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Common Kindergarten Screening Pilot Project
October 2014

Introduction

Educators know that children entering kindergarten vary in their early experiences, skills, knowledge, language, culture and family background. Social-emotional development and health and physical well-being require as much emphasis as cognitive development, since all areas of development are connected. Communities, families and early childhood providers all play a role in providing nurturing, safe environments that promote healthy development for each individual child. The extent to which communities, parents and kindergarten teachers share a common understanding of the attributes and attitudes children need as they enter school is important. When similar beliefs and expectations are held there is a greater opportunity for congruence between the skills communities and parents encourage in children prior to school entry and the skills teachers look for as children enter kindergarten.

How many Maine children enter kindergarten within typical developmental range is unknown. The reason this is important is that screenings offer a quick snapshot of children's knowledge and behavior at school entry[1], which is predicated based on genetic and environmental factors. Aggregate results can be one important indicator of family and community wellness, as well as inform an effective approach to quality in early care and education. Without a common kindergarten entry screening system, it is impossible for education officials, lawmakers and communities to access reliable, comparable data about how ready children are to start school. Access to this data assists in the development of a holistic, developmentally appropriate approach to school readiness.

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[1]Physical well-being, social development, and curiosity are very important for kindergarten readiness. Children are ready for kindergarten when they can: communicate their needs, wants and thoughts, engage in new activities, follow directions, regulate their behaviors, demonstrate age appropriate academic skills, and respect others. Maine Children's Growth Council, 2012 School Readiness Report.

The birth of Educare Central Maine's (ECM) kindergarten screening pilot sprang from the desire of early care and education professionals, public school administrators, advocates and private funders to administer a research-based screening tool within and across school districts that would provide aggregate information about the readiness skills of children entering kindergarten within communities (see screening definition below), and what developmental domains posed significant obstacles to school readiness[1]. The purpose of this report is to present the findings from this pilot, as well as to serve as a useful tool for the State of Maine and for others exploring implementation of an evidence-based kindergarten screening tool. Individual school districts received respective child data, as well as participating district aggregate scores.

Screening Definition

The State of Maine current statute "Title 20, Chapter 125; Basic Approval Standards: Public Schools and School Administrative Units" states that *the purpose of kindergarten screening shall be to identify students who may be exceptional or at risk of school failure. The plan for the use of screening days shall be part of the Comprehensive Education Plan and shall contain at least the following information: the objectives of screening, the qualifications of personnel, the instruments to be used, the data to be collected and analyzed, and how decisions will be made on screening.* Research indicates screening is a brief process designed to determine if children are on track developmentally, if children should be referred for further assessment and support, direction for individualized instruction, and in some cases, for classroom placement determination. The screening process is: (1) an inaugural step on the continuum of an ongoing child assessment pre/kindergarten to grade 12 system; (2) typically quick to administer (10-30 minutes); (3) cost effective for large groups of children; (4) easily administered by a range of providers; and (5) contains a few, key assessment items.

The Pilot

The aim of this screening pilot was: (1) to review research based commonly used kindergarten entry screening tools; (2) to pilot a selected tool across school districts/locations; (3) to examine trends like the rate of development in particular domains; and (4) to inform public policy and

resources needed for an effective universal kindergarten screening system. In total, 617 children in twenty-one schools were screened during this pilot. Initially, four rural school districts (eight elementary schools) collaborated with ECM to participate in the pilot. Recognizing the importance of representation from an urban school, Portland Public Schools (Longfellow Elementary) also agreed to participate for a total of nine. As interest expanded, 12 additional affiliated elementary schools joined the pilot. Total participation is outlined in Table 1 below. Representatives from pilot schools, as well as community partners, participated in meetings commencing in January, 2013 until the Summer, 2014 (See Participant List, Attachment 1– hereinafter referred to as the Team).

Table 1. Participation in Kindergarten Screening Pilot

School District	School Participation	Initial Participant	Expanded Participant with implementation	Expanded Participant – Training Only (not included herein)
AOS #92	a) George J. Mitchell School b) Winslow Elementary School	X		 X
RSU #19	a) Corinna Elementary b) Etna-Dixmont School c) Hartland Consolidated School d) St. Albans Consolidated School e) Newport Elementary School	X X X X	 X	
RSU #49	a) Albion Elementary School b) Clinton Elementary School c) Fairfield Elementary School	X		 X X
RSU #54	a) Canaan Elementary b) North Elementary c) Mill Stream Elementary	X X	 X	
Portland Public Schools	a) Longfellow Elementary School b) Lyseth Elementary School c) Peaks Island Elementary School d) Reiche Elementary School e) Riverton Elementary School	X	 X X X X	
RSU #74	a) Garrett Schenck Elementary b) Solon Elementary c) Carrabec Community School		X X X	
Totals		9	9	3

An important partner in the pilot was the Maine Department of Education (DOE). A DOE consultant was actively engaged in the process by attending all meetings and offering state and national views on the importance of kindergarten screening using a validated instrument and

process and the link to ongoing child assessment systems. Having DOE as a partner helped to increase participant knowledge of expectations around state statute as well as helped disseminate information and lessons learned to other school districts in Maine considering a similar kindergarten screening pilot.

Approach - Evaluation of Research Based Common Screening Tools

Current practices of individual school districts related to kindergarten screening were shared. The information captured encompassed the objectives of the screening pilot, who conducted the screening, what screening instruments were utilized, data collection and analysis, and finally, what types of decisions were made based on the screening results. This information guided tools selected for examination.

The examination of evidence-based commonly used kindergarten screening tools included the following tools: (1) *Developmental Indicators for the Assessment of Learning 4th edition (DIAL-4)*, (2) *Early Screening Inventory-Revised (ESI-R)*, and (3) *Brigance Early Childhood Screening (Brigance)*. Technical information was shared with the Team through a matrix of each tool's features (purpose, age ranges served, domains measures, time for administering the tool, scoring, reliability, validity, availability in other languages, training needed, limitations and costs – See Crosswalk, Attachment 2). This examination also involved a review of the aforementioned tools with each public school rating the tools on a 1-5 scale; 1 = would not meet expectations, 3 = would meet to some degree, 5 = would exceed district expectations. School districts were asked to rate the *DIAL-4, Brigance,* and *ESI-R* in the following categories: 1) parental input; 2) screening for child health; 3) screening for prior learning; 4) screening for social-emotional development; 5) screening for speech and language; 6) teacher input; and 7) level of appropriateness to meet the diverse needs of the district. After careful consideration, the Team came to consensus that the *DIAL-4* was the

most comprehensive screening tool that included the seven categories noted above and would best meet the Maine school districts' kindergarten screening needs.

DIAL-4 Components

The *DIAL–4* is an appropriate screening tool for children ages 2.6 years to 5.11 years. The tool is individually administered but is appropriate for use in environments where mass kindergarten screenings occur, taking approximately 25-35 minutes per child to administer. Each of five performance areas is scored on a behavior (psychological and social) rating scale. Behaviors are observed during the screening process to help determine if further assessment is needed. There are currently two versions; English and Spanish. The tool offers comprehensive information in five performance areas:

- **Motor —** Gross Motor items include catching, jumping, hopping, and skipping. Fine Motor items include building with blocks, cutting, copying shapes and letters, and writing and finger-touching tasks.
- **Language —** Items include answering simple personal questions (name, age, and sex), articulation, naming (expressive) or identifying (receptive) objects and actions, plus phonemic awareness tasks such as rhyming.
- **Concepts —** Items include pointing to named body parts, naming or identifying colors, rote counting, counting blocks, identifying concepts in a triad of pictures, and sorting shapes. Also included is an item that assesses automatic naming of objects, a skill that is associated with potential learning disabilities.
- **Self-help Development —** Examining a child's development related to personal care skills such as dressing, eating, and grooming.
- **Social Development —** Examining a child's social skills with other children and parents - includes rule compliance, sharing, self-control, and empathy.

The results of screenings were made available by individual child or in aggregate to respective school districts. Individual results from *DIAL-4* assists parents in understanding their child's developmental readiness for kindergarten, as well as provide information to kindergarten teachers to use as they plan the types of experiential opportunities that are most appropriate for

students in their classes. Aggregate results of the pilot, as well as a copy of this report, will be distributed to local and state stakeholders.

Implementation Strategies and Technical Assistance

Each partner developed an implementation plan for participating elementary schools, which included steps for how to train others within their organizations, number of screening kits necessary and associated costs, time of year for screenings, effective strategies when conducting mass screenings with the tool (including facility setup and scheduling children) and the required skill sets of screeners, including interpreter needs. Training supports included a *DIAL-4* training DVD for Team members, as well as group and on-site training and technical assistance from Educare Central Maine and Kennebec Valley Community Action Program staff with extensive experience in conducting screenings. Training supports varied by location, as determined by each school district's planned implementation timeline. Portland Public Schools and Albion Elementary School implemented the *DIAL-4* screening in the fall of 2013 and shared lessons learned with other districts involved in the pilot as the remaining schools planned for implementation in 2014.

Data collection strategies

Data input on individual child screenings was tracked in a web-based version of "Pearson Q-Global On-Line Scoring and Reporting System," through an account specifically designed to inform this pilot. Educare Central Maine (ECM) staff was trained on data input, which was conducted on site or at ECM, based upon school district preference. A coding system that de-identified children to non-district staff, yet insured child identification by district personnel, was utilized to ensure strict confidentiality. While this level of support was unanticipated, it proved worthwhile as lessons were to be learned by providing this type of assistance. Data was entered in a manner that resulted in child, location, district, and aggregate reporting across the pilot sites.

The Q-Global web-based system provided on-demand access. It can be used on mobile devices such as laptops and tablets and provides reliable scoring and comprehensive reporting without jeopardizing confidentiality of information. Information can be recorded on paper and uploaded into Q-Global, or screening information can be recorded directly into the software during the screening process. Reports are easily generated for individual children or groups of children.

Implementation Successes

Common Kindergarten Screening Pilot Elementary Schools

12 Expansion
9 Original Pilot
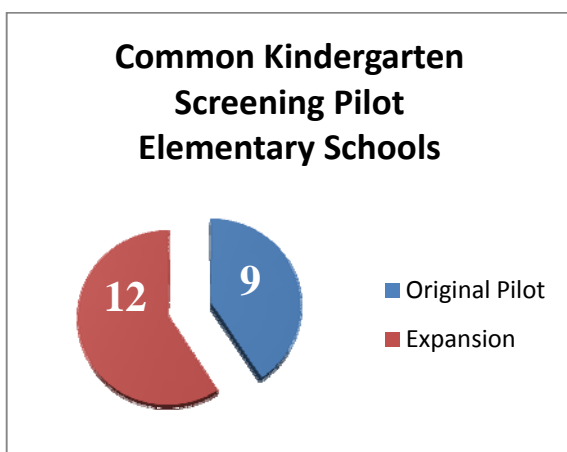
As word of the pilot spread, participation increased with ECM collaborative school partners and additional Portland elementary schools; from 9 to 21 elementary schools. Without exception, each participating school district added other elementary schools within the district. There was the addition of one new school district (See Participation Table 1). It became clear that there was considerable interest in a common screening tool. Originally, the Portland Public Schools (PPS) committed to one school being involved in the pilot project. In the end, five elementary schools from PPS, including their pre-kindergarten programs, participated in the pilot. PPS serves many children whose first language is not English and the district committed funds for full implementation beyond the capacity of the pilot grant. Other school districts committed additional staff time and resources to fully implement the screenings at all elementary schools located within the districts.

All rural districts have committed to using the *DIAL-4* for pre-kindergarten enrollment, with the intent of not re-screening upon kindergarten entry. Additionally, this practice supported use of pre-kindergarten assessment data by kindergarten teachers to plan continuous learning for entering kindergarteners. Portland Public Schools has adopted *DIAL-4* in four of five elementary schools.

Data Collection: The ECM data collection supports to school districts helped them implement the *DIAL-4* pilot. Trained staff conducting data entry often caught implementation errors such as missing or incorrect data that would impact availability and validity of data. This supported additional training and learnings that were shared with school districts who had not yet conducted screenings.

Timing of Screenings: Many schools reported changing the timing of kindergarten screenings. Often screenings occur in late summer. However, spring screenings give access to information earlier, expedite the referral process as indicated, and provide schools with important planning time. Advantages include: (1) assessing the need for and preparation of additional classrooms; (2) increased awareness of potential needs of incoming kindergarten students and the ability to access services/resources earlier; (3) kindergarten teachers involved in the screening process allowed them to meet the children and their families and begin to establish relationships that much sooner; and (4) screening children earlier allows for education with families to begin earlier, giving them ideas of what is expected and ways in which to foster kindergarten readiness skills over the summer. Conducting spring kindergarten screenings overall allowed for school districts to feel more prepared to meet the needs of children before the start of the school year.

Building Connections with Families: Due to the parent interview being an integral component of the *DIAL-4*, school personnel noted that they felt they had a holistic picture of the children entering kindergarten beyond the typical cognitive readiness skills. Families were able to lend insight into past experiences in early childhood, views of their child's strengths and areas of concern. Having time to debrief screening results with families helped to begin a relationship by sharing information on their child's areas of strength and areas to work on at home to prepare for the start of kindergarten. Importantly, however, was debriefing with families if a concern was noted by the screening and providing families with resources on next steps to address the concern.

Experienced trainers: Team discussions revealed best practices in conducting mass screenings. ECM/KVCAP staff provided onsite training and technical assistance in preparation for pilot implementation. This assisted school districts in understanding the logistics and comprehensiveness of *DIAL-4* screenings.

Implementation Challenges

Timeline: Due to the timing of the award, the planning phase of the project began later than anticipated. Delayed planning impacted the implementation timeline, which meant that most districts were not able to implement the *DIAL-4* until the following school year. However, the schools that did pilot *DIAL-4* implementation in the fall of 2013 did inform the tool completion process, which then improved implementation by subsequent schools.

English Language Learners: As PPS expanded the pilot to more elementary schools with a large population of children whose first language was not English, the screening process became more costly. The *DIAL-4* is not available in many languages served by the school district requiring schools to engage interpreters. The staff training involved was more intensive than planned and training was required for the interpreters as well.

Data-Entry: Even though data tracking (aggregate) was not in the original design, it was quickly recognized that processes needed to be in place to allow for consistent data entry that aligned with the K-12 system's unique student identifier, yet was not de-identified for data entry by non-district personnel. While district staff had immediate access to an individual child's screening results, computer generated reports could not be generated as timely as hoped due to protocols for adhering to confidentiality of information, as noted above. However, this method did allow the Team to view reports from the database that they would not otherwise have access to and familiarize themselves with the reports for future use.

Sustainability: The ability to provide for a comprehensive kindergarten screening requires resources like *DIAL-4* screening kits, staff training, interpreter services for children whose first

language is not English, and for planning logistics, including the need to use space when current kindergarten children are not present. Many of the aforementioned have financial implications. However, kindergarten screening connections to Response to Intervention (RTI) services outweigh implementation costs of a comprehensive screening.

Data Summary from *DIAL-4* Screenings

Aggregate findings were based on a *DIAL-4* group report of weighted and raw scores with a 7% (or 1.5 standard deviation below the mean) cutoff. The aggregate results indicate that the potential delays in the language domain were greater than in the other domains, followed by delays in concepts. The greatest variance in the range of scores was also found in the language domain. A total of 15% of the children screened may have a potential delay.

Table 2. Aggregate Report of Kindergarten Screening Results using *DIAL-4*

Developmental Domain	Total Number Screened	Average Score	Range	National Percentile Rank	Number Potential Delay	Percent Potential Delay
Motor	617	26.8	8 to 35	49	82	13
Concepts	617	24.0	7 to 35	42	81	13
Language	617	22.2	5 to 35	44	101	16
Self-Help Development	185	36.0	13 to 44	52	14	8
Social-Emotional Development	185	44.0	28 to 56	54	13	7
DIAL-4 Total	617	72.6	30 to 100	45	93	15

Table 3. Total Number of Children Screened and Potential Delays by School District

School District	Total Number Screened	Number Potential Delay	Percent Potential Delay
AOS 92	116	23	20
Portland Public Schools	159	35	22
RSU 74	30	5	17
RSU 49	20	4	20
RSU 54	146	17	12
RSU 19[1]	147	9	6

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[1] Potential delays were only based on schools in St. Albans and Hartland and did not capture delays within the district's other elementary schools.

School Case Examples

The schools involved in the Common Kindergarten Screening Pilot went through differing levels of transformation in their kindergarten screening practices. Below are case examples provided by five of the school district's involved in the pilot, which reflect the changes implemented in the 2014 kindergarten screening as a result of the pilot.

AOS #92 (Waterville and Winslow Schools)

In the past, Waterville used tools developed within the school district to measure motor and language concepts (e.g., concepts of print, draw a person with a writing sample, rhyming, picture naming), which were replaced by the evidenced-based *DIAL-4* tool. Many more AOS #92 personnel with specific expertise were involved in the new screening process and shared responsibility for administering designated components of the *DIAL-4*. The speech pathologist led the language domain, the kindergarten teachers took the lead on the concepts domain, and the special education teachers conducted the motor domain. The parent questionnaire was a new component to the screening process as this was not a prior practice. Kindergarten teacher involvement in the screening allowed for teachers to meet the incoming children and their families earlier in the process allowing for relationships to be promoted. AOS 92's early care and education partner, Educare Central Maine, has now trained their staff in the *DIAL-4* for consistency in screening tools across the education continuum. Waterville implemented the *DIAL-4* as their screening tool in April 2014 after training staff in February. Winslow Elementary School also joined the effort in AOS #92 and participated in the screening training with staff from the George Mitchell School. Relationships with ECM personnel were helpful for collaboration on training and identifying children to watch based on enrollment at ECM pre-kindergarten. In all, 116 children were screened using the *DIAL-4* in AOS #92; the total number of children with a potential delay was 23, or 20% of those screened.

DIAL-4 Data: Kindergarten Screening AOS #92

Developmental Domain	Total Number Screened	Total Number with Potential Delay	Percent with a Potential Delay
Motor	116	23	20
Concepts	116	16	14
Language	116	19	16
Self-Help	N/A	N/A	N/A
Social-Emotional Development	N/A	N/A	N/A
DIAL-4 TOTAL	116	23	20

RSU #49 (Albion, Fairfield and Clinton)

Historically staff in RSU #49 conducted their kindergarten screenings in the fall. Beginning in the fall of 2013 their one pilot school, Albion Elementary, implemented the *DIAL-4*. Based upon their participation in this project, they revamped their screening timelines and conducted screenings in Albion, Clinton and Fairfield in the spring of 2014. They instituted a team debrief to make decisions based on the screening results. RSU#49 has also decided to screen pre-kindergarten students with the *DIAL-4*. As well, the district pre-kindergarten staff were trained and now implement the DIAL-4 as well. The data below only includes the 20 children screened in the fall of 2013, with one-fifth having potential delays (20%).

DIAL-4 Data: Kindergarten Screening RSU #49

Developmental Domain	Total Number Screened	Total Number with Potential Delay	Percent with a Potential Delay
Motor	20	2	10
Concepts	20	4	20
Language	20	6	30
Self-Help	20	1	5
Social-Emotional Development	20	1	5
DIAL-4 TOTAL	20	4	20

Portland Public Schools

The *DIAL-4* training included four hours of interpreter training, and added a geographical need of this urban school district.   When implementing the *DIAL-4* it was discovered that the screening took one or more hours per child (longer for English Language Learners). Screenings were conducted two days prior to school starting but that later changed to spring. Make-up sessions for spring screenings are now conducted in the summer and early fall. Added to the screening team were OT/PT practitioners as well as social workers. Each site conducting the *DIAL-4* has a lead coordinator and a skilled person to debrief after the screening, including a specific person for those children and families whose first language is not English. The screening results were used for class placement as well as to inform the Response to Invention (RTI) process. Altogether, 260 screening records were entered into "Pearson's Q-Global On-Line Scoring and Reporting System". However, the aggregate report revealed data on 159 students and it was discovered that if a variable was left blank within the *DIAL-4* domains then the report was nullified as the entire instrument needs to be complete within the on-line reporting system in order for the scores to tabulate and for all records to be recognized.

The table below indicates the results of preliminary kindergarten screening from Portland Public Schools based on weighted and raw scores at the 7% cutoff. Interest surfaced to explore the possibilities of summer programming to "jumpstart" school readiness skills of incoming kindergarten students.

DIAL-4 **Data: Kindergarten Screening Portland Public Schools**

Developmental Domain	Total Number Screened	Total Number with Potential Delay	Percent with a Potential Delay
Motor	159	30	19
Concepts	159	31	19
Language	159	34	21
Self-Help Development	109	11	10
Social-Emotional Development	109	8	7
***DIAL-4* TOTAL**	159	35	22

RSU #54 (Skowhegan, Canaan, Norridgewock)

 The district recognized the benefits of a more consistent approach to kindergarten screenings and the *DIAL-4* is implemented throughout the three elementary schools. More staff are involved in the screening process, including the addition of the parent debrief component. Another change is that the district utilizes evaluation data from incoming students who are identified with special needs rather than repeating screening(s), thus expediting the continuum of services. The timeline for screenings remains during the spring for incoming kindergarten students, but summer screenings of 'no-shows' or late enrollees now occurs at the largest elementary school in the district during a newly instituted staggered attendance with implementation of the *DIAL-4*. Increased staff time to screen during the summer is now replaced with screenings during staff's regular school schedule, and could be a cost savings. Students experience a short-term gradual entry to support their transition to kindergarten and this design allows for timely screenings to be conducted. The three district elementary principals will continue discussing their screening design, aiming for greater consistency, with a plan to incorporate the use of their data base systems. The table below indicates the results of preliminary Kindergarten screening from RSU#54 based on weighted and raw scores at the 7% cutoff.

Developmental Domain	Total Number Screened	Total Number with Potential Delay	Percent with a Potential Delay
Motor	146	10	7
Concepts	146	16	11
Language	146	16	11
Self-Help	27	0	0
Social-Emotional Development	27	1	1
***DIAL-4* TOTAL**	146	17	12

RSU #19 (Hartland, St. Albans, Newport, Corinna, Etna-Dixmont)

This district was already utilizing the *DIAL-4* tool, but found the training component to be highly beneficial for staff. The pilot Team's rich discussions led the district to assure all pre-kindergarten staff were trained in the *DIAL-4* screening process and tool. As a result of this pilot, three of the five elementary schools are not rescreening children entering kindergarten if they have been previously screened in pre-kindergarten with the *DIAL-4*. The district reports greater utilization of child specific data to influence instructional practices.

DIAL-4 Data: Kindergarten Screening RSU #19

Developmental Domain	Total Number Screened	Total Number with Potential Delay	Percent with a Potential Delay
Motor	146	10	7
Concepts	146	11	8
Language	146	15	10
Self-Help	N/A	N/A	N/A
Social-Emotional Development	N/A	N/A	N/A
***DIAL-4* TOTAL**	146	9	6

Recommendations

Based on the aggregate findings and reflections from the sites involved in the Common Kindergarten Screening Pilot, the following recommendations can be elucidated:

- The use of an evidenced-based screening instrument like the *DIAL-4* allows kindergarten screenings to be valid and reliable, allowing for consistent screening practices based on

training that was designed around best practices. Use of the *DIAL-4* enables schools to identify potential needs a child may have upon kindergarten entry, thus allowing for a family to seek services for their child even before school entry. The *DIAL-4* also provides a comprehensive debrief to use with families so they receive immediate feedback of their child's strengths and areas to watch or an indication to seek further assessment, evaluation or support services.

- Conducting kindergarten screenings using an evidence-based tool does require resources. Screening kits, training, personnel to run the different stations and interpretation services are important resources to consider before embarking on a common kindergarten screening system (all of which have financial implications). Buy-in from administration and the staff has to be considered first and foremost before investing in such a system.

- Sustainability will be influenced by a systemic approach; one that enables collaborations between/among school districts on the implementation of kindergarten screening logistics. For example, re-screenings could be eliminated when transitions occur from one location to another (schools within districts, district to district, or from a preschool program that administers *DIAL-4*).

- Kindergarten screening efforts are best conducted in the spring before a child enters kindergarten. This allows any identified children to receive necessary services before the start of the school year, and inform the need for summer programming. The timing also allows staff to plan accordingly and to consider placement of children. An added benefit is that many pre-kindergarten programs conduct similar screenings for children exiting programs in the spring.

- When a district's affiliated pre-kindergarten program conducts a Dial-4 screening, the need for

another screening at kindergarten entry should not be necessary, thus avoiding duplicative efforts and screening children too often.

- Common kindergarten screening efforts used across school systems also helps with issues related to transiency. In Maine, a large number of incoming kindergarten children register and receive screening in one school district, only to move to another school district having to repeat kindergarten screening efforts. A common system of screening children for kindergarten across districts would allow for this practice to discontinue and continue with a practice of non-duplicative screening. Once a common kindergarten screening is established, the costs for screenings are reduced after the first year as screening kits, training, and accepting pre-kindergarten screenings are areas that no longer need funding to continue kindergarten screening efforts.

- In order to honor the fidelity of the *DIAL-4* screening instrument and recognizing the importance of all developmental domains, screening efforts should include all components of the instrument. Many schools did not conduct the self-help development or social development domains in the pilot. While these sections of the screening take time and expertise, they should not be omitted.

Next Steps

- An evidence-based screening is the initial step in a comprehensive, contiguous assessment system. Exploring the opportunities that lie within a comprehensive assessment system between early care and education and public schools will be necessary to develop an effective birth through grade 3 assessment system.

- Share pilot findings with stakeholders across the state.

This report can also be viewed online at http://www.educarecentralmaine.org

Kindergarten Screening Pilot
Participant List

A special thank you to Tracye Fortin, KVCAP Director of Operations,
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~Crosswalk of Kindergarten Screening Instruments~

Features	DEVELOPMENTAL INDICATORS FOR THE ASSESSMENT OF LEARNING-4 (DIAL-4)	EARLY SCREENING INVENTORY-REVISED (ESI-R)	BRIGANCE Preschool and K & 1 SCREENS
Purpose	Screening, informing instruction	Screening delays	Screening for interventions
Age range	2.6 -5.11 years	3-5.11 years	3-4(PS) 5-6 (K &1)
Domains Measured	-Social/emotional -Health/physical -Language and communication -Self-help -Concepts -Parent Survey -Teacher Survey	-Visual-Motor Adaptive -Language and Cognition -Gross Motor/Body Awareness -Parent Questionnaire	-Cognitive -Language -Motor -Self-help -Social-emotional skills -Parent Questionnaire
Administration Time	30 minutes	15-20 minutes	10-20 minutes
Scoring	Standard deviation and percentile cutoff points by chronological age at two-month intervals; percentile ranks	Total scores reported as OK, Rescreen (1 to 2 standard deviations below) and refer (greater than 2 deviations)	Total scores are compared to a recommended cutoff of 60
Reliability	Internal consistency-good for both Spanish and English coefficients in the .80s and.90s; test-retest good (in .80s)	Inter-rater=.97-.99 Test-retest=.72 Internal consistency=.79 (English), .73 (Spanish)	High degree internal consistency (.81-.99); excellent test-retest (.84-.99); outstanding inter-rater reliability (.90-.99)
Validity	Content and construct validity; concurrent in modest range with DIAL-3, ESP, BDI-2, DAS-II, Vineland SEEC	Predictive validity (.72-.75)	Substantial content, construct; excellent concurrent validity with BDI II, FirstSTEP, ESI, DIAL-3, Denver II
Languages	English & Spanish	English & Spanish	English & Spanish
Training	Recommended training which can be done using a training DVD	Training package, manual and DVD; recommended formal background in early childhood assessment, or supervision by such person	On-line training available but not necessary
Limitations	Reliability is not as high as other screening tools	May need to use two inventories depending on age of child (ESI-P and/or ESI-K); does not include a social-emotional domain	May need to use two inventories depending on age of child; not meant to use to measure child progress over time or comparing groups of children
Cost	$861.00 (kit, training) $130 (data manager)	$146.50 (kit) $223 (training)	$275 (screen kit)