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The BRIGANCE® Early Childhood Family of Products

**Early Childhood Screens III**
Quickly and accurately screen children to identify potential developmental delays and giftedness as well as specific strengths and needs in physical development, language, academic/cognitive, self-help and social-emotional skills.

**Inventory of Early Development III**
Easily monitor child progress toward common early learning goals and plan developmentally appropriate, individualised instruction based on assessment results.

**Readiness Activities**
Use fun, easy-to-plan developmental activities, targeting key readiness skills that meet children's instructional needs.

**Online Management System**
Instantly generate results and get specific instructional recommendations for each child. Reports are easy to understand and share with parents.
The BRIGANCE® Early Childhood Screen III (0–35 months) is a collection of quick, highly accurate assessments and data-gathering tools to use with children up to three years of age. The first years of a child's life are a time of rapid growth and learning, and screening can provide an important understanding of the child's development at a particular point in time. Zero to Three®: The U.S. National Center for Infants, Toddlers and Families, and the U.S. National Association for the Education of Young Children, or NAEYC, emphasise the importance of screening as the first step in assessing emergent school readiness, providing a snapshot of a child's mastery of early developmental and academic skills.

Screening also enables educators to readily identify children who may be developmentally delayed and children who may be developmentally advanced and, therefore, can support early intervention, as needed.

The Screen III includes the following age-specific screens (each of which can be conducted quickly, usually within 10–15 minutes):

- Core Assessments – Infant (birth–11 months)
- Core Assessments – Toddler (12–23 months)
- Core Assessments – Two-Year-Old Child

The Core Assessments in the Screen III have been nationally standardised, producing scores that are highly reliable, valid and accurate. Assessment items in the age-specific screens are norm-referenced as well as criterion-referenced and cover a broad sampling of a child's skills and behaviours. Key developmental areas include:

- Physical Development (Gross Motor Skills and Fine Motor Skills)
- Language Development (Receptive Language Skills and Expressive Language Skills)
- Adaptive Behaviour (Self-help Skills and Social-Emotional Development)
- Academic Skills/Cognitive Development

Data-gathering tools available for the Screen III include:

- Age-specific Data Sheets to record screening results, providing a one-page review of the child's screening performance
- Self-help and Social-Emotional Scales (for two-year-old children) to gather data about the child's eating, dressing and toileting skills as well as about the child's relationships with adults and peers, play skills, self-confidence and self-regulatory skills
- Screening Observations Forms to record observations captured during screening
- Parent-Child Interactions Form (for infants and toddlers) to record observations about the relationship between the parent/caregiver and child
- Teacher Feedback Form (for two-year-old children) to record input about the child's skills and behaviours from teachers
- Parent Feedback Form (for two-year-old children) to record input about the child’s skills and behaviours from parents/caregivers

The assessments and data-gathering tools in the Screen III help early childhood teachers and program directors:

- satisfy developmental screening requirements.
- initiate referrals for further evaluation or special services.
- evaluate a child's emergent school readiness by assessing a child's mastery of skills that are predictors of school success.
- guide individualised and group instruction.
- communicate a child's development to parents/caregivers.
- monitor and report progress over time, using the BRIGANCE® Online Management System. (Subscription rates apply.)

The Brigance Screens III are broadly consistent with the Belonging, Being & Becoming: Early Years Learning Framework for Australia, which stipulates that assessing children's learning refers to the process of gathering and analysing information as evidence about what children know, can do and understand, as part of an ongoing cycle of planning, documenting and evaluating their learning.
The BRIGANCE® Early Childhood Screen III (0–35 months) can help your early childhood program meet screening requirements, initiate referrals for further evaluation or special services, guide instruction, monitor progress and effectively support children’s readiness for school. Follow the guidelines below when implementing the Screen III in your program.

MAKE IMPLEMENTATION DECISIONS

To help meet the screening requirements of your program, determine which methods of data collection offered by the Screen III to use, when children in the program will be screened, and what, if any, cut-off scores will be used.

Determine Tools for Data Collection

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 behaviours (NHSCDI, 2003). The following Screen III data-gathering tools can be used to provide data from multiple sources:

- Data Sheet for each age-specific screen, providing an at-a-glance record of the child’s skill level for each screening assessment
- Supplemental Assessments (for two-year-old children) – assessments for children who are more developmentally advanced
- Screening Observations Form – a detailed record of examiner’s observations while screening
- Parent-Child Interactions Form (for infants and toddlers) – a form for a teacher/examiner to record observational information about the interaction between the parent/caregiver and child
- Teacher Feedback Form (for two-year-old children) – a record of the teacher’s view of the child’s skills and behaviours
- Parent Feedback Form (for two-year-old children) – a take-home parent evaluation of the child’s skills and behaviours
- Self-help and Social-Emotional Scales (for two-year-old children) – standardised assessments to gather data on the child’s eating, dressing, and toileting skills and self-confidence, independence, relationships with adults and peers, and play skills

When implementing the Screen III, determine which sources of data to use in your program. The diagram to the right shows how the Screen III can be used as a model for data collection, review/evaluation and placement/referral.
Determine When to Screen

Determine how often and when your program will administer the Screen III. Use the guidelines below to decide when the initial screening and the follow-up screening 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. If your program is interested in screening multiple children at one time, see Appendix D on page 94 for information about the Station Method for Screening.

- **Follow-up Screening**
  - **Re-screening** is recommended for children who score low in the first screening. The second screening should be conducted four to six weeks after the first screening or after remedial activities have been implemented. For those children who score lower than expected due to screening on a "bad day" (or on a day just prior to the onset of an illness or just after an illness), re-screen at a more appropriate time. This second screening can be conducted closer to the initial screening date.
  - **Midyear or end-of-year screening** serves as a means to measure growth and to help monitor progress children are making during the year. (See page xxvii for information about using the screen as a post test.)

Determine Which Cut-off Scores to Use

To accommodate the needs of your program, you may wish to use cut-off scores. A child's individual score can be compared to cut-off scores to quickly determine if a child may have developmental disabilities or delays or if the child is likely to be developmentally advanced. Your program may choose to use the BRIGANCE® Cut-off Scores or to customise cut-off scores for your specific program.

- **BRIGANCE Cut-off Scores**
  The Screen III includes three sets of cut-off scores, each based on results from the U.S. national standardisation study.
  - Cut-off scores for detecting children who potentially have developmental disabilities or delays
  - Cut-off scores for detecting children who may be developmentally advanced or gifted
  - Cut-off scores for at-risk children (for toddlers and two-year-old children)

  If you plan to use any of these cut-off scores, it is important that the child is administered all of the Core Assessments in the age-appropriate screen.

- **Customised Cut-off Scores**
  Your program may choose to customise cut-off scores. For example, your program may decide that children who score in the lower 20th percentile of the group will be referred for additional assessment. A child who scores below your program's customised cut-off score may be further evaluated by screening personnel and considered for more comprehensive assessment.

  See STEP 4 of the Step-by-Step Screening Procedures on page xx for details about when and how to use cut-off scores.
PROVIDE ONGOING ASSESSMENT AND MONITOR PROGRESS

The U.S. National Association for the Education of Young Children recommends ongoing progress monitoring as an important part of early childhood programs in order to plan instruction and better measure each child's progress. As recommended by NAEYC, many early childhood programs provide developmental assessment for all children throughout the year in order to plan instruction and to measure progress.

The BRIGANCE® Early Childhood family of products offers multiple ways to provide ongoing assessment and to monitor progress.

- The Screen III can be used to measure and report progress during the year. After the initial screening, a second screening can take place at midyear or end of year to measure progress over time. (See page xxvii for further information about using the Screen III to monitor progress.)

- The Early Childhood family also includes the BRIGANCE Inventory of Early Development III (IED III), a comprehensive inventory of criterion-referenced developmental assessments that correlate directly with the assessments in the Screen III. Following an initial screening, the assessments in the IED III can be used for ongoing assessment and progress monitoring over multiple evaluation periods.

PROVIDE DEVELOPMENTALLY APPROPRIATE INSTRUCTION

Using the information gathered from administering the Screen III, educators can then plan appropriate individual and group instruction. Screening results from administering the Core Assessments demonstrate initial areas of strength and weakness. Further assessment with the comprehensive IED III will support instructional planning. (See page xxvii for more information about using the IED III.) In addition, for the two-year-old child, results from administering the Supplemental Assessments can determine mastery of other, often more advanced skills. Together, results from administering assessments in the Screens III and appropriate assessments in the IED III can be used to plan targeted instruction to address each child's needs.
STANDARDISATION AND VALIDATION

Built on more than 30 years of research and experience in child development, the BRIGANCE® Early Childhood Screens III are highly accurate, reliable and valid assessment tools. Selected assessments from the criterion-referenced BRIGANCE® Inventory of Early Development III were standardised and validated in 2012 on a U.S. nationally representative geographic, demographic and socioeconomic sample. Items from these standardised and validated assessments were selected to create the age-specific screens in the Screens III. Teachers can confidently compare a child’s screening performance to the U.S. national sample to determine if a child has potential developmental delays or giftedness.

The standardisation study was conducted on a large, geographically diverse sample of 1929 children, spanning from birth to age 7, who are representative of the population of the United States (U.S.) in terms of ethnicity, gender and family socioeconomic status. Due to this strong research base, results from administered Screens III reliably identify those children who have delays, those who are advanced in development and those who are developing at a typical rate.

For over 30 years, the validity of the assessments in the Screens III has enjoyed positive professional scrutiny from researchers.

- Validation studies have shown the assessments in the Early Childhood Screens III to have substantial content and construct validity, excellent concurrent validity and a high degree of discriminant validity.
- The Screens III are highly reliable tools. The overall scores for the Core Assessments have
  - outstanding internal consistency (.94–.98).
  - excellent test/retest reliability (.92–.99).
  - outstanding inter-examiner reliability (.93–.96).
- The Screens III are highly accurate, and a single screening will identify
  - 91% of children with disabilities.
  - 87% of children with advanced development.

Standardisation means that
- the directions for administration and for scoring have been field-tested and are explicitly stated so that the test can be administered in exactly the same way by different examiners.
- the nearly 2000 children to whom the test was administered represent the geographic regions of the United States and the demographic characteristics of the U.S. population as a whole.
- the scores can be compared to the established standardised cut-off scores to determine a child's need for additional evaluation.

For detailed information on the 2012 Standardisation and Validation Study, see Chapters 7–10 of the BRIGANCE® Screens III Technical Manual.
Determine the Child's Rounded Chronological Age

For Ages 2 Years, 0 Months – 2 Years, 11 Months (24–35 Months)

1. Computing chronological age

On the child’s Data Sheet, 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. If a number for the Date of Screening is smaller than the number below it for the Birth Date, you will need to borrow.

Begin with the Day column. If you need to borrow, convert 1 month to 30 days, add 30 to the number of days and then subtract from this revised figure. Next, subtract the numbers in the Month column. If you need to borrow, convert 1 year to 12 months, add 12 to the number of months and then subtract.

In the example below, \(30 + 7 = 37\) days; \(12 + 2 = 14\) months.

<table>
<thead>
<tr>
<th>Year</th>
<th>Month</th>
<th>Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>2</td>
<td>14</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
</tr>
</tbody>
</table>

2. Rounding chronological age

Once you have computed the child’s chronological age in years, months, and days, round the number of days. If there are fewer than 15 days, simply ignore the days and use the years and months as the child’s chronological age. If there are 15 days or more, round the month up by 1.

In the example below, the chronological age 2 years, 9 months, and 15 days is rounded up to 2 years, 10 months.

<table>
<thead>
<tr>
<th>Year</th>
<th>Month</th>
<th>Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>10</td>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
</tr>
</tbody>
</table>
For Ages 0–23 Months (Infants and Toddlers)

1. Computing chronological age
On the child’s Data Sheet, 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.

In the example below, 30 + 8 = 38 days; 12 + 1 = 13 months.

<table>
<thead>
<tr>
<th>Date of Screening</th>
<th>Year</th>
<th>Month</th>
<th>Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>2</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Birth Date</td>
<td>2012</td>
<td>5</td>
<td>23</td>
</tr>
<tr>
<td>Age</td>
<td>8</td>
<td>15</td>
<td></td>
</tr>
</tbody>
</table>

2. Rounding chronological age
Once you have computed the age in months and days, round the number of days. If there are fewer than 15 days, simply ignore the number of days and use the months as the child’s chronological age.

If there are 15 days or more, round the month up by 1.

In the example below, the child who is 8 months, 15 days is considered to be 9 months.

<table>
<thead>
<tr>
<th>Year</th>
<th>Month</th>
<th>Day</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>9</td>
<td>15</td>
</tr>
</tbody>
</table>

3. Correcting for prematurity, if needed (ages 0–23 months only)
Once age is computed in months and days (prior to rounding), correct for prematurity if the child was born four or more weeks early. Determine the number of weeks the child was born early. Convert the number of weeks premature to months and days by referencing the chart below.

<table>
<thead>
<tr>
<th>Number of Weeks Premature</th>
<th>Months</th>
<th>Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 weeks</td>
<td>1 month</td>
<td>0 days</td>
</tr>
<tr>
<td>5 weeks</td>
<td>1 month</td>
<td>7 days</td>
</tr>
<tr>
<td>6 weeks</td>
<td>1 month</td>
<td>14 days</td>
</tr>
<tr>
<td>7 weeks</td>
<td>1 month</td>
<td>21 days</td>
</tr>
<tr>
<td>8 weeks</td>
<td>2 months</td>
<td>0 days</td>
</tr>
<tr>
<td>9 weeks</td>
<td>2 months</td>
<td>7 days</td>
</tr>
<tr>
<td>10 weeks</td>
<td>2 months</td>
<td>14 days</td>
</tr>
<tr>
<td>11 weeks</td>
<td>2 months</td>
<td>21 days</td>
</tr>
<tr>
<td>12 weeks</td>
<td>3 months</td>
<td>0 days</td>
</tr>
<tr>
<td>13 weeks</td>
<td>3 months</td>
<td>7 days</td>
</tr>
<tr>
<td>14 weeks</td>
<td>3 months</td>
<td>14 days</td>
</tr>
<tr>
<td>15 weeks</td>
<td>3 months</td>
<td>21 days</td>
</tr>
<tr>
<td>16 weeks</td>
<td>4 months</td>
<td>0 days</td>
</tr>
</tbody>
</table>

Subtract the number of months and days premature from the child’s age (chronological age before rounding) to determine the corrected age. Follow rounding guidelines from step 2, as applicable.

<table>
<thead>
<tr>
<th>Year</th>
<th>Month</th>
<th>Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>12</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td>30 + 8 = 38</td>
<td></td>
</tr>
<tr>
<td>Birth Date</td>
<td>2012</td>
<td>5</td>
</tr>
<tr>
<td>Age</td>
<td>8</td>
<td>15</td>
</tr>
<tr>
<td>Months &amp; Days Premature</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td>Corrected Age</td>
<td>7</td>
<td>8</td>
</tr>
</tbody>
</table>
RECORD CHILD INFORMATION ON THE DATA SHEET
Before you screen, write the child's personal information in Section A of the Data Sheet. Completing this section of the Data Sheet before screening allows you to focus your attention on the child and on the administration of the assessments during the screening session. (If English is not the child's primary language, note the child's primary language in Section D of the Data Sheet.) Use official records or information from parents/caregivers to confirm the accuracy of the child's information.

IDENTIFY 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. Consider accommodations when you think the child will not perform well due to
- speech difficulties.
- language differences or difficulties.
- difficulty in understanding directions.
- hearing problems.
- vision problems.

See Screening Children with Special Considerations on page xxi for more information about screening bilingual or non-English-speaking children and screening children with exceptionalities.

When accommodations are necessary, consider the following:
- Use information from families to identify what may act as a motivator to facilitate the child's optimal performance.
- Become familiar with the screening items and the way certain accommodations may impact performance and scoring.
- Keep a record of the accommodations implemented.

Note: If you are using the Screen III as a standardised instrument, it is critical to use the age-appropriate screen and to follow the directions explicitly.

SCREENING GROUPS OF CHILDREN
For large groups of children, you may wish to use the station method for screening. See Appendix D – Station Method for Screening on page 94.

ORGANISE MATERIALS
Gather and organise all materials required for the assessments you are administering. This will allow you to focus your attention on the child and on administering the assessments.

To administer the screens, you will need:
- The BRIGANCE® Early Childhood Screen III (0–35 months)
- The age-specific Data Sheet (See sample completed Data Sheets on pages xvi–xix.)

Specific materials needed for conducting an assessment are listed under MATERIALS on the first page of the assessment. The materials needed are common items readily available in most early childhood settings. The following are included in the Screens III Box of Materials:
- A rattle
- A squeaking toy
- A box of crayons
- A spoon
- 10 2.5-cm coloured blocks

Additional materials you may need include
- A timer or a watch with a second hand
- A copy of each age-appropriate child page
- Blank sheets of paper for covering distracting items on a child page

Optional materials you may choose to use:
- Supplemental Assessments (and the accompanying Data Sheet)
- Screening Observations Form
- Parent-Child Interactions Form – Infant and Toddler
- Teacher Feedback Form – Two-Year-Old Child
- Parent Feedback Form – Two-Year-Old Child
- Teacher Report and Scoring Form – Self-help and Social-Emotional Scales – Two-Year-Old Child
**STEP 2: SCREEN THE CHILD**

**SCREENING PROCEDURES**

Before screening a child, read all the information on the first page of each age-appropriate assessment. Make special note of the Scoring Information. Then follow the specific Directions given for each assessment. Many assessments include specific language to use as you administer the assessment. To guide your determination of skill mastery, some assessments provide criteria for determining whether a child should receive credit for a skill. *If the child's skill mastery is marginal, emerging or inconsistent, do not give credit.*

**POSITIONING THE SCREEN III CORRECTLY**

The format of the *Screen III* allows both you and the parent or child to follow the assessment procedures easily. The *Screen III* can be opened to an assessment and placed on a table between you and the parent or child, as shown below.

---

**SELECTING AN ENTRY POINT**

The Core Assessments in the Infant and Toddler screens provide entry points and basals. An entry is a suggested item with which to begin the assessment; entry points allow children of different ages (e.g. 4 months old, 8 months old) to begin with items at different skill levels. Entry points are typically below expected performance for chronological age to ensure that children demonstrate, wherever possible, a series of initial successes. Ideally, a child should correctly respond to (receive credit for) a short series of items (three items in a row), which is called the basal. If the child does not achieve a basal following the entry point, drop back to an earlier entry point (if there is one) and administer items until a basal is obtained.

For the Core Assessments in the Two-Year-Old Child screen, all ages (2 years, 0 months to 2 years, 11 months) begin with item 1.

**SCREENING BY OBSERVATION**

Observe the child in a natural setting (e.g. the classroom, outdoors, in his/her home). First, become familiar with the items to be administered by reading through them several times. Then, spend some time observing and interacting with the child. Most gross motor skills and many fine motor skills can be scored simply by observing. Some language skills, self-help skills and social-emotional skills can also be scored by observation.

After spending some time observing the child, record the child's performance on those skills observed. (For example, if screening an infant and you observe that the child plays with his/her hands and fingers and that the child's hands are predominantly open, give credit for these skills by circling the item numbers on the child's *Data Sheet.*) If it is observed that the child's skill mastery is marginal, emerging or inconsistent, do not give credit.

**SCREENING BY INTERVIEW**

Most of the Core Assessments for infants and toddlers can be administered by parent report (interviewing the parent/caregiver or someone who knows the child well). Administering by parent report can be helpful if a child is asleep, fearful, ill or too young to fully cooperate. To gather information from a parent about a child's skills, use the interview questions, which are preceded by *Ask:* in the assessments. It is important that you use the prescribed directions and exact wording provided.
When responding to an interview question, parents/caregivers often report on a child’s emerging but not-yet-mastered skills, giving answers such as “sometimes”, “if I let him” or “a little”. Similarly, if a parent responds with something like, “She could but we’ve never tried that” or “She’s had no opportunity to do that”, do not give credit for the skill.

Some parents may automatically say “yes” to most items. In these cases, clarify by asking, “Most of the time or some of the time?” Give credit only for skills the parent/caregiver or teacher can ensure the child is performing most of the time. It is important that the determination of whether a child receives credit for a skill is consistent for all children.

A parent may report that the child has mastered skills that the child has not demonstrated during the assessment. This is understandable because at home a child may feel more comfortable performing more advanced skills. Even so, if you have doubts about the validity of a parent’s report (e.g. the parent reports independent walking yet the child seems to walk only by holding on to furniture), if possible, encourage the child to demonstrate the skill.

If someone who knows the child well enough to report on the child’s skill mastery is not present, interviewing the child’s parent/caregiver via telephone may be appropriate.

SCREENING BY CHILD PERFORMANCE

Many of the Core Assessments for toddlers and all but one of the Core Assessments for two-year-old children can be administered by child performance (asking the child to perform specific skills).

When working with the child, read directions and questions in a natural manner. Keep the assessments moving comfortably and informally. Pace the items so that the child has enough time to perform a skill but not so much time that he/she becomes bored waiting for the next direction. If the child has difficulty focusing on a single item on a child page, cover the other items with blank sheets of paper.

Remember to remain objective; extra assistance given to a child during assessment can influence the child’s performance and could invalidate the results.

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 screening area, become tearful, or alternately grab for test materials or play with toys they brought with them. To establish rapport with the child during screening, consider the suggestions in this section.

Guiding Desirable Behaviour

The following suggestions may help make the assessment process more comfortable, enjoyable, and even fun for both you and the child and/or parent/caregiver.

- If a parent/caregiver is present, engage the parent/caregiver first. Ask a parent how his/her child will be most comfortable during the screening. This makes both the parent and the child comfortable.

- Create a welcoming screening environment. Make sure there is ample seating for the child (and parent, if present) and that the space is quiet and well lit. Thank the child beforehand for participating. Explain that you will be presenting several different kinds of games and tasks. Ask the child to do the best that he/she can.

- Use clear but pleasant requests such as “Come with me. We are going to look at some pictures and play with some blocks.” Do not ask the child whether he/she would like to participate since any subsequent refusals are challenging.

- Incorporate “wiggle breaks”. Because it is unlikely that young children can remain seated throughout screening, “wiggle breaks” should be interspersed among assessment items. It is acceptable to move to the floor, back to the chair and even under the table!

- Introduce tasks as “games” rather than as tests.

- Use verbal reinforcement and show interest and enthusiasm in the child’s effort but do not indicate whether the child’s response was correct or incorrect. Be objective. Do not show feelings of disappointment when the child gives an incorrect response or feelings of satisfaction when the child is doing well.

- Use stickers to reinforce the child’s effort. You may wish to give a sticker between assessments. Give stickers throughout the screening to reward effort, not only when the child has success.
• **Set time expectations for the child.** To help the child understand how long the assessment session will be, you may wish to have the child turn the dial of a timer to a predetermined point. Explain to the child that when the timer goes off, he/she will have a chance to play.

**Handling Difficult Situations**

The following suggestions may help if the child becomes upset or refuses to participate.

• **Take a break or stop the screening and reschedule** if the child becomes upset and cannot be soothed.

• **Offer choices** if the child refuses to participate in the assessment process. For example, say, “Would you like to draw or play with blocks first?”

• **Switch to another task** if the child refuses to engage in a particular assessment in the screen. After the child feels more secure, return to the earlier assessment.

**PRECAUTIONS WHEN SCREENING**

• Prompting, giving unnecessary encouragement, or providing unscripted demonstrations can mask the child's actual strengths and needs and can invalidate the child's screening results, making it challenging to detect a child's delayed or advanced development.

• Do not give the child reminders. It can be tempting for an examiner or teacher to provide reminders as a form of encouragement, such as “You know this. We did it yesterday.” Reminders may cause the child to give a response that is not representative of his/her knowledge or abilities, potentially invalidating the child’s screening results.

• Avoid gazing at the correct choice on a child page. Occasionally, a child is alert to where the examiner is looking and will use this as a cue to responding. If the child gives a correct response based on where the examiner is looking, performance may be inflated.

• You may wish to place the child’s Data Sheet out of the child’s line of vision. Some children feel anxious when they see an examiner recording performance.
C. Scoring: In order to focus your attention on the child during screening, do not calculate the score until after the screening is completed. An examiner who is 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 discontinue point. For infants and toddlers, count all items below the basal as correct responses.

2. Multiply the Number Correct by the assigned Point Value. 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. Notes/Observations: Make notes and record any significant observations made during screening. You may wish to record observations or conclusions regarding the child's hearing, vision, health, behaviour and emotional well-being. If English is not the child's primary language, record the child's primary language and other notes and observations in the Notes section or on the back of the Data Sheet.

E. Next Steps: Record any next steps or recommendations regarding placement and referral here. You may also wish to record if the child scored above or below cut-off scores.
BRIGANCE® Screen III  Infant (birth–11 months) Data Sheet

A. Child's Name  ____________________________

Parent(s)/Caregiver(s)  ____________________________

Address  ____________________________

Phone  ____________________________

B. Core Assessments

<table>
<thead>
<tr>
<th>Page</th>
<th>Domain</th>
<th>Directions: Assessments may be administered in any order. For each assessment, start with the item indicated by the Entry for the child's age. Stop after 3 skills not demonstrated in a row. Give credit for a skill by circling the item number. For a skill not demonstrated, slash through the item number. Once the child receives credit for 3 skills in a row, give credit for any lower-level skills.</th>
<th>Number Correct x Point Value for Each</th>
<th>Child's Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Physical Development</td>
<td>1A Gross Motor Skills 1. Turns head in both directions 2. Steadies head 3. Rolls partway onto side 4. Has no head lag when pushed to sitting 5. Rolls from back to stomach</td>
<td>9 x 1</td>
<td>9/14</td>
</tr>
</tbody>
</table>


Total Score = 59 / 100

E. Next Steps: Within normal limits.

No further assessment needed.
### Example of a Completed Toddler Data Sheet

#### A. Child's Name
- **Alissa Hunter**

#### B. Core Assessments

<table>
<thead>
<tr>
<th>Page</th>
<th>Domain</th>
<th>Directions: Assessments may be administered in any order. For each assessment, start with the item indicated by the Entry for the child's age. Give credit for a skill by circling the item number. For a skill not demonstrated (an incorrect response), slash through the item number. Once the child receives credit for 3 skills in a row, give credit for any lower-level skills. Discontinue once the child receives credit for 3 skills in a row. Give credit for any lower-level skills.</th>
</tr>
</thead>
</table>
| 21 | Language Development | 18. Receptive Language Skills – General
- Responds to simple commands
- Waves “bye-bye”
- Points to things
- Responds to the word “no”
- Gives a block on command (no gesture)
- Puts a block in a box on command
- Throws away rubbish on command
Stop after 3 skills not demonstrated in a row. |
Points to: eyes, nose, feet, hair, 5. mouth, 6. ears
Stop after 3 incorrect responses in a row. |
| 24 | Language Development | 38. Receptive Language Skills – Identifies Pictures
Points to: cat, dog, key, 4. car, 5. apple, 6. aeroplane
Stop after 3 incorrect responses in a row. |
Knows sound of: cat, dog, cow, bird
Administer all items. |
| 28 | Physical Development | 58. Gross Motor Skills
1. Sits erect and unsupported
2. Gets up on hands and knees and moves about (or scoots on bottom)
3. Pulls to standing position
4. Stands erect at the end of a table
5. Runs, but not on all fours
6. Jumps (at least one foot leaves the floor)
7. Runs well
Stop after 3 skills not demonstrated in a row. |
| 30 | Physical Development | 68. Fine Motor Skills
1. Uses a neat pincer grasp
2. Squeaks toy with different sounds
3. Points to pictures, shows pictures
4. Copies simple shapes
5. Points to objects easily
6. Deliberately pours/dumps objects from container
7. Imitates scribble
Stop after 3 skills not demonstrated in a row. |
| 32 | Language Development | 78. Expressive Language Skills – General
If unsuccessful on 78, items 6, 7 and 8, do not administer BB or BB.
- Says multiple syllables
- Shakes head for no or yes
- Points to objects for attention
- Pretend talks
- Holds up objects for attention
- Pretend talks with some real words
Stop after 3 skills not demonstrated in a row. |
| 34 | Language Development | 88. Expressive Language Skills – Names Objects
If unsuccessful on 78, items 6, 7 and 8, do not administer BB.
Stop after 3 incorrect responses in a row. |
| 35 | Language Development | 98. Expressive Language Skills – Uses Phrases
If unsuccessful on 78, items 6, 7 and 8, do not administer BB.
- 1. Repeats phrases
- 2. Uses two or three words in combination
Administer both items. |
| 36 | Adaptive Self-help | 108. Self-help Skills
- 1. Feeds self cracker
- 2. Drinks from cup held by adult
- 3. Chews and swallows
- 4. Cooperates in dressing
- 5. Holds cup with both hands and drinks
- 6. Removes shoes
- 7. Begins to anticipate/communicate toileting needs
Stop after 3 skills not demonstrated in a row. |
| 38 | Adaptive Social-emotional | 118. Social and Emotional Skills
- 1. Plays pat-a-cake
- 2. Gives affection
- 3. Goes for a toy that is out of reach
- 4. Shows interest in activities of others
- 5. Initiates interactions with other children
- 6. Shows pride in new accomplishments
- 7. Mimics adult activities
- 8. Insists upon doing things for himself/herself
- 9. likes to perform for others
Stop after 3 skills not demonstrated in a row. |

#### D. Notes/Observations
- Hard to hold her attention.

#### E. Next Steps
- Below cutoff (<49): presence of risk factors.
  - Above at-risk guidelines. Rescreen in six months.
BRIGANCE® Screen III Two-Year-Old Child Data Sheet

A. Child’s Name: _________________________ Date of Screening: _______ _______ ______
    Parent(s)/Caregiver(s): ______________________
    Date of Birth: _______ _______ ______
    School/Program: ______________________
    Address: ______________________
    Phone: ______________________

B. Core Assessments

<table>
<thead>
<tr>
<th>Page</th>
<th>Domain</th>
<th>Directions: Assessments may be administered in any order. For each assessment, start with the first item and proceed in order. Give credit for a skill by circling the item number. For a skill not demonstrated (an incorrect response), slash through the item number.</th>
<th>C. Scoring</th>
</tr>
</thead>
<tbody>
<tr>
<td>42</td>
<td>Language Development</td>
<td>1C Identifies Parts of the Body Points to: 1. ears 2. head 3. teeth 4. legs 5. fingers 6. arms</td>
<td>Discontinue: Stop after 3 incorrect responses in a row. Child’s Score: 6 x 1.5 = 9 / 9</td>
</tr>
<tr>
<td>43</td>
<td>Language Development</td>
<td>2C Identifies Pictures by Naming 1. cat 2. dog 3. key 4. apple 5. car 6. cup</td>
<td>Discontinue: Stop after 3 incorrect responses in a row. Child’s Score: 6 x 2 = 12 / 12</td>
</tr>
<tr>
<td>44</td>
<td>Language Development</td>
<td>3C Knows Uses of Objects Knows use of: 1. car 2. bed 3. chair</td>
<td>Administer all items. Child’s Score: 2 x 4 = 8 / 12</td>
</tr>
<tr>
<td>45</td>
<td>Academic /Cognitive</td>
<td>4C Repeats Sentences Repeats sentence of: 1. three syllables 2. four syllables</td>
<td>Discontinue: Stop after incorrect responses for both a and b for a single item. Child’s Score: 1 x 3 = 3 / 6</td>
</tr>
<tr>
<td>46</td>
<td>Physical Development</td>
<td>5C Gross Motor Skills Jumps off floor with both feet Stands on one foot for one second Walks backward four steps</td>
<td>Administer all items. Child’s Score: 3 x 2.5 = 7.5 / 10</td>
</tr>
<tr>
<td>47</td>
<td>Academic /Cognitive</td>
<td>6C Understands Concepts of Number and Size Understands: 1. just one 2. one more 3. two more 4. little</td>
<td>Administer all items. Child’s Score: 4 x 2 = 8 / 8</td>
</tr>
<tr>
<td>49</td>
<td>Physical Development</td>
<td>7C Visual Motor Skills Scribbles with crayon; strokes are not purposeful or well controlled and frequently lose contact with the paper</td>
<td>Administer all items. Child’s Score: 2 x 1.5 = 3 / 7.5</td>
</tr>
<tr>
<td>50</td>
<td>Physical Development</td>
<td>8C Builds Tower with Blocks Builds a tower with: 1. two blocks 2. three blocks 3. four blocks 4. five blocks 5. six blocks</td>
<td>Discontinue: Stop after 2 attempts. Child’s Score: 2 x 2 = 4 / 10</td>
</tr>
<tr>
<td>51</td>
<td>Academic /Cognitive</td>
<td>9C Matches Colours 1. red 2. blue 3. green 4. yellow 5. orange</td>
<td>Administer all items. Child’s Score: 5 x 1.5 = 7.5 / 7.5</td>
</tr>
<tr>
<td>52</td>
<td>Language Development</td>
<td>10C Verbal Fluency and Articulation Uses two-word phrases in which words relate in combination At least 50% of speech is intelligible</td>
<td>Administer all items. Child’s Score: 3 x 6 = 18 / 18</td>
</tr>
</tbody>
</table>

D. Notes/Observations: _________________________

E. Next Steps: Above giftedness cutoff (>76). Refer for further assessment for possible giftedness.

Total Score = 80 / 100
STEP 4: ANALYSE RESULTS

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

**COMPARING A CHILD’S SCORE WITH CUT-OFF SCORES**

Compare the child’s Total Score with the BRIGANCE® cut-off scores below or with your program’s customised cut-off scores.

If you are using the BRIGANCE cut-off scores, compare the child’s Total Score
- to the cut-off scores for detecting children who may demonstrate advanced development or be gifted/academically talented,
- to the cut-off scores for detecting children likely to have developmental or academic delays,
- and then to the at-risk cut-off scores, if applicable.

**Note:** When using cut-off scores, it is necessary that all assessments within an age-specific screen be administered.

---

**Table 1. Cut-off Scores for Suggesting Advanced Development (Infant and Toddler)**

For children younger than two years of age, it is difficult to identify intellectual giftedness because of the speed with which developmental changes occur during this stage of life. While it is possible to determine when very young children show advanced development relative to their peers, it is not consistently clear that such development is a predictor of giftedness. Thus the cut-offs in Table 1 should be used cautiously and only to identify developmental strengths rather than to serve as predictors of academic giftedness.

<table>
<thead>
<tr>
<th>BRIGANCE® Screen III (0–35 months) Core Assessments</th>
<th>Age (in months)</th>
<th>Cut-off Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 months</td>
<td>&gt;14</td>
<td></td>
</tr>
<tr>
<td>1 month</td>
<td>&gt;22</td>
<td></td>
</tr>
<tr>
<td>2 months</td>
<td>&gt;28</td>
<td></td>
</tr>
<tr>
<td>3 months</td>
<td>&gt;32</td>
<td></td>
</tr>
<tr>
<td>4 months</td>
<td>&gt;38</td>
<td></td>
</tr>
<tr>
<td>5 months</td>
<td>&gt;44</td>
<td></td>
</tr>
<tr>
<td>6 months</td>
<td>&gt;51</td>
<td></td>
</tr>
<tr>
<td>7 months</td>
<td>&gt;55</td>
<td></td>
</tr>
<tr>
<td>8 months</td>
<td>&gt;62</td>
<td></td>
</tr>
<tr>
<td>9 months</td>
<td>&gt;68</td>
<td></td>
</tr>
<tr>
<td>10 months</td>
<td>&gt;75</td>
<td></td>
</tr>
<tr>
<td>11 months</td>
<td>&gt;82</td>
<td></td>
</tr>
<tr>
<td>Toddler</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12–13 months</td>
<td>&gt;51</td>
<td></td>
</tr>
<tr>
<td>14–15 months</td>
<td>&gt;54</td>
<td></td>
</tr>
<tr>
<td>16–17 months</td>
<td>&gt;62</td>
<td></td>
</tr>
<tr>
<td>18–19 months</td>
<td>&gt;75</td>
<td></td>
</tr>
<tr>
<td>20–21 months</td>
<td>&gt;81</td>
<td></td>
</tr>
<tr>
<td>22–23 months</td>
<td>&gt;89</td>
<td></td>
</tr>
</tbody>
</table>
Table 2. Cut-off Scores for Detecting Children Who May Be Gifted or Academically Talented (Two-Year-Old Child)

Giftedness is a broad term; children may be gifted in different ways (e.g. musical or artistic talent, scientific aptitude). For this reason, gifted children might not be identified by academic or developmental screening tests alone. As in any decision about a child’s abilities, the evaluation must include other indicators of ability (e.g. observations about memory, verbal fluency, oral vocabulary, humour, creativity; results from administration of the Supplemental Assessments) before making decisions about resources or program options for a child. Feedback from parents/caregivers and professionals who work with the child may also provide insight into potential giftedness. That said, the Screen III can assist in the identification process of children who are gifted and talented.

Children who score at or above the cut-off scores shown in Table 2 may be gifted or academically talented. Consider referring these children for further assessment for giftedness.

<table>
<thead>
<tr>
<th>BRIGANCE® Screen III (0–35 months) Core Assessments</th>
<th>Age (in years and months)</th>
<th>Cut-off Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2-0 to 2-2</td>
<td>&gt;76</td>
<td></td>
</tr>
<tr>
<td>2-3 to 2-5</td>
<td>&gt;85</td>
<td></td>
</tr>
<tr>
<td>2-6 to 2-8</td>
<td>&gt;91</td>
<td></td>
</tr>
<tr>
<td>2-9 to 2-11</td>
<td>&gt;95</td>
<td></td>
</tr>
<tr>
<td>Toddler</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12–13 months</td>
<td>&lt;32</td>
<td></td>
</tr>
<tr>
<td>14–15 months</td>
<td>&lt;39</td>
<td></td>
</tr>
<tr>
<td>16–17 months</td>
<td>&lt;49</td>
<td></td>
</tr>
<tr>
<td>18–19 months</td>
<td>&lt;56</td>
<td></td>
</tr>
<tr>
<td>20–21 months</td>
<td>&lt;66</td>
<td></td>
</tr>
<tr>
<td>22–23 months</td>
<td>&lt;70</td>
<td></td>
</tr>
<tr>
<td>Two-Year-Old Child</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2-0 to 2-2</td>
<td>&lt;47</td>
<td></td>
</tr>
<tr>
<td>2-3 to 2-5</td>
<td>&lt;54</td>
<td></td>
</tr>
<tr>
<td>2-6 to 2-8</td>
<td>&lt;62</td>
<td></td>
</tr>
<tr>
<td>2-9 to 2-11</td>
<td>&lt;75</td>
<td></td>
</tr>
</tbody>
</table>

Table 3. Cut-off Scores for Detecting Children Who Are Likely to Have Developmental Delays/Disabilities

Children who score below the cut-off scores shown in Table 3 may be experiencing delays due to developmental difficulties or possibly due to psychosocial risk factors. (See Table 4 on the next page for a list of psychosocial risk factors.) Consider referring these children for further assessment.
If the child scores below the cut-off score in Table 3 on page xxi and is one year old or older, do the following:

1. Determine whether psychosocial risk factors are present. See Table 4 to the right.

2. If fewer than four risk factors are present, there is a high probability of developmental delays or disabilities. Refer the child for further evaluation.

3. If four or more risk factors are present, determine if the child’s score is below the age-appropriate At-risk Cut-off Score in Table 5 on page xxiii. Initiate a referral if the child’s score is below the appropriate cut-off.

DETERMINING PRESENCE OF PSYCHOSOCIAL RISK FACTORS

The presence of psychosocial risk factors in a child’s life can greatly affect the child’s development. The greater the number of psychosocial risk factors, the more likely the child is to perform poorly in school or have delayed development. No one single factor, however, predicts risk or delay, but multiple factors compound the potential effect on a child. The presence of four or more risk factors is associated with steep declines in school achievement and higher probabilities for children to develop difficulties.

When analysing a toddler or two-year-old child’s screening results, it is important to take into account the presence of risk factors. Use Table 4 to determine if four or more risk factors are present. If four or more risk factors are present, use the At-risk Cut-off Scores in Table 5 on page xxiii to inform next steps.

If four or more psychosocial risk factors are present, it is important for the child to enrol in or remain in a high-quality early learning program. However, if the child has been enrolled for at least six months and still scores below the cut-off score in Table 3 on page xxi (even if the child scores above average for at-risk children), developmental disabilities are likely and the child should be referred for further evaluation.

---

**Table 4. Psychosocial Risk Factors**

A child is considered at risk if four or more factors are present.

- Child lives in a home where English is not the primary language.
- Child lives in a single-caregiver household.
- Four or more children live in the home.
- Child has changed schools frequently (it may be helpful to view school records of older siblings), or family has moved more than twice in the past 12 months.
- Child has no prior participation in structured early prevention programs.
- Child has a history of being abused or exposed to domestic or neighbourhood violence.
- Parent(s) have less than a high-school education.
- Parent(s) have limited literacy.
- Parent(s) are fewer than 18 years older than the oldest child in the family.
- Parent(s) are unemployed.
- Parent reports rarely or never reading to child.
- Parent reports being 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 behaviour, 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 (e.g. feeling pressured, stressed or 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.
**USING THE AT-RISK CUT-OFF SCORES TABLE**

For toddlers and two-year-old children scoring below the cut-off scores in Table 3 on page xxii, determine if four or more risk factors are present. (See Table 4 on page xxiii.) If risk factors are present, use the [BRIGANCE® Online Management System](https://www.hawkerbrownlow.com/online-management-system) to compute scores for the specific assessments listed in Table 5 below. (Subscription rates apply.)

Alternately, to hand score, use the assessment information in Table 5 to find the appropriate assessments on the child’s age-specific Data Sheet and total the child’s scores for these assessments.

> **Table 5. At-risk Cut-off Scores for Toddler and Two-Year-Old Child**

<table>
<thead>
<tr>
<th>Core Assessments</th>
<th>Assessments within Domain</th>
<th>Total Possible Score (sum of Assessment scores)</th>
<th>Refer if Child’s Age Range is: (in months/in years and months)</th>
<th>At-risk Cut-off Score</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Toddler (12–17 months)</strong></td>
<td>Physical Development 5B Gross Motor Skills 6B Fine Motor Skills</td>
<td>19</td>
<td>12–13 months 14–15 months 16–17 months</td>
<td>&lt;8 &lt;9 &lt;10</td>
</tr>
<tr>
<td><strong>Adaptive Behaviour</strong> 10B Self-help Skills 11B Social and Emotional Skills</td>
<td>22</td>
<td>12–13 months 14–15 months 16–17 months</td>
<td>&lt;7 &lt;7 &lt;8</td>
<td></td>
</tr>
<tr>
<td><strong>Two-Year-Old Child</strong></td>
<td>Language Development 1C Identifies Parts of the Body 2C Identifies Pictures by Naming 3C Knows Uses of Objects 10C Verbal Fluency and Articulation</td>
<td>51</td>
<td>2-0 to 2-2 2-3 to 2-5 2-6 to 2-8 2-9 to 2-11</td>
<td>&lt;21 &lt;33 &lt;39 &lt;43</td>
</tr>
</tbody>
</table>

Compare the child’s score on the select assessments with the appropriate At-risk Cut-off Score in Table 5. Initiate a referral if the child’s score is below an age-appropriate At-risk Cut-off Score. Note this in the E. Next Steps section of the child’s Data Sheet (e.g. Scores below At-risk Cut-off Score – Needs referral).

For more information about referral decisions with at-risk children, see page xxv.
IDENTIFYING STRENGTHS AND WEAKNESSES

A child’s developmental strengths and needs can be identified by administering the Screen III and analysing domain-level results. Specific assessments grouped by developmental domain can inform necessary referrals as well as instructional planning. Domain-level information is especially useful when reporting information to parents.

Use the BRIGANCE® Online Management System to view a child’s assessment results by domain – Physical Development, Language Development, Adaptive Behaviour (infants/toddlers) or Academic Skills/Cognitive Development (two-year-old children). (Subscription rates apply.) Domain-level scores are also available for Self-help and Social-Emotional Skills for two-year-old children. Alternately, domain scores can be calculated by hand, using the BRIGANCE® Screens III Technical Manual. (See Chapter 4 for more on interpreting screening results and for sample case studies.)

FACTORS THAT MAY IMPACT PERFORMANCE

The development of a child is never a straight line. Each child will experience periods of rapid growth and levelling plateaus. This is normal and should be taken into consideration when evaluating screening results. If, however, the child’s score is below the cut-off score for developmental delays (Table 3 on page xxi), it is important to determine which factors may have affected the child’s performance, identify areas of need and make appropriate follow-up decisions. Consider the following factors when identifying skill areas of apparent need and when making appropriate follow-up decisions.

• Physical Limitations

Physical limitations, such as poor vision or hearing, can cause a delay in the development of some skills, which can impact performance. 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 over-active, resulting in poor performance.

• Poor Testing Conditions

Uncomfortable room temperature, noise, visual distractions or poor lighting may prevent a child from performing well. In addition, if a child finds the screening atmosphere uncomfortable, feels discouraged or unmotivated, or is tired, the child’s performance may suffer. If screening conditions were not optimal, re-screen the child at a later date.

• Language or Cultural Barriers

A child from a home in which English is not the primary language may not understand what responses are expected (or the parent may not be able to answer interview questions). Whenever possible, screening should be conducted by personnel fluent in the primary language of the child (and parent/caregiver) and knowledgeable about the child’s cultural background.

• Undiagnosed Disabilities or Psychosocial Risk

Common reasons for poor performance are undiagnosed disabilities or substantial psychosocial risk factors. (See Table 4 on page xxii for more information about psychosocial risk factors.) Record and report relevant observations regarding these concerns 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 xxix for more information.

Note: Formal screening for vision, hearing or speech problems is not included in the Screen III. However, when screening the child, observe for such problems and report them to the appropriate personnel. See the Hearing and Vision Observations on page 70.
STEP 5: IDENTIFY NEXT STEPS

After the screening has been completed, you may choose to do one of the following:
• Screen the child again 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 delay or disability or potential academic giftedness.

Once follow-up screening and referral decisions are made, it is important to
• communicate screening results to parents/caregivers.
• monitor progress throughout the year with the BRIGANCE® Early Childhood Screen III and/or the BRIGANCE® Inventory of Early Development III (IED III).
• promote development, especially for those children at risk.

FOLLOW-UP SCREENING
Re-screening is recommended for children who scored low in the first screening. The second screening can be conducted after a period of four to 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 re-screened at a more appropriate time (possibly sooner than four weeks).

MAKE REFERRALS
Recommendations for referrals may be made based on cut-off scores and on an analysis of the child’s areas of strength or weakness. For example, fine motor or gross motor 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 BRIGANCE® Screens III Technical Manual for additional information on analysing domain scores.

Referral Decisions with At-risk Children
In making referral decisions for toddlers and two-year-old children based on scores below BRIGANCE® cut-off scores, it is helpful to consider psychosocial risk factors. The presence of four or more risk factors shown in Table 4 is strongly associated with school difficulties. (See Table 4 on page xxii.) Examiner observations about a child’s parents’/caregivers’ well-being and parenting style should also be considered when determining risk status.

Although it is acceptable, and even desirable, to refer for evaluation all children who score below the age-appropriate cut-off score, for teachers and diagnosticians working with large groups of at-risk children, it may be helpful to attempt to distinguish those children who may be adequately served by prevention programs from those children who most likely have true disabilities.

Referral Decisions with Bilingual Children
It is important for those making referral decisions to recognise that
• bilingualism often contributes positively to cognitive development.
• bilingualism can cause mild delays in language acquisition in both languages. If, however, acquisition is substantially delayed in both languages, a language disorder should be suspected. Testing in both languages would be necessary to discern the presence of disorder or substantive delay.
• 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-cut-off-score performance is rarely due to bilingualism alone. A bilingual child may have the same psychosocial risk factors as English-speaking children. For more information about risk factors, see Table 4 on page xxii.
• because the standardisation of the Screens III included bilingual children, bilingual children who were screened in their native language and perform below average should be referred for further evaluation.
COMMUNICATE SCREENING RESULTS
Because of the significant role parents/caregivers play in their child’s development (as well as the fact that referrals for evaluations require parental consent), parents/caregivers need to be informed of their child’s 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 low screening results 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 the potential importance of the results

To avoid these pitfalls, consider the following tips.

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.
- Before discussing the screening results, ask parents if they have concerns about their child’s learning or behaviour. Begin the conference by acknowledging the parents’ observations. For example, you might say, “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 assessment 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/her having difficulties with _____?” and “Have you been able to watch him/her do _____ and watch how other children do _____?” It is also helpful to invite parents into the classroom so that they can observe their child’s performance in comparison with others.
- Explain the need for further evaluation in a positive way. For example, you might say, “We need to explore the way Sharon learns so that we can better plan for her educational needs.”
- Using phrases like “may be behind other children”, “seems to be learning more slowly” and “could be having difficulty learning” is effective but not devastating. Avoid using phrases such as “positive results” or “negative results”.
- 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 most likely nothing is the matter. However, if screening results reflect a true problem, false assurances may make adjustment more difficult. Simply say something like, “We need to look further to decide if Laurie actually needs more help with her development.”
- Provide contact information, descriptions of services and the purpose of the recommendations. Families who have the necessary information are more likely to follow through with next steps or recommendations. Describe potential services so that parents can visualise their child and themselves participating.
- Put recommendations in writing. Written information affirms the findings and recommendations and allows parents to share with other family members.
MONITOR PROGRESS

Monitoring a child’s progress is critical during the early years of development. Use one or both methods below to measure and report progress during the year.

Administer the age-appropriate screen at midyear or end of year as a post test to measure progress over time. (Be sure to recalculate the rounded chronological age when re-screening to determine the correct screen to use.) Once a follow-up screening is complete, age equivalents can be used to track progress.

Age equivalent scores (AEs) are often reported to give an indication of a child’s performance compared to that of same-age children in the standardisation sample. To monitor progress with AEs, first derive the AE for each skill area of interest (e.g. Total Score, Physical Development Domain) for at least two points in time (e.g. the child’s initial screening and follow-up screening). Then plot the AEs on a graph to see if the child’s progress is age appropriate.


Use the Inventory of Early Development III (IED III) to provide more comprehensive ongoing assessment throughout the year. Once initial screening has been conducted with the Screen III, you can use the IED III to monitor the child’s progress and to support more in-depth and targeted assessment at appropriate intervals throughout the program year. The assessments in the Screen III correlate directly with the assessments in the IED III, allowing the teacher to pinpoint areas of strength and weakness, optimise instructional planning and measure developmental progress.

To use the IED III to show progress in areas of developmental weakness:
1. Identify broad areas of weakness using the assessments in the Screen III.
2. Next, identify specific skills in need of further evaluation.
3. Administer the correlating assessments of prerequisite skills and related tasks from the IED III.
4. Use the assessment items to plan developmentally appropriate instruction and to show progress.

To use the IED III to show progress in areas of developmental strength:
1. Identify broad areas of strength using the assessments in the Screen III.
2. Next, identify specific skills in need of further evaluation.
3. Administer the correlating assessments of higher-level skills from the IED III.
4. Use the assessment items to plan developmentally appropriate instruction and to show progress.

The BRIGANCE® Online Management System supports progress monitoring, using results from the Screen III and IED III. (Subscription rates apply.)
5. Encourage parents to read to their children. The greatest predictor of parental reading is the presence of books in the home. Send home lists of age-appropriate books that can be found at a local library. If possible, provide books for families who need them.

6. Encourage parents to participate in parenting classes. Many early childhood programs, schools, churches, community centres and public-health offices offer parenting classes.

7. 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 appropriately to children’s conversations.

8. Provide information about mental health services for those parents who appear to be depressed, anxious or show signs of substance abuse.

PROMOTE DEVELOPMENT IN AT-RISK CHILDREN

Typical child development is influenced by many factors. One of the greatest factors affecting child development is the evidence of psychosocial disadvantages or risk factors. (For more information about psychosocial risk, see Table 4 on page xxii.)

Children who are considered “at risk” tend to score below the Screen III age-appropriate cut-off scores. Although most children who score below these cut-off scores have undetected disabilities or significant developmental delays, some children, particularly those with multiple psychosocial risk factors who have recently been enrolled in early learning programs or prevention programs, may catch up when given additional exposure and instruction.

In addition to enrolment in a high-quality early childhood program, 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 minimise unnecessary referrals. Some programs prefer to screen upon program entrance and then compare performance on re-screening. In this case, it may be wise to wait to make decisions until having results from re-screening. Nevertheless, children whose difficulties are severe and apparent should be referred promptly.

2. **Monitor academic progress and target instruction** with the BRIGANCE® Inventory of Early Development III (IED III). (See page xxvii for details.)

3. **Initiate prompt referrals** for evaluations and services when the child is not making progress.

4. **Provide small-group and one-to-one instruction.** Children benefit greatly from concentrated one-on-one time with parents/caregivers and teachers. Make use of volunteers and primary school children to support one-to-one instruction in the classroom.
SCROLLING CHILDREN WITH SPECIAL CONSIDERATIONS

It is often necessary to screen children who are bilingual or children who have known exceptionalities to determine their skill levels, especially in areas of development that may not be affected by any of these conditions. For example, screening results may reveal that a child with motor impairment has delays in language development.

When assessing children with special considerations, accommodations may be necessary. It is important for administrators to recognise the difference between accommodations and modifications and how to use accommodations appropriately when administering assessments. This is particularly important when considering standardised assessment in order to avoid invalidating the results.

Accommodations are alterations for administering the assessments that enable children to more accurately demonstrate their knowledge.

Accommodations
- permit alternate test settings, testing formats, timing and test scheduling, and means of responding in order to demonstrate a child’s true mastery of a skill.
- are not methods to bypass standardised scoring principles.

Accommodations are designed to reduce the effect of language limitations and other disabilities and, therefore, increase the probability that the same target construct is measured for all children. Accommodations provide fairness, not advantage, for children who have disabilities so that the child is assessed on a level playing field with other children. Appropriate accommodations used should always be recorded in the Notes section of the child’s Data Sheet.

In contrast, modifications are changes to the actual content of the assessment (for instance, changing the phrasing of a question). Modifications cannot be used under any circumstances when standardised scores are required. Modifying the assessment content undermines the standardisation process and comparability of performance, thereby invalidating normative scores for a child.

When evaluating children with special considerations, use the following general strategies (in addition to the specific strategies that follow):
- Keep a record of the accommodations implemented.
- Be aware of the test items and the way certain accommodations may impact performance and scoring.
- Be aware of the child’s strengths that will support reliable responses or those behaviours that may hinder reliable responses.
- Use information from families to identify what may act as a motivator to facilitate the child’s optimal performance.

BILINGUAL AND NON-ENGLISH-SPEAKING CHILDREN

The following accommodations are designed to help bilingual children demonstrate skills they have mastered.
- Administer assessments to children who are bilingual or non-English speaking in their primary language – the language spoken most at home. Even children who speak some English perform best when assessments are administered in the child’s native tongue.
- If the examiner is not fluent in the child’s language, an interpreter will be needed during the assessment for gathering parent information and for interpreting results.
- A professional interpreter should evaluate a child’s articulation and syntax skills in the child’s native language.
- When interviewing parents/caregivers, consider their possibly limited ability to understand and communicate in English.
CHILDREN WITH EXCEPTIONALITIES

The following accommodations are appropriate when administering the Screen III to a child and may be considered, as needed, for children with exceptionalities.

GENERAL ACCOMMODATIONS

• **Allow Extended Time:** The assessments in the Screen III are untimed. A child should be allowed to use as much time as necessary to complete the assessment. If a time limit is provided for a specific item (e.g. Stands on one foot for five seconds), the time limit should be followed. Otherwise, allow as much time as needed.

• **Organise Appropriate Screening Session(s):**
  - **Separate Space:** Conduct the screening in a separate, quiet room.
  - **Frequent Breaks:** Although conducting an age-appropriate screen should take only 10–15 minutes, allow break times, if necessary, for the child to maintain focus and sufficient energy.

If there is any doubt about how an accommodation might affect the validity of the assessment results, consult with a specialist in the child’s area of exceptionality or with someone experienced in administering standardised assessments, such as a clinical psychologist.

STRATEGIES FOR ASSESSING SKILL MASTERY OF CHILDREN WITH SPECIFIC EXCEPTIONALITIES

The general accommodations described earlier may be helpful for assessing children with a variety of exceptionalities and should be considered as needed. Additional accommodations that are relevant for children with specific exceptionalities are included below.

**Children with Motor Impairment**

Possible strategies:

• Allow the child to use adaptive seating or other adaptive devices unless the assessment is explicitly testing gross motor or fine motor skills.

• Allow the use of different writing products (e.g. markers, different-size crayons).

Although it is tempting to want to give credit for gross motor skills to a child who is compensating effectively for motor impairment, it is important to remember that the gross motor assessments are designed to measure actual motor skills. Because such children may still be involved in physical therapy, examiners will need to rely on results from the unadapted administration of the Screen III in order to monitor progress.

**Children with Visual Impairment or Blindness**

Possible strategies:

• Provide magnification devices for visual stimuli, such as pictures.

• Provide additional lighting, as needed.

• Reduce visual distractions by covering additional items on a child page.

**Children with Hearing Impairment or Deafness**

Possible strategies:

• Allow the child to use a communication system or assistive technology if used in everyday activities. (NOTE: Before screening, become familiar with the way the child communicates and receives information to ensure the most effective strategies are put in place.)

• Provide a sign language interpreter, if needed.
Children with Autism Spectrum Disorders (ASD) and Developmental Disorders
Possible strategies:

- Before screening, let the child know about the upcoming assessment session so that the child is aware of the change in his/her usual schedule. Tell the child what the assessment session will entail. If the child has questions, answer them and attempt to dispel any anxiety that the child may have about the assessment process.
- If the child has limited verbal skills or is non-verbal (and is at an age when verbal communication is expected), determine the child’s method of communication, and consider using the accommodations for children with hearing or speech impairments described earlier.
- Provide a list or pictorial representation of the assessments to be administered (then cross them off as you go), particularly for a child who is used to using a visual schedule.
- Allow alternate response methods, such as pointing or drawing, when acceptable and when these alternatives will not compromise the construction of an assessment item. For instance, if the assessment specifically requires that the child respond using expressive language, it would invalidate the standardisation to have the child respond receptively (i.e. by pointing to a picture instead of naming what the picture represents).
- Reduce visual distractions by covering additional items on a child page.
- Use tangible or edible reinforcers rather than social ones.
- 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 or weakness.

Children with Emotional Disturbance and Behaviour Issues
Possible strategies:

- Consult with someone who has experience with children with emotional disturbance, such as a clinical psychologist, or with someone who has worked with the child. Ask specifically about the duration and intensity of the child’s behaviours and solicit suggestions for working with the child to ensure optimum outcomes.
- Before screening, prepare the child for the assessment process. Answer any questions and attempt to dispel any anxiety that the child may have.
- Foster an assessment environment that will support positive and appropriate behaviours.

Children with Severe Speech Impairment
Possible strategies:

- Enlist the assistance of someone who is familiar with the child’s speech patterns (e.g. a parent/caregiver) to help interpret the child’s communication.
- Allow the child to use a communication system or assistive technology if used in everyday activities. (NOTE: Before screening, become familiar with the way the child communicates and receives information to ensure the most effective strategies are put in place.)
- Allow alternate response methods, such as pointing or drawing, when acceptable and when these alternatives will not compromise the construction of an assessment item. For instance, if the assessment specifically requires that the child respond using expressive language, it would invalidate the standardisation to have the child respond receptively (i.e. by pointing to a picture instead of naming what the picture represents).
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- Use tangible or edible reinforcers rather than social ones.
- 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 or weakness.
Children with Traumatic Brain Injury, Significant Health Problems or Multiple Disabilities

The use of any strategy for the specific disabilities listed as well as the general accommodations in the previous section can be used, as needed, for a child with traumatic brain injury, health problems or multiple disabilities.

Children with Possible Giftedness and Academic Talent (Two-Year-Old Children)

Possible strategies:

- Consider asking additional questions (e.g. “What else do we call this?”) if the child gives a creative, but pertinent, response to an item. (The high degree of creativity exhibited by some gifted children may lead them to produce a range of alternative responses to items.)
- After administering the age-appropriate Core Assessments, you may wish to administer the age-appropriate Supplemental Assessments. (See page 55 for more information about the Supplemental Assessments.)

Although the Screen III provides accommodation strategies for children with exceptionalities, use professional judgment when determining which strategies are appropriate for an individual child while ensuring the validity of the assessment is not compromised.

Brigance Screens and Data Sheets Price List

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