The Assessment Process and Children's Files

Watching a Child Grow:
An Introduction to Authentic Assessment

Meeting a child's individual needs in a group care setting requires a partnership between the program and family. It also requires that the teaching staff come to have specific knowledge of each child in their care. This process begins before the child ever enters the classroom as families share information during the enrollment process and intake conferences and continues throughout a families' tenure in the program. On-going communication between families and teachers is critical.

In addition, a more formal assessment process has been developed over the years *to guide us in daily observation of, reflection about and incorporation into the curriculum of each child's unique developmental path.* The UCSB ECE Children's Centers support the research that a child's developmental progress is an essential factor in the planning and adapting of curriculum. We believe the best venue for identifying progress in young children is by using tools that support the staff to authentically assess children in their natural environment. The program is committed to working with families to care for the 'whole child' socially, emotionally, creatively, physically and cognitively.

The Portfolio
Families often keep a collection of 'artifacts' at home that signify their child's journey and growth such as a list of first words, pictures from the first haircut, a photo of baby's delight at bath time and that ragged favorite blanket. As a child grows, the collection changes… baby teeth, drawings they wrote their own name on, report cards, the program from the school play… and so it goes. The Children's Center keeps a similar collection known as the 'Child Portfolio'. Portfolios encourage 'authentic assessment', that is, assessment done over time in the natural environment based on the child's typical activities. The portfolio includes:

- photos of the child interacting and playing
- language samples (dictated stories, records of conversations)
- anecdotal notes (written notes highlighting typical or significant events)
- writing and drawing samples as age appropriate

This portfolio, shared during parent conferences, is a visual tool for guiding our thinking about each child while documenting their growth. More formal records such as family conference notes, health documentation and a semi-annual written Desired Results Developmental Profile (DRDP$_r$) are also included in the child's file. The DRDP$_r$ has been developed by the California Department of Education (CDE) in conjunction with Sonoma State University. Desired results are defined as *"a condition of well-being for children and families."* The DRDP-$_R$ is divided into two age ranges: Infant/Toddler (birth -36 months) and Preschool (36 months-pre kindergarten). It focuses on four developmental domains; cognitive, social-emotional, language and physical development, which can be found throughout the four *Desired Results* for children:

Children are personally and socially competent (💗- heart)
Children show physical and motor competence (✍- hand)
Children are effective learners (⭐ - star)
Children are safe and healthy (💐 - flower)

These *Desired Results* as identified by CDE are reflected in the program's more comprehensive Goals and Objectives.

The Center uses the DRDP-$_R$ in conjunction with Authentic Assessment all of which is included in the child's portfolio. The child's confidential portfolio is designed to be informed by the unique family culture and the child's experiences, interests, abilities and challenges. By combining the DRDP-$_R$ with the child's portfolio the teachers are able to view children's progress over a period of time providing for an overall outcome that is both meaningful and accurate.

Timeline
The DRDP$_R$, used to assist in observing children's achievements across time, is completed 60 days after the child's initial enrollment (not required for children when they change classrooms within the program). Once enrolled the DRDP$_R$ is completed on a semi-annual basis, typically within a month prior to Fall and Spring parent conferences. While the DRDP$_R$ must be completed within the CDE's specified timeframe, the staff contributions to the child's portfolio are on-going.

Conditions for Assessment
All children are assessed in their natural school environment by the teaching staff that they know and with whom they are familiar. Teacher's are constantly observing during the course of the day while children are engaged in play and interacting with one another. Because the scales used in the DRDP-$_R$ are based on a progression of typical development, teachers use the one that corresponds to the child's chronological age and there are no expectations that the child will master all the skills until they reach the top of the age range. If the teacher completing the DRDP-$_R$ is not able to understand the child's primary language, a translator may be used. The translator should be known by the child and can be the parent, another staff person or a teacher's assistant.

How Do the Teachers use the DRDP-$_R$ in planning the curriculum?
Curriculum at the Center is derived from the needs, interests, strengths, and areas of continued development of the children, as a group and individually, using the Mission and Values statement, Philosophy and Program Goals and Objectives as a guiding framework. The Program is committed to meeting children's needs in a safe and nurturing environment that invites children to wonder, explore and develop through play. Identification of children's interests and needs, and the curriculum strategies to meet them, are natural outcomes of interpreting authentic assessment and the DRDP-$_R$. The schedule, routines, environment, materials and activities are all components considered in curriculum planning.

The intentionality in activity planning is made visible on the classrooms Weekly Activity Plans for at least one activity representing each of the four 'Desired Results' for children. These areas are identified by a coded symbol identified on the activity plan. Individualization of these identified activities, is noted on the back of the plan through articulating the foundation (for building beginning skills) and the extension (for stretching the skill and adding new challenge). When adaptations are made for a particular child, the adaptation is noted on the back of the plan without including the name of child. Additionally, each child has his/her own goals which are indicated on the summary sheet of the DRDP-$_R$. To ensure that individual needs are being

addressed, the teachers refer to the summary sheets when planning the weekly curriculum.

Confidentiality

Children's DRDP-$_R$ assessments and results, child's portfolio documentation is always accessible to parents, upon request. The information contained in these documents will only be seen by the classroom teacher, program coordinators and family coordinator and will be keep confidential at all times. With parent's written permission, the child's portfolio will be shared with other professionals serving as resources for the child; when children move on to kindergarten, the family may take the information with them to share. Teachers keep the children's files in a file box accessible only with teacher permission.

How the DRDP-$_R$ is used for children with disabilities and other special needs

Children who have either an IFSP or an IEP benefit from family members, specialists and classroom teachers working together. Collaboration is needed when conducting the observation of the child and for planning and implementing the program. Special consideration will be given to ensure that the person completing the DRDP-$_R$ is also the person that knows the child best. This may be the specialist working with the child or the classroom teacher. The *DR Access* project, developed Sonoma State University in conjunction with the State Department of Education, offers specific suggestions for teachers using the DRDP-$_R$ to supplement optimal performance for children with disabilities.

How the components work to ensure Reliability and Validity

Each DRDP-$_R$ Indicator provides valid and reliable measurement of that aspect of a child's developmental progress. The measurements on the entire indicator, taken together, provide a profile of development for the whole child, in terms of progress toward all four Desired Results. Because there are multiple measures within the indicators, a completed DRDP-$_R$ provides enough information to support valid and reliable measurement for individual indicators or a group of indicators. Each measure is defined in terms of the sequence in which a child's development is expected to progress. These sequences of development are derived from research in child development. Teachers and coordinators review the tool and to fine tune their use of it.

For more information on the Reliability and Validity, please ask a program or family coordinator.

Additional Support

When more support is needed, teachers will schedule meetings with families to discuss a particular concern, or to support the family during a time of high need. Communication books are used for all children with IFSP or IEP's to keep the lines of communication flowing between teachers, specialists and the family. The Family and Program Coordinators, as well as the Director, are available when families have concerns or need support. Referrals for children with special needs are based on the observations of the teachers, the coordinators, and the family, as well as the

outcomes of the DRDP-$_R$. (see "Classroom Support for Children with Disabilities and Other Special Needs")

The Devereux Early Childhood Assessment (DECA) is a standardized, norm-referenced behavior rating scale which evaluates 'within-child' protective factors in preschool children aged two to five. With parent consent, it can be used to further evaluate positive behaviors which encompass initiative, self-control, and attachment. The scale is completed by parents and the classroom teacher and the results are shared with the parent; together a DECA *Classroom Profile* is generated. This information is used to select classroom strategies that support, reinforce, and build upon the child's strengths. Information regarding the reliability, standardization and validity of the DECA is available in the DECA Technical Manual.

Authentic assessment, and the tools, systems and processes to support it, are designed to support us in focusing on the child. Trusting relationships between families, teachers, children and other program staff will always be the most important tool we have in creating a program that keeps each child's best interest at heart.

Including families in the Assessment process
Including families in the assessment process begins with the in take conference when the child begins the program and as the child moves through the program. During this conference, the teachers seek information about the family's values, religious or cultural beliefs, family, birth and health histories. If the family is not comfortable sharing in English, requests for an interpreter should be made to the Program Coordinator.
Intake conference:
 1. The appropriate DRDP is shared with the family with a brief explanation of the Center's assessment plan.
2. A family survey is used when children transition to toddler and preschool to update family information and include the families' goals and expectation as the child moves.
3. Teachers use prepared questions designed to include the family in the assessment process at the in-take/parent conference.

Secondly, parents meet with the teacher formally twice a year for a parent conference. At this meeting, the child's portfolio, including the Child Developmental Progress form is shared with the family. Teachers encourage the parent to share in the goal writing process by ascertaining what their goals are for their child, by better understanding the culture of the family and by asking families to participate in classroom activities.
Parent Conferences:
1. Families are given the opportunity to answer questions on the DRDP-$_R$ that the teachers are unable to answer.
2. Families are given a written summary of the DRDP including the goals that were collaboratively written.
3. The Child Developmental Progress form is used as a tool for teachers to share information with families. Families will be given a copy of the summary

form (taken from the User's guide).This information continues with the child as they progress through the program, information is added as it is shared.

Thirdly, teachers are available to talk with families at arrival and departure times and a policy of open communication between teachers and families is strongly supported.

<u>Training of Staff in the use of authentic observation/portfolios and DRDP-R</u>
As a part of the new staff orientation to the Center, key points on authentic assessment are discussed and included in the *Staff Handbook* as well as the procedures for developing a child's portfolio. Staff development includes topics such as: observation skills, discussions on the best ways to communicate with families when there are concerns, how to use the results obtained to plan and implement curriculum and make adaptations to the classroom as needed. Specific training on the procedures and use of the DRDP-R began at the administrative level, with administrators and key staff being trained. Locally, trainings are held to continue to build the capacity of the program to train staff members who work directly with children. Additionally, as the teachers use the DRDP-R, periodic discussions on the best practices in using the tool and how to best communicate the planning and implementation strategies that are generated from the results of the on going observations and desired results outcomes.

In-Take Conference

We all recognize that relationships form the heart of quality care; making connections between the adults involved in a child's life is generally more challenging than connecting with the child! Take advantage of this time to listen to the family, share with the family, give them information about your classroom and most importantly begin to make a meaningful connection. (Hint: Times are suggested to help 'stay on track'. For a new family and all infant families, an intake can be 45-60 minutes' a continuing family about 35-45 minutes). If the family recently completed a 'family information sheet', review it ahead of time and make a note of any areas you'd like to follow-up.

I. Beginning (5-8 min.)
- ✓ Welcome the family
- ✓ Make them comfortable
- ✓ Ask them what questions or concerns they have at the onset
  - *Jot down their questions and let them know that during the intake many of their questions will be answered.*

II. Getting to Know the Family/child   (10-15 min./ 20-30 min. infant family)
Suggested questions and recording form on reverse. Giving suggestions and solving problems can come later, try to keep the focus on listening to the family/ prompting with questions as needed. Infant teachers should complete the Needs and Service Plan and update quarterly.

III. Your turn! Overview of Center Philosophy/value of play/Authentic Assessment   (15-20 min.)
- ✓ Have available for the family the DRDP-$_R$ to be used as a reference
- ✓ Validate family by using the information the family has shared with you as a spring board to share about the program (i.e. parent has goal that child reads > give a curriculum example: literacy embedded by using print in dramatic play or sequencing skill when following cooking recipe> relates to whole child philosophy by building social skills/ integrated DAP curriculum > show related items in DRDP).

IV. Reminders   (5-8 min.)
- ✓ For infant families, refer to the Needs and Service plan already completed and apply that information to reminder items
- ✓ Give parent a written copy of classroom schedule (1 page)
  - ▪ Include on this: what to bring to school, location of parent cubbies, classroom board, diaper/nap chart, all that important stuff!
- ✓ If child has allergies, confirm that parent signed the 'Consent to Post Allergies' form

V. Last but Definitely not Least: (5 min)
Review the parents' questions you jotted down in the beginning to ensure you have answered them or to point them in the right direction. Refer parent to appropriate 'resource': front office staff, your coordinator or the family coordinator or Director. You can schedule another meeting or you may have an article that addresses the question, etc. Validating their questions is a tangible way to verify to the family that what they think/feel/wonder is important to you. They will really appreciate this follow-through.

In-Take Conference /
Questions for Getting to Know the Family

Child's name:_____ Date of Conference:_____

Parent/s attending:_____ Teacher(s):_____

What do you like most about your child; what makes you smile when you think about him/her?

What are your child's interests; what do they like to play with, listen to, talk about...?

What do you think are your child's strengths?

What do you think your child needs help with?

Does your child have any fears? Allergies (confirm Consent to Post has been signed)?

What are your expectations for us?

What are your goals for your child?

How can we work together to best support your child?

Notes (Parents' initial questions, resources to give to family, ideas for follow-up, curriculum etc)

Children's Portfolio

Child's Name:_____ **Birth date:**_____

Please Note: Files should be organized in chronological order, by month, and include all of the following information.

- o **Child's Family Information Form**

- o **Child's Pre-admission History Form**

- o **Intake Conference/Needs and Service Plan**

- o **Parent/Teacher Conferences**

- o **Desired Results Developmental Profile – revised**
    All ages: within 60 days of enrollment into the center then every 6 months (typically October and March)

    Enter dates below

60 days	6 months	12 months	18 months	24 months
30 months	36 months	42 months	48 months	54 months

- o **Classroom Documentation in each of the following areas:**

    Children are personally and socially competent (💗- heart)
    Children show physical and motor competence (🖐- hand)
    Children are effective learners (⭐ - star)
    Children are safe and healthy (💐 - flower)

    (Includes: anecdotal notes, photos, drawing samples, art, language and writing samples. Date each document and note significance.)

- o **Medication Slips/Accident Reports**

- o **Classroom Summary form, as needed**

- o **Copy of IFSP or IEP, if applicable**

Support for Children with Disabilities and other Special Needs

Referral Process

- ❖ After making observations of child, teacher brings written notes/ documentation to Program Coordinator and Family Coordinator to discuss possible classroom strategies, future steps, and another pair of eyes for observation.
- ❖ Classroom strategies are noted on the "Individual Classroom Summary" sheet for future reference and follow-up.
- ❖ Program and Family Coordinators will make on going classroom observations as needed.
- ❖ Classroom teacher continues to document child's behavior, both strengths and area of challenge, and will continue to share with Family Coordinator and Program Coordinator.
  - o Teacher may use an Antecedent, Behavior, Consequence (ABC) format to determine the reason behind the behavior.
- ❖ Teacher will communicate with parent regarding the on going observations and share information with parent during the process.
- ❖ Classroom teacher meets with Program and Family Coordinators to discuss classroom strategies and next step.
  - o Individual adaptations will be noted on reverse side of lesson plan for follow up.
- ❖ If a referral is needed, Family Coordinator will make contact with family to discuss classroom observations and the referral process.
  - o "Referral Summary" form will be completed and a copy given to parent.
  - o Parent will be given the opportunity to make the referral call themselves or Family Coordinator will, with permission, complete the referral.
- ❖ Family Coordinator continues to work with family throughout the referral process and both teacher and Family Coordinator will attend the child's IFSP or IEP meeting.
- ❖ Classroom meetings are on going to ensure child's needs are being meet.
  - o "Individual Classroom Summary" form will be used to continue to document strategies, goals and outcomes.
- ❖ IFSP or IEP is reviewed to determine what classroom activities/ curriculum can be used to achieve goals.
- ❖ As needed , a goal/curriculum activity chart will be developed to assist with planning and implementation of goals.
- ❖ The team: parent, classroom teacher, special education staff and Family Coordinator, will continue to work together in the best interest of the child.

Timeline for Referral Process

Children 0-3
1. Referral telephone call is made to Tri Counties Regional Center at parent's request or authorization.
2. Regional Center intake coordinator calls parents and schedules an intake meeting with family
3. Once the parents and intake coordinator meet, an infant specialist/speech and language pathologist will be assigned to asses the child. The *Individual Family Service Plan* meeting must be scheduled within 45 days of the initial intake.
4. The assessment process is as follows:
   a. The assessment prodigals used are standardized, norm-referenced tools

      b. The assessment can happen at school, home or both locations and parents will be notified when the assessment will be happening
      c. The infant specialist will give the child time to get comfortable with her/him prior to beginning the assessment
      d. This assessment is based on observation and is conducted predominately as the child plays. Parents will be asked to answer questions regarding skills that are not observed by the specialist
      e. Occasionally, the child will be assessed alone, but only after rapport has been established

5. The specialist will evaluate the results, using both a narrative and percentile scores.
6. This report will be shared with the parent either before the IFSP meeting or at the meeting.
7. The IFSP meeting is designed to discuss the eligibility of the child for services. If the child is eligible, the team, under the direction of the parent(s), will discuss the child's strengths and areas of challenge and determine what the goals will be for the next 6 months.
8. At anytime, parents have the right to call for an update meeting to ascertain progress, change services or request additional services.

Children 3-5

1. A referral is made to Santa Barbara County Schools intake coordinator at parent's request or authorization.
2. Parents and classroom teacher are sent a questionnaire to complete
3. When both packets have been returned to the intake coordinator, a preschool specialist is assigned to assess the child.
4. The first step in this process is to use a "Screening" tool to see if the child may be eligible for services.
5. If the child "passes" the screening, the parents are given a brief report along with recommendations for assisting the child at home.
6. If the child is not able to "pass" the screening, the preschool specialist will complete the evaluation.
7. Once the assignment has been made, the Individual Educational Program meeting must happen within 60 days.
   Please refer to 0-3 for the specific details regarding the assessment process, as the two are very similar. Because the nature of the assessment for preschool age children is predominately language based, the specialist may take the child to a quiet place to ensure that the child can work in an environment that is not distracting.

If at anytime, parents have questions or do not understand what is being said, they have the right to call for a meeting with the team. Any requests can be done verbally, but should be followed up by a written request.

Reflecting on Communicating with Families

"…It's a paradox, in a sense, because to have influence, you have to be influenced"
Steven Covey

Did you

> Express the value of working together?
> Use open-ended sentences?
> Paraphrase, summarize and clarify?
> Gather information by asking what, where, how, when-but not why, to avoid putting people on the spot?
> Avoid getting sidetracked?
> Use plain language rather than jargon and technical words?
> Notice body-language signals and cures and what they mean?
> Use encouraging facial expressions?
> Anticipate concerns and try to discuss them?
> Express confidence in the family's ability to solve problems?
> Match your communication style to that of the family?
> Acknowledge problems?
> Share information in a clear, concise way?
> Break a problem into manageable units?
> Support the parent in making decisions in the best interest of the family?
> Provide reassurance?
> Coach the family?
> Share positive comments before sharing negative comments?

Key Points for Sharing Concerns with Parents

- ✓ Be prepared with your anecdotal documentation
- ✓ Be objective in the words you choose to use: describe behavior,
- ✓ Request a time that is convenient for the parent and yourself to meet
- ✓ Find a quiet, private place to meet where you will not be interrupted
- ✓ Assure the family that the conversation will remain confidential
- ✓ Consider the cultural or language issues that may enhance or interfere with communicating with the family; request an interpreter, if necessary
- ✓ Ask the parents for their observations, listen actively to what they have to say
- ✓ Allow time for questions
- ✓ Have suggestions ready for the parent who say they are willing to consider an assessment (ask family coordinator for brochures of services available)
- ✓ Direct the family to family coordinator for assistance with the referral
- ✓ Let the program and family coordinators know how the meeting went; request support, as needed

Key Phrases to Use

- ➢ Tell me about what you have observed at home
- ➢ We've noticed that…
- ➢ A concern of ours is…
- ➢ Have you observed…
- ➢ My hope is…
- ➢ Would it be okay if…
- ➢ It sounds like…
- ➢ How can I help to make this happen

"A wise old owl lived in an oak tree.
The more he heard, the less he spoke.
The less he spoke, the more he heard.
Why aren't we all like the wise old bird?"
Mother Goose Nursery Rhyme

Coordination of Responsibilities

Family Coordinator

❖ Works directly with family to coordinate specialist/interventionist services for child with active IFSP or IEP.

❖ Communicates any schedule changes or additional services to Program Coordinator and Lead Teacher in a written memo, when possible.

❖ Attends all IFSP or IEP meetings, arranges for primary caregiver and/or lead teacher to attend.

❖ Communicates all information from meetings to Program Coordinator and Lead Teacher, as appropriate. (in writing, when needed)

❖ Secures and makes copies of any changes in therapy plan/IFSP, IEP and distributes to PC, Lead Teacher.

❖ Works directly with classroom teacher to ensure a seamless approach and continuity of care from therapy, home and classroom.

❖ Communicates and works with Program Coordinator on issues relating to the classroom that directly involves child's routine.

❖ Keeps an on-going log of conversations with family and specialists/interventionist.

❖ Provides on-going support for teachers regarding questions around therapy approaches, questions regarding services and best practices for children with disabilities and special needs.

❖ Works in conjunction with Program Coordinator to ensure that meetings are scheduled regularly with classroom teachers. Attend meetings and act as the note taker.

❖ Ensures that regular parent conferences, beyond the two required, are scheduled for children, when needed

Program Coordinator

♦ Works directly with lead teacher and appropriate staff to ensure the continuity of care for the entire classroom.

♦ Attends IFSP/IEP meetings and assumes necessary responsibilities in the absence of Family Coordinator and or classroom teachers,

♦ Provides on going support for classroom teachers and will communicate any questions or concerns around the issue of best practice to Family Coordinator.

♦ Communicates any conversations she/he may have with family or staff that is pertinent or relates in any way to the responsibilities of the Family Coordinator.

♦ Uses communication log as a means to ensure accurate on-going communication.

♦ Assists with the planning of activities that are appropriate for the typically developing children and the children with disabilities and other special needs, in conjunction with Family Coordinator and classroom staff.

Lead Teacher

- Communicates with Family Coordinator any concerns or questions regarding working with or the work of the specialist/interventionist.
- Communicates with the Family Coordinator any conversations with the family that is pertinent or relates to the responsibilities of the Family Coordinator. (changes in schedule, providers, etc.) Reminds family to speak with Family Coordinator about conversation, if relevant.
- Communicates with the Program Coordinator any questions or concerns around typical classroom routines, issues, etc. and updates on child's progress.
- Maintains on going communication with teacher/primary caregiver, regarding conversations with family, Family Coordinator or Program Coordinator, as needed.
- Plans activities that are appropriate for the typically developing children and the children with disabilities and other special needs, in collaboration with Program Coordinator

Teacher/Primary Caregiver

- Communicates with Lead Teacher and Family Coordinator any concerns or questions regarding working with or the work of the specialist/interventionist.
- Communicates to the Lead Teacher and Family Coordinator any conversations with the family that is pertinent or relates to the responsibilities of the Family Coordinator or classroom issues.(changes in schedule, providers, etc.) Reminds family to speak with Family Coordinator about conversation, if relevant.
- Communicates with the Program Coordinator any questions or concerns around typical classroom routines, issues, etc.
- Works directly with specialist/interventionist to ensure continuity of practices and procedures for the child.
    - Works directly with inclusion support TA to ensure continuity of care and best practices/procedures for child.
    - Provides on going support/primary care giving for child.
    - Plans activities that are appropriate for the typically developing children and the children with disabilities and other special needs, in collaboration with lead teacher.

A critical component to open communication is the idea of full circle communication that is accurate and based on actual conversations or observations. It is vital that everyone receive the information in a timely manner.

A communication log will be used in the classroom so that all communication is documented. It is the responsibility of the FC, PC, LT and Teacher to use this log as a communication tool. Classroom staff should read it daily.

Infant Family Information Sheet
/Child Needs and Service Plan

Dear Parents,
We have compiled the following questions in order to learn more about your family and your child. This will allow us to provide the best individualized care we can. While we feel each question is valuable, please understand that answering is optional. This information is read only by the Teachers in your classroom and the Program Coordinator. The form will be kept confidential. Thank you for sharing this information with us. We look forward to caring for your child.

Child's Name:_____ Birth date:_____
Prefers to be called:_____
Parent Name(s):_____
1. Who lives with your child (please include name, age, relationship and occupation)

2. If you share custody with another parent or partner please describe this arrangement.

Because we value your family and its uniqueness, we appreciate your sharing the following information with us, as you are comfortable.
3. What languages are spoken in your home? What is your child's primary language?

4. What is your family's ethnic/cultural background? Are there any family traditions, customs, stories, foods, or songs you would enjoy sharing with the class?

5. What beliefs/values do you feel are most important when raising your child? (ie: nutrition, diet, TV viewing, super heroes, religious beliefs, respect for authority)

6. Please list the usual routines/information for the following activities.

Napping: Time(s)_____ Length_____
            Routine (song, story, rub back)_____
            _____
Eating: Time: breakfast_____ lunch _____ dinner_____
Food likes and dislikes_____
_____
Toileting: (diapers, potty training, self-toileting)_____

7. Does your child have any allergies or special medical/physical needs?

8. Briefly describe your child's birth experience. (vaginal, c-section, length of labor, any complications)

9. Briefly describe your child's first three months of life (feeding, sleep, play patterns, illness, temperament)

10. What is your child's previous experience with substitute care or in a group setting?

11. Does your child generally prefer to play alone or with children /siblings? How does s/he get along with peers?

12. Describe your child's general personality (i.e. explorer, contemplative, big talker)

13. Who generally handles discipline in your home?

14. Describe the discipline method used. Does it seem to be effective?

15. How does your child usually react to separation from you?

16. Does your child have any strong fears or dislikes?

17. Please describe how you soothe your child if s/he is upset, hurt or needs some special comforting.

18. What else should we know in order to provide sensitive and individualized care?

We feel that parent participation directly affects the quality of care your child receives. Do you have any interests, hobbies, *time* or access to resources you would like to share with the class? Can we visit you at your work place? Please use back of page as needed for additional comments:

Parent Signature(s) _____ Date:_____

INFANT'S NEEDS AND SERVICE PLAN
(To be reviewed with your Lead Teacher and updated quarterly)
Please list the usual routines or schedules for the following activities:

EATING: General feeding routines: times, likes and dislikes
Breakfast:_____
Lunch:_____
Snacks: _____

Kind of food preferred:
Formula _____   Breast Milk _____   Baby food _____   Finger food _____
Combination _____

Does you child use:
Eating utensils? _____   A cup? _____   A bottle? _____
If your child uses a bottle, at what times of the day?_____

The bottle contains: Breast Milk_____   Type of Formula _____
                     Whole Milk _____Water _____ Other_____
Does your child use a pacifier? _____When? _____

Does your child have any food allergies we need to be aware of?_____

NAPPING: Number per day_____ time(s):_____
General length child sleeps at each nap:_____
Routine (i.e. story, song, rocking):_____
_____

(Infants under 12 months will always be placed in their cribs on their backs.)

DAILY ROUTINES: Please summarize your child's daily schedule (feedings, nap routine, etc).
AM: PM:

TOILETING: special words for urination:_____ bowel movement_____
Is your child doing any self-toileting?_____
Is your child using diapers? _____
Note: to minimize the spread of germs, cloth diapers are only allowed in the case of medical necessity. A doctor's note will be required.

2. Does your child have any allergies, speech or hearing challenges or any other special needs or conditions of which we should be aware?

3. What else should we know in order to provide sensitive, individualized care for your child? Please use back of page as needed:

_____
Parent signature(s)   Date

_____
Lead Teacher's signature   Date

Needs and Service Plan
(This plan needs to be updated quarterly for all infants under the age of two)

Child's name:_____

Date:_____ Child's age: _____

Please note any changes to diet, routines, health or special needs plan at this time (new foods introduced, nap schedule changes, update diaper ointments, etc).

_____   _____
Parent signature (s)   Date

_____   _____
Lead Teacher signature   Date

****

Needs and Service Plan

Child's name:_____

Date:_____ Child's age: _____

Please note any changes to diet, routines, health or special needs plan at this time (new foods introduced, nap schedule changes, update diaper ointments, etc).

_____   _____
Parent signature (s)   Date

_____   _____
Lead Teacher signature   Date

Toddler /Preschool Family Information Sheet

Dear Family,
We appreciate your answers to the following questions so that we may provide the best care possible for your family. While we believe each question is valuable, please understand that you are not required to share any personal information. The information is confidential and will only be shared with your child's teachers and the program coordinator. Thank you for taking the time to share with us. We look forward to caring for your child and getting to know your family.

Child's Name:_____ Birth date:_____
Prefers to be called:_____
Parent Name(s):_____

1. Who lives with your child (please include name, age, relationship and occupation)

2. If you share custody with another parent or partner please describe this arrangement.

Because we value your family and its uniqueness, we appreciate your sharing the following information with us, as you are comfortable.
3. What languages are spoken in your home? What is your child's primary language?

4. What is your family's ethnic/cultural background? Are there any family traditions, customs, stories, foods, or songs you would enjoy sharing with the class?

5. What beliefs/values do you feel are most important when raising your child? (ie: nutrition, diet, TV viewing, super heroes, religious beliefs, respect for authority)

6. Please list the usual routines/information for the following activities.
<u>Napping</u>:   Time(s)_____ Length_____
            Routine (song, story, rub back)_____
            _____
<u>Eating</u>: Time: breakfast_____ lunch_____ dinner_____
Food likes and dislikes_____
_____
<u>Toileting</u>: (diapers, potty training, self-toileting)_____

7. Does your child have any allergies or special medical/physical needs?

8. Briefly describe your child's birth experience. (vaginal, c-section, length of labor, any complications)

9. Briefly describe your child's first three months of life (feeding, sleep, play patterns, illness, temperament)

10. What is your child's previous experience with substitute care or in a group setting?

11. Does your child generally prefer to play alone or with children /siblings? How does s/he get along with peers?

12. Describe your child's general personality (i.e. explorer, contemplative, big talker)

13. Who generally handles discipline in your home?

14. Describe the discipline method used. Does it seem to be effective?

15. How does your child usually react to separation from you?

16. Does your child have any strong fears or dislikes?

17. Please describe how you soothe your child if s/he is upset, hurt or needs some special comforting.

18. What else should we know in order to provide sensitive and individualized care for your child?

We feel that parent participation directly affects the quality of care your child receives. Do you have any interests, hobbies, *time* or access to resources you would like to share with the class? Can we visit you at your work place? Please use back of page as needed.

Parent Signature(s) _____ Date:_____

_____

UCSB ECE Children's Centers
Food Allergy/Sensitivity/Food Preference
Consent

Please do not serve my child,_____, the following foods:

Allergy/Sensitivity

     1._____

     2._____

     3._____

Food Preference

     1._____

     2._____

     3._____

I give my permission for the classroom teacher to post my child's information in the classroom in a location that is accessible to all staff. I understand that this location may be visible to other families.

Parent's Name (print)_____

_____   _____
Parent's Signature   Date

_____   _____
Teacher's Signature   Date

Permission to Apply Sunscreen

Child's Name_____

Classroom_____

o   I give my authorization for the Orfalea Family Children's Center to apply a sun block provided by the Center with UVB and UVA protection of SPF 15 or higher to exposed skin.

_____

Parent Signature   Date

o   I will provide the sun block, as described above, and authorize the Center to only apply the sun block I have provided.

_____

Parent Signature   Date

Permission to Apply Insect Repellent

- I understand that the Center will not apply products with DEET concentration greater than 10% per recommendations to the Children's Center from SB County Public Health.
- I understand that the Center will not apply the product more frequently than once a day as per recommendations to the Children's Center from SB County Public Health.
- I understand that I must supply the product.
- I understand that the repellent will only be applied at the Center with **my written consent.**
- **The date and time of application will be recorded on the Medication Permission slip I have completed and signed.**

I give my permission for the Center to apply insect repellent and understand and accept the conditions as stated above.

Child's Name _____ Classroom _____

_____
Parent Signature   Date

_____
Teacher Signature   Date

UCSB ECCES Family Conference

Child's name: _____ Date: _____ Classroom: _____

We've enjoyed getting to know your child….

This form describes your child's developmental progress in achieving four broad desired results for all children. We can help your child learn and develop in these areas by….

Areas for growth	We are working towards…	Supporting Activities Note: E = extension F = foundation	Dates offered Comments
Personally & socially competent			
Effective learner			
Physical & motor competence			
Safe & Healthy			

We'd like to know your current goals, hopes and concerns for your child…
(Please continue onto back of page. Include parent comments, questions, ideas for family initiated activities to support identified goals, resources offered, follow-up needed)

Teacher(s) signature: _____ _____

Parent/Guardian(s) signature: _____ _____

Please give families a copy of this form during or after the parent conference.

For families with children going to kindergarten in the fall only:

____Yes, I give permission for this information to be sent to my child's kindergarten program.

____No, I do not give permission for this information to be sent to my child's kindergarten program.

Parent/Guardian signature: _____

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UCSB Infant Daily Report

Child's Name:	Date:
Emergency Phone Number:	Time:
Last ate at what time:	Last diaper change time:
Food eaten:	Last slept – down:
	Woke up:

Notes to Staff:

Diaper changes:

Time	Wet	BM	Initials

Comments:

Feeding patterns:

Time	Food	Initials

Comments:

Nap Schedule:

Time asleep	Time awake	Initials

Comments:

Notes to Parents:

Medicine Permission Slip

Child's Name: _____

Name of Medication: _____

Medication ***must*** in the original container with dosage listed
for the age of child receiving medication.

Health Care Provider: _____

Dates to Be Given: _____

Times to Be Given: _____

Dosage to Be Given: _____

Expiration Date: _____

Wash hands prior to and after administering medication

Dosage Administered By	Time	Date

I hereby authorize the staff of Orfalea Family Children's Center to
administer the above medication at the time and dates designated.

Parent signature	date

UNIVERSITY OF CALIFORNIA
SANTA BARBARA, CALIFORNIA 93106

SPECIAL HEALTH CARE NEEDS PLAN

Child's Name _____

Parent Names   _____

_____

Emergency contact _____Telephone number_____
Relationship to child _____
Physician's name _____ Telephone number_____

How do you describe your child's condition/special need to relatives and friends?
_____
_____
_____

When talking with your child about his/her condition, what words do you use?
_____
_____
_____

What words do you want the Center staff to use?
_____
_____

Child's current diagnosis_____
_____

How and when was this diagnosis made? (physician, therapist)
_____

Is your child currently receiving services from any professionals? If Yes, please list the names, the type of service and how often?

NAME	SERVICE	HOW OFTEN
_____	_____	_____
_____	_____	_____
_____	_____	_____

In order to support our teachers in caring for your child, may the Center contact these professionals? Yes_____ No_____

Does your child's condition limit his/her ability to participate in a group setting?
YES___ NO____ If Yes, explain _____
_____

_____

What special treatments, procedures or care would need to be incorporated to best serve your child in the course of a typical day at the Center _____

_____

_____

What comforts your child in a non emergency situation?

_____

_____

_____

EMERGENCY PROCEDURES

Describe what a **Medical Emergency** looks like for your child (include symptoms, specific behaviors, change in skin color)

_____

_____

What comforts your child in an emergency situation?

_____

_____

In an emergency situation who should be called:

Name   Telephone Number

1._____   _____

2._____   _____

3._____   _____

When should 9-911 be called

_____

Physician Called_____

How much time do we have to respond?_____

_____   _____

Parent's Signature   Date

_____   _____

Family Coordinator/Program Coordinator   Date

PLEASE COMPLETE THE FOLLOWING INFORMATION WITH YOUR PHYSICAN

Is your child currently taking any medication? YES_____ NO_____
If YES, please list below:

1. _____ Dosage_____ Prescribed for_____ Storage_____
2. _____ Dosage_____ Prescribed for_____ Storage_____
3. _____ Dosage_____ Prescribed for_____ Storage_____

Behaviors/symptoms to watch for _____
_____
_____

If the behaviors/symptoms above are observed, the following action should be taken:
1._____
2._____
3._____
4._____

Procedures

Specific Equipment	**Medication**	**Dosage**
1.		
2.		
3.		

Staff trained to administer procedures

_____   _____
_____   _____

List any potential side effects or complications which could happen as a result of the treatment:
1. _____
2. _____

I,_____, give my consent for
_____ who work(s) at_____ to administer
medication to my child_____, and to contact my child's
health care provider. In addition, I certify that I have personally instructed the above
named licensee or staff person on how to administer medication to my child.
Physician's Signature_____   Date_____
Parent's Signature_____   Date_____
Lead Teacher_____   Date_____
Program Coordinator_____   Date_____

DRDP-r Rating Record – Infant / Toddler (3 mo. to 3 years)

Child:_____Observer:_____Class:_____Date:_____

Record the ratings for the DRDP-R by marking the developmental level for each measure. Mark EM if the child is emerging to the next level. Mark UR if you are unable to rate.

* A child may be emerging to the next level by showing behaviors from the next developmental level, but they are not yet typical or consistent.

Measure DR 1		Developmental Level						EM	UR	Comments
		1	2	3	4	5	6			
1. SELF 1	Identity of self and connection to others									
2. SELF 2	Recognition of ability									
3. SELF 3	Self Expression									
4. SELF 4	Awareness of diversity									
5. SOC 1	Empathy									
6. SOC 2	Interaction with adults									
7. SOC 3	Relationships with familiar adults									
8. SOC 4	Relationships with familiar peers									
9. SOC 5	Interactions with peers									
10. REG 1	Impulse control									
11. REG 2	Seeking other's help to regulate self									
12. REG 3	Responsiveness to other's support									
13. REG 4	Self comforting									

Measure DR 1		Developmental Level						EM	UR	Comments
		1	2	3	4	5	6			
14. Reg 5	Attention maintenance									
15. LANG 1	Language Comprehension									
16. LANG 2	Responsiveness to language									
17. LANG 3	Communication of needs, feelings, and interests									
18. LANG 4	Reciprocal communication									

Measure DR 2		Developmental Level						EM	UR	Comments
		1	2	3	4	5	6			
19. COG 1	Memory									
20. COG 2	Cause and effect									
21. COG 3	Problem solving									
22. COG 4	Symbolic play									
23. COG 5	Curiosity									
24. MATH 1	Number									
25. MATH 2	Space and size									
26. MATH 3	Time									
27. MATH 4	Classification and matching									

Measure DR 2		Developmental Level						EM	UR	Comments

		1	2	3	4	5	6			
28. LIT 1	Interest in literacy									
29.LIT 2	Recognition of symbols									

Measure DR 3		Developmental Level						EM	UR	Comments
		1	2	3	4	5	6			
30. MOT 1	Gross motor									
31. MOT 2	Fine motor									
32. MOT 3	Balance									
33. MOT 4	Eye-hand coordination									

Measure DR 4		Developmental Level						EM	UR	Comments
		1	2	3	4	5	6			
34. SH 1	Personal care routines									
35. SH 2	Safety									

Levels
1 – Responding with reflexes
2 - Expanding responses
3 - Acting with Purpose
4 - Discovering Ideas

5 - Developing Ideas
6 - Connecting ideas
EM – emerging
UR – unable to rate

CDE 200

DRDP-r Rating Record – Preschool (3 years to 5 years)

Child:_____Observer:_____Class:_____Date:_____

Record the ratings for the DRDP-*R* by marking the developmental level for each measure.
Mark EM if the child is emerging to the next level. Mark UR if you are unable to rate.
* A child may be emerging to the next level by showing behaviors from the next developmental level, but they are not yet typical or consistent.

Measure DR 1		NY	Developmental Level				EM	UR	Comments
			1	2	3	4			
1. SELF 1	Identity of self								
2. SELF 2	Recognition of own skills and accomplishments								
3. SOC 1	Expressions of empathy								
4. SOC 2	Building cooperative relationships with adults								
5. SOC 3	Developing friendships								
6. SOC 4	Building Cooperative play with other children								
7. SOC 5	Conflict negotiation								
8. SOC 6	Awareness of diversity in self and others								
9. REG 1	Impulse control								
10. REG 2	Taking turns								
11. REG 3	Shared use and space and materials								
12. LANG 1	Comprehends meaning								
13. LANG 2	Follows increasingly complex instructions								
Measure DR 1		NY	Developmental Level				EM	UR	Comments

		NY	Developmental Level				EM	UR	Comments
			1	2	3	4			
14. LANG 3	Expresses self through language								
15. LANG 4	Uses language in conversation								
Measure DR 2		NY	Developmental Level				EM	UR	Comments
			1	2	3	4			
16. LRN 1	Curiosity and initiative								
17. LRN 2	Engagement and persistence								
18. COG 1	Memory and knowledge								
19. COG 2	Cause and effect								
20. COG 3	Engages in problem solving								
21. COG 4	Socio-dramatic play								
22. MATH 1	Number sense: Understands quantity and counting								
23. MATH 2	Number sense: Math operations								
24. MATH 3	Shapes								
25. MATH 4	Time								
26. MATH 5	Classification								
27. MATH 6	Measurement								
Measure DR 2		NY	Developmental Level				EM	UR	Comments
			1	2	3	4			
28. MATH 7	Patterning								
29.LIT 1	Interest in literacy								

		NY	Developmental Level				EM	UR	Comments
30. LIT 2	Letter and word knowledge								
31. LIT 3	Emerging writing								
32. LIT 4	Concepts of print								
33. LIT 5	Phonological awareness								
Measure DR 3		**NY**	**Developmental Level** 1	2	3	4	**EM**	**UR**	**Comments**
34. MOT 1	Gross motor movement								
35. MOT 2	Fine motor skills								
36. MOT 3	Balance								
Measure DR 4		**NY**	**Developmental Level** 1	2	3	4	**EM**	**UR**	**Comments**
37. SH 1	Personal care routines								
38. SH 2	Personal safety								
39. SH 3	Understanding healthy lifestyles								

Levels:
1 – Exploring
2 – Developing
3 – Building
4 – Integrating
NY – Not yet
EM – emerging
UR – unable to rate