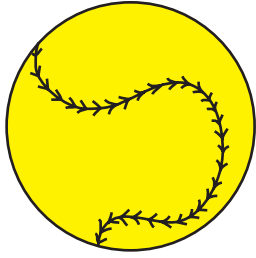
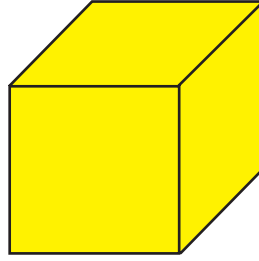
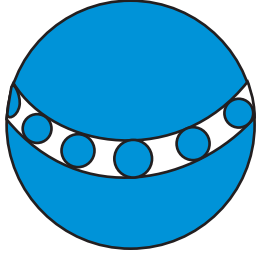
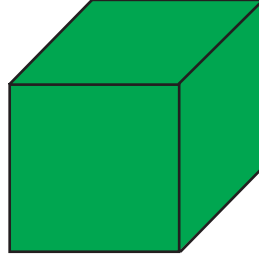
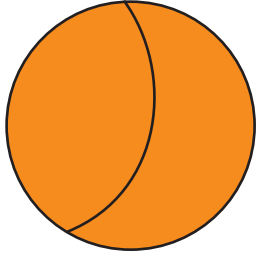
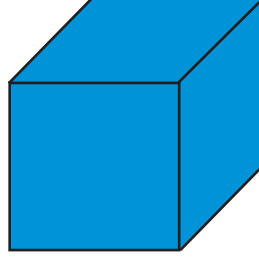
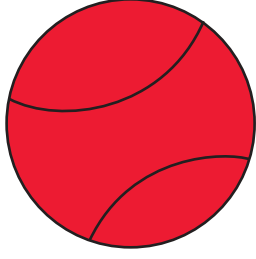
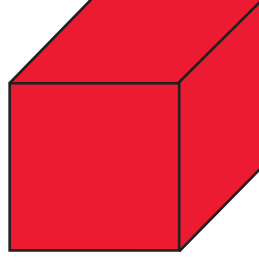
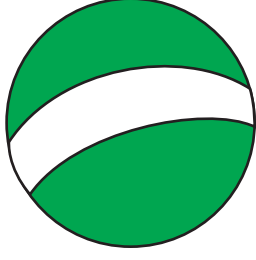
### DIRECTIONS

- To begin, see STEP 1 and STEP 2 of the Step-by-Step Screening Procedures on pages x–xiv. These steps will help you select the appropriate-age screen and will give you tips for assessing in different situations and tips for establishing rapport with the child.
- See STEP 3 in the Step-by-Step Screening Procedures on page xiv for information about using the child's *Data Sheet* to record the child's responses and to tabulate a Total Score. See page xv for an example of the *Kindergarten Data Sheet*.
- See STEP 4 and STEP 5 in the Step-by-Step Screening Procedures on pages xvii–xxv for information about analyzing results and identifying next steps.

## Table of Contents

Number	Skill	Page
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3A	Gross-Motor Skills	6
4A	Color Recognition	8
5A	Visual Motor Skills	10
6A	Draws a Person (Body Image)	12
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9A	Numeral Comprehension	17
10A	Number Readiness	18
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	Alternate—Reads Lowercase Letters	20
12A	Syntax and Fluency	22

*All assessments in the BRIGANCE® Screens have been validated. Standard score, percentile, and age equivalent can be determined. You must adhere strictly to the Directions and Scoring Information for the assessments if you want to compare your child to the norms found in the Technical Report for the BRIGANCE® Screens.*



# 4A Color Recognition

## Overview

This assessment focuses on the child's ability to recognize and name colors. The child responds orally.

### SKILL

Identifies colors

1. red
2. blue
3. green
4. yellow
5. orange
6. purple
7. brown
8. black
9. pink
10. gray

### MATERIALS

- Page C-8 or five of the colored blocks (red, blue, green, yellow, orange) that accompany the Screen to assess items 1–5
- Page C-9 or five colored objects (purple, brown, black, pink, gray) to assess items 6–10

### SCORING INFORMATION

- **Data Sheet:** Kindergarten
- **Entry:** Start with item 1.
- **Time:** Allow as much time as you think the child needs, or five seconds per color.
- **Discontinue:** Stop after the child gives three incorrect responses in a row.
- **Accuracy:** Give credit for each correct response. If the child gives an incorrect response but then self-corrects, give credit for the second response.
- **Point Value:** .5 of a point for each color

### POSSIBLE OBSERVATION

As the child identifies colors, observe and make note of the following:

**Color Blindness:** Boys who confuse red and green or blue and yellow should be referred to a medical professional for evaluation of possible color blindness.

## Directions

Point to each block on page C-8, and ask the child to name the color. After pointing to a block, pause for the child's response. If the child's response is incorrect or hesitant, point to the ball of the same color on the page, and ask the child to name the color.

Point to the red block on page C-8, and

**Ask: What color is this block?**

If the child's answer is incorrect or hesitant, point to the red ball on the page, and

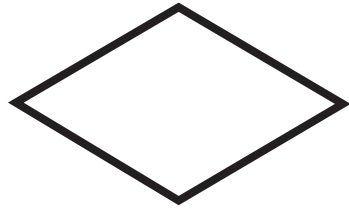
**Ask: What color is this ball?**

Continue this procedure for the other blocks (and balls) on page C-8.

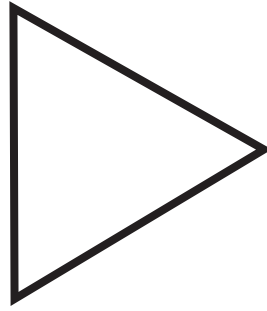
Request the colors in the following order:

1. red
2. blue
3. green
4. yellow
5. orange

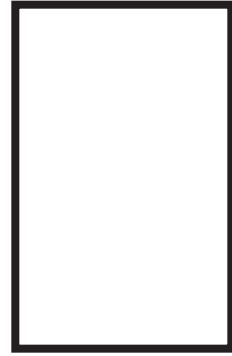
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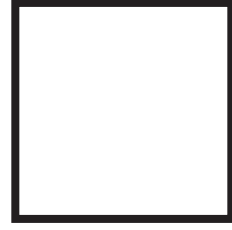
5.



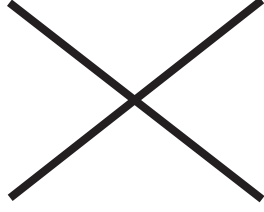
4.



3.



2.



1.



# 5A Visual Motor Skills

## Overview

This assessment focuses on the child's ability to copy basic forms. This assessment can be given to a group of children.

### SKILL

Copies forms

1. ✕
2. □
3. □
4. △
5. ◇

### MATERIALS

- Page C-10
- A primary pencil (or type of pencil the child is accustomed to using) for each child
- A sheet of unlined paper or a reproduced copy of page C-10 for each child (If using a reproduced copy of page C-10, the child copies the forms on the lower part of the page. Reproducing page C-10 will make group administration possible.)

### SCORING INFORMATION

- **Data Sheet:** Kindergarten
- **Entry:** Start with item 1.
- **Time:** Allow as much time as you think the child needs to complete each form.
- **Discontinue:** Stop if the child cannot copy three forms in a row.
- **Accuracy:** Give credit for each form that the child copies acceptably. Give credit for a second attempt.
- **Criteria:** See page 11.
- **Point Value:** 1 point for each form

### POSSIBLE OBSERVATIONS

See page 11.

## Directions

Ask the child to copy the forms that are on page C-10. Do *not* call the forms by name or trace over a form to show how it is drawn.

Give the child a pencil and a copy of page C-10 or a sheet of unlined paper.

Point to the forms on page C-10, and

**Say: I want you to draw these shapes.**

Point to each form, beginning with item 1, and

**Say: Draw one like this.**

Allow the child enough time to complete each form. If necessary, permit a second try on each form.

(If a child has difficulty focusing on a specific form and seems distracted by the other forms on the page, cover the other forms with blank sheets of paper. Adjust the paper as needed.)

**Criteria:** The following guidelines will help you evaluate the copied forms:

1. **X:** The two lines should intersect closer to the center than to the end of each. Neither line should have vertical or horizontal axis, and one line should not be more than twice the length of the other.



**Acceptable**



**Not Acceptable**

2. **Square:** Corners should not be rounded or form "ears." Lines should not be curved.



**Acceptable**



**Not Acceptable**

3. **Rectangle:** Corners must not be rounded or form "ears." Lines should not be curved. Length and width dimensions must differ so as not to resemble a square.



**Acceptable**



**Not Acceptable**

4. **Triangle:** Corners must not be rounded or form "ears." Lines should not be curved.



**Acceptable**



**Not Acceptable**

5. **Diamond:** Corners must not be rounded or form "ears."



**Acceptable**



**Not Acceptable**

## POSSIBLE OBSERVATIONS

As the child copies the forms, you may wish to observe and make note of the following:

- **Handedness:** Does the child hold the pencil with his right hand, his left hand, or does he change from one hand to the other?
- **Pencil Grasp:** Does the child hold the pencil correctly in a loose, three-finger grasp near the tip of the pencil or incorrectly in a tight fist?