

Clinical Forum

Accountability for Services for Young Children With Disabilities and the Assessment of Meaningful Outcomes: The Role of the Speech-Language Pathologist

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In 2008, all states were required for the first time to submit data to the federal government on the progress that young children with disabilities make in their early intervention and early childhood special education programs. The U.S. Department of Education (DoE) will use these data, which are required annually, to document the effectiveness of the services that are provided to young children under the Individuals With Disabilities Education Act (IDEA) Amendments of 2004. The federal government will track the progress that individual states make over time toward achieving better outcomes for children. Similarly, states will track the progress that is made by

school districts. The collection and use of federal, state, and local data on child outcomes constitutes the first national accountability system for programs that are serving young children with disabilities.

States have elected to use a variety of approaches, as well as a variety of assessment tools, to produce data on child outcomes. Despite considerable differences in approach across states, all data begin at the local level, are reported to the state, and ultimately go from the state to the federal government. Child outcomes data collection begins with assessments that are conducted by speech-language pathologists (SLPs) or the other professionals who serve young children under IDEA working individually or as a team.

ABSTRACT: Purpose: This article describes the federal accountability requirements related to young children with disabilities and the contribution of the speech-language pathologist (SLP) to provide these data through the use of authentic, functional assessments.

Method: The article summarizes recent state and federal developments related to assessment for accountability and draws on the recommendations of national organizations, including the American Speech-Language-Hearing Association, to underscore the importance of high-quality assessment for guiding practice and for documenting child outcomes for accountability.

Clinical Implications/Conclusion: The widespread use of recommended practices for assessment will provide children, families, and practitioners, including SLPs, with the highest quality assessment information, at the same time providing states and the federal government with much-needed valid data on child outcomes for accountability purposes.

KEY WORDS: early childhood special education, accountability, assessment

These same assessment data may be and probably are being used for other purposes more directly linked to the child, including the development of individualized goals and the monitoring of the child's progress.

Data from the "National Early Intervention Longitudinal Study" indicate that 53% of children under the age of 3 received services from an SLP during their first 6 months in early intervention (Hebbeler et al., 2007). Nearly half of 3- to 5-year-olds receiving early childhood special education services were identified as having a speech or language impairment as their primary disability (Markowitz et al., 2006; U.S. DoE, 2007). Because SLPs assess and serve so many young children with delays and disabilities, they play a critical role in providing accountability data on the outcomes that these children achieve and, more importantly, in helping them achieve those outcomes. Producing good outcomes for children is the ultimate goal of an accountability system.

This article discusses why the federal government is collecting data on child outcomes, describes the federal reporting requirements, and reviews the kinds of decisions that states have made in building systems to produce the required information. Following this discussion, we review some of the principles of functional assessment. We place special emphasis on the implications of the new accountability requirements for SLPs and how the choices that SLPs make related to assessment will be critical to producing high-quality data on child outcomes and to improving outcomes.

The Need for Data on Child Outcomes at the Federal Level

For many years, policy advocacy for children with disabilities focused on ensuring the right to a free, appropriate public education. The 1975 passage of the Education for All Handicapped Children Act represented a significant victory with regard to access to education for elementary and secondary students with disabilities (Hebbeler, Smith, & Black, 1991). Amendments to this law, passed in 1986 as Public Law 99-457, extended the right to special education and related services to children ages 3 through 5 (Trohanis, 1989). Public Law 99-457 also provided grants to states to provide services to infants and toddlers with delays and disabilities and, at the state's discretion, to children who are at risk for developmental delays. For many years after the passage of Public Law 99-457, data collected by the DoE on early intervention and early childhood special education reflected only the service delivery *process*. Data were collected, for example, on the number of children served and where they were served. (Data collected for IDEA are available at www.ideadata.org.) Several forces have converged since that time to expand the data requirement to include data on the *benefit* that children experience as a result of receiving service; that is, data on child outcomes.

One important force pushing outcomes data collection to the forefront was an increased emphasis on accountability for results, which was driven by policy makers and funders of programs in both the public and private sector (Hogan, 2001; Morley, Vinson, & Hatry, 2000; Osbourne & Gaebler, 1992). Reflecting this emphasis, Congress passed the 1993 Government Performance and Results Act (GPRA), which required all federal programs to establish performance goals and indicators. The intent of GPRA was to hold programs, and the federal agencies administering them, accountable for achieving results. Despite the requirement to establish results-based indicators, the DoE continued to request process data on early

intervention and early childhood special education, such as the number of children served, from states. The challenges in establishing a national measurement system to produce data on child outcomes for programs serving young children with disabilities were daunting. Given the wide diversity of young children served, it was difficult to reach a consensus about what kind of measurement approach would reflect the goals of IDEA while capturing valid outcomes data. Consequently, no data on child outcomes for early intervention or early childhood special education were required of states despite the requirements of GPRA.

In 2002, the U.S. Office of Management and Budget (OMB) instituted a new review process to identify effective federal programs and serve as a basis for budgetary decisions (U.S. General Accounting Office, 2004). In the first year of this review, 130 federal programs were examined, including the early intervention and early childhood special education programs of IDEA. Because there were no data on child outcomes, both programs were given ratings of "Results Not Demonstrated." OMB required the DoE to develop a strategy to rectify this situation. OMB has now reviewed all federal programs. The Office's ratings, along with its ratings for early intervention and early childhood special education (which still stand in 2008 as "Results Not Demonstrated") and information about the review process can be viewed at the OMB Web site, www.expectmore.gov.

The potential budgetary impact of the OMB review process considerably intensified the pressure on the DoE to produce outcomes data on programs that were serving young children with disabilities. Without such data, it could prove difficult to justify future funding requests for these programs.

Another force that shifted the emphasis from achieving *access* to achieving *results* for children and youth with disabilities was evidence from a national study of secondary school students with disabilities. This study found that students with disabilities did not successfully negotiate the transition to adulthood. Instead of the independence that programs hoped they would achieve, students with disabilities were found to be dropping out of school, not finding jobs, and getting arrested at alarming rates (Blackorby & Wagner, 1996; Wagner et al., 1991). Findings such as these led the President's Commission on Excellence in Special Education (2002) to recommend that IDEA focus on results, not processes. The committee wrote:

IDEA will only fulfill its intended purpose if it raises expectations for students and becomes results-oriented—not driven by process, litigation, regulation, and confrontation. In short, the system must be judged by the opportunities it provides and the outcomes achieved for each child. (p. 8)

This recommendation is now codified in IDEA, which requires that federal and state monitoring activities focus on "improving educational results and functional outcomes for all children with disabilities" (20 U.S.C. 1416).

The Federal Reporting Requirements Related to Child Outcomes

In keeping with the general emphasis on results-based accountability and in response to the distressing findings of the OMB reviews for early intervention and early childhood special education, the DoE funded the Early Childhood Outcomes (ECO) Center in 2003. The charge of the ECO Center was to assist the federal and state governments in developing and implementing systems to

provide child and family outcomes data for programs serving young children with disabilities under IDEA. As its first task, the ECO Center convened stakeholder groups of practitioners, family members, local and state administrators, and researchers to identify the specific child and family outcomes that should be tracked at the state and federal level. The stakeholders sought to address the question, “For what do early intervention and early childhood special education programs want to hold themselves accountable?” The discussions identified a number of criteria for child outcomes, including that the outcomes reflect the goals of the program, a single set of outcomes should be identified for all children birth to 5 served under IDEA, and the outcomes should be functional. By “functional,” stakeholders meant that outcomes should address areas that are meaningful to the child’s everyday life.¹

Ultimately, the stakeholder process identified an overarching goal for early intervention and early childhood special education and for three child outcomes that were seen as essential to achieving that goal. The overarching goal is that children should be “active and successful participants during the early childhood years and in the future in a variety of settings—in their homes with their families, in child care, in preschool programs, and in the community” (ECO Center, 2005, p. 2). The recommendations from the stakeholders were submitted to the DoE, which in 2005 released the data reporting requirement for states that incorporated the three child outcomes from the ECO Center’s stakeholder process. In this article, our discussion is limited to the child outcomes, but a set of family outcomes also emerged from the stakeholder process (Bailey et al., 2006).

The three child outcomes for which all states were required to submit data for the first time in 2008 are:

- Positive social–emotional skills (including positive social relationships)
- Acquisition and use of knowledge and skills (including early language/communication and early literacy)
- Use of appropriate behaviors to meet one’s needs (*SPP/APR Information and Materials*, 2007).

The three outcomes are identical for infants and toddlers and preschoolers, with the exception of the phrase “early literacy,” which appears only in the outcome for preschoolers.

The three child outcomes reflect a number of features that the stakeholders considered important. They are intentionally global to promote a view of the whole child—the child as a social being, as a learner, and as a person who is capable of getting his or her needs met in appropriate ways. The first outcome—*positive social–emotional skills*—emphasizes social relationships with adults and peers; and, for toddlers and preschoolers, the ability to follow rules in group situations. It encompasses the constellation of constructs and skills that contribute to successful social relationships, including initiating and maintaining social interactions, regulating emotions, and demonstrating attachment. The second outcome—*acquisition and use of knowledge and skills*—includes thinking, reasoning, problem solving, memory, knowledge of the physical and social world,

vocabulary, syntax, literacy, and numeracy. It addresses the kinds of knowledge and skill that will ultimately provide the foundation for later academic success in kindergarten. The third outcome—*use of appropriate behaviors to meet one’s needs*—refers to the increasing independence of the young child over the first 5 years of life and encompasses what children need to be able to do to take care of themselves, including eating, dressing, toileting, moving from place to place, using tools, and adhering to health and safety rules.

Another critical characteristic of the outcomes is that they are functional and cut across developmental domains. “Functional outcomes” in early childhood refer to outcomes that are meaningful to the child in the context of everyday living (Wolery, 1989). In recommending functional outcomes, the stakeholders expressly intended that the process of collecting data for accountability would push the field forward toward best practices; that is, the use of a more naturalistic, transdisciplinary model of assessment and service delivery that moves beyond domain-specific and discipline-specific outcomes (McWilliam, 2000). The development of functional outcomes is recommended practice for individualized family service plans (IFSPs) in early intervention and for individualized education programs (IEPs) in early childhood special education (Bricker, Pretti-Froniczak, & McComas, 1998; Carta & Kong, 2007; Sandall, McLean, & Smith, 2000). Stakeholders voiced concern that outcomes for accountability that were organized around traditional domains would have the possible negative repercussion of reinforcing the domain-specific outcomes on IFSPs and IEPs, thus driving practice backward (Bailey & Wolery, 1984). The emphasis on functioning also implies that a child can accomplish an outcome in multiple ways. For example, some children communicate their needs through spoken language, whereas others use sign language. Accomplishing the outcomes requires the ability to use some type of communication system for communicating need—and that system may differ for different children.

During the development of the outcome statements, stakeholders considered having a separate outcome for communication but decided that a separate outcome would be inconsistent with a functional approach. Rather than treat communication as a separate area of development, the stakeholders opted to focus on the ultimate outcomes desired for children with communication as integral to each of the three outcomes, not a stand-alone skill. Children with communication challenges also may encounter challenges related to forming social relationships. Conversely, having a communication system does not ensure that the child uses the system effectively for social interaction or for getting needs met. The stakeholders were clear that outcomes measurement should emphasize how children bring all of their skills, including their communication skills, to bear in establishing social relationships, acquiring and using knowledge and skills, and taking appropriate action to get their needs met.

The stakeholders also recognized that adopting outcomes that integrate skills across domains would have significant implications for assessment. Using available assessment tools to collect data on the outcomes would challenge service providers because assessment tools are organized around domains. SLPs, for example, would be required to move beyond the scores provided by assessment tools to focus on how, when, and where children use communication skills to function within each outcome area. For instance, the key question for determining a child’s status with regard to Outcome 3 is, “Can the child take appropriate action to get his or her needs met?” not “What is the level of the child’s communication skills when he or she is trying to get his or her needs met?”

¹The use of the word “functional” in early childhood differs from how the word is used for older children. In federal regulations for IDEA, the term functional refers to skills or activities that are used routinely in daily life, as differentiated from academic skills (Commentary in the *Federal Register*, 2006, p. 46661). With regard to early childhood outcomes, functional refers to everyday living skills but also includes skills such as thinking, reasoning, problem solving, literacy, and numeracy, because all of these skills are considered meaningful for young children.

Table 1. Federal reporting categories for child outcomes data.

<i>Progress category</i>	<i>Explanation</i>
Did not improve functioning	Children who acquired no new skills or regressed during their time in the program.
Improved functioning, but not sufficient to move nearer to functioning comparable to same-age peers	Children who acquired new skills but continued to grow at the same rate throughout their time in the program.
Improved functioning to a level nearer to same-age peers but did not reach it	Children who acquired new skills but accelerated their rate of growth during their time in the program. They were making progress toward catching up with their same-age peers but were still functioning below age expectations when they left the program.
Improved functioning to reach a level comparable to same-age peers	Children who were functioning below age expectations when they entered the program but were functioning at age expectations when they left.
Maintained functioning at a level comparable to same-age peers	Children who were functioning at age expectations when they entered the program and were functioning at age expectations when they left.

In September 2006, the DoE finalized the states' reporting requirements in regard to the three outcomes: Each February, states must report on the kind of progress that is made by children who left the program between July 1 and June 30 of the previous year. Only children who were in the program at least 6 months are included in the reporting. Progress for each child between program entry and program exit for each outcome is categorized and reported in one of five categories. The categories and additional explanations for each are shown in Table 1. The five types of progress are (a) did not improve functioning; (b) improved functioning, but not sufficient to move nearer to functioning comparable to same-age peers; (c) improved functioning to a level nearer to same-age peers but did not reach it; (d) improved functioning to reach a level comparable to same-age peers; and (e) maintained functioning at a level comparable to same-age peers. Overall, states are required to submit 15 percentages (five progress categories for each of the three outcomes) annually for child outcomes. Because progress in each outcome is counted separately, children can be in one progress category for one outcome and in a different progress category for another. The sum of the percentages across the five categories for each outcome equals 100%; that is, the progress for all of the children who exited the program during the reporting year is reported in one of the five categories. States serving children who are at risk for delays and disabilities in early intervention report data on these children separately. In 2010 and thereafter, states are required to publicly report data by program for early intervention and by school district for early childhood special education. More information about the progress categories and the reporting requirements is available at <http://www.fpg.unc.edu/~eco/pages/fed-req.cfm>.

How States Responded to the Federal Reporting Requirements

The federal requirements specified *what data* states must report but not *how* the data were to be collected. As part of building its outcomes measurement system, each state needed to make multiple decisions about various features of its system. One of the most important decisions was the process that the state would implement to generate the data on child outcomes. Many states, but not all, were unwilling to require that a single tool be used statewide for reporting child outcomes. Reasons for not mandating a single tool included the difficulties of finding an appropriate tool, a reluctance to require professionals to administer another assessment solely for accountability purposes, and the desire to allow providers to

make use of the assessment information that they were already collecting.

An analysis of state performance plans submitted to the Office of Special Education Programs (OSEP) in 2008 indicated that most states and territories (40 out of 59 for early intervention and 36 out of 56 for early childhood special education) used the "Child Outcomes Summary Form" (COSF) process to provide data for federal reporting (Kasprzak & Kahn, 2008). The COSF process uses a team consensus to synthesize multiple sources of information and derive a rating of the child's functioning using a seven-point rating scale (Greenwood, Walker, Hornbeck, Hebbeler, & Spiker, 2007; Kahn, 2007). Team members who are familiar with the child review multiple sources of information such as formal and informal assessments, observations, and clinical notes, and then apply a precise set of criteria in order to derive a rating for each outcome on the scale. Some states include parents in this process; others do not. Other methods that more than one state employ for early childhood special education include the use of a single tool statewide (13 states) and the use of more than one tool with item-level data entered online for conversion of a score in the three outcomes (3 states; Kasprzak & Kahn, 2008). Information about individual state approaches is available at http://www.fpg.unc.edu/~eco/pages/states_approaches.cfm.

All of the approaches that states have adopted for reporting data to the federal government involve some kind of an assessment to generate data on child outcomes. Most accountability systems for older children (K–12) typically involve the administration of one or more assessments solely for the purposes of accountability. For younger children with disabilities, however, all states using the COSF process and several states using other methods have opted to allow local programs to use assessment information (e.g., used to determine eligibility, program planning) to report child outcomes for accountability purposes.

These differences in state approaches have significant implications for the role of SLPs and other professionals working with young children with disabilities in providing data for accountability. In states using the COSF process, SLPs administer whatever assessment(s) they typically use to determine eligibility, plan interventions, or monitor progress, and they bring this information to the team discussions of child functioning when the child enters the program and when the child exits it.² A detailed example of the SLP's role in the COSF process is presented later in this article.

²Some states have elected to implement the COSF process more frequently than what is required for federal reporting (i.e., program entry and exit).

In states using a single assessment tool, SLPs and other practitioners may be involved in administering the state-selected assessment and may or may not be aware of the three outcomes and the reporting requirement. Such states use a formula to convert the scores in the domains of the assessment to the status of the outcome at entry and then again at exit. Comparing status at entry to status at exit generates the type of progress that each child has made, which addresses the federal reporting requirement.

Because most states employ assessments for accountability that are already in use for other purposes, SLPs in these states select assessments that will provide data for accountability reporting. In other states, the state has made the assessment selection decision. In sum, the precise role that SLPs play with regard to assessment and accountability for early intervention and early childhood special education programs depends on the nature of the measurement system that their state has adopted.

Assessment and Accountability

As noted above, most states are using the assessment instruments for IDEA accountability that local professionals already administer as part of their everyday practice with young children with disabilities. Knowing that routinely collected assessment information now also is needed for describing children's functioning in the outcomes, SLPs in these states may continue to administer the assessments they are already using. Alternatively, they may opt to use different assessments if their current assessments, on examination, are shown not to produce the kind of information needed. The remainder of this article focuses on considerations related to conducting the kind of assessment that provides good information for reaching decisions about a child's functioning with regard to the three OSEP outcomes. As the discussion will make clear, the assessment practices that are best suited to understanding a child's functioning with regard to the three functional outcomes also are well-suited to planning individualized interventions and tracking a child's progress over time.

Assessment of day-to-day functioning of young children with disabilities. McLean (2004) defined assessment as the process of gathering information for the purpose of making decisions and outlined five purposes for assessing young children with disabilities: (a) identification for referral (screening), (b) diagnosis/eligibility determination, (c) program planning, (d) progress monitoring, and (e) program accountability. Different types of assessment tools have been developed and are used for these different purposes. Using different tools is appropriate because one of the fundamental principles of assessment is that an assessment tool should be used for the purposes for which it was developed (McLean, 2004; National Association for the Education of Young Children & National Association of Early Childhood Specialists in State Departments of Education [NAEYC & NAEC/SDE], 2003; National Research Council, 2008). However, few tools have been designed specifically for accountability for young children; as a result, professionals who are providing accountability data need to use assessment tools that were designed for other purposes.

SLPs administer assessments for screening, diagnosis, eligibility determination, and re-evaluation of the eligibility determination. They are likely to use discipline-specific, norm-referenced, standardized measures to identify and describe the existence, nature, and extent of a communication delay or disability (American Speech-Language-Hearing Association [ASHA], 2000, 2008b). The normative

data available with these kinds of assessment tools are needed to establish the extent of the child's delay, which is usually expressed in metrics such as standard deviations below the mean or percentage of delay.

The traditional standardized assessments used for eligibility determinations can provide one source of information for assessing functioning on the three outcomes; by themselves, however, they are unlikely to provide adequate information. These tools tend to focus on the presence or absence of isolated, discrete skills and behaviors. Most standardized, norm-referenced tools are organized by developmental domain or, as may be the case for many tools that SLPs commonly use, address only a single domain. Because these tools are based on performance in a highly constrained situation—the testing situation—they provide limited information about a child's functioning across situations and settings in everyday life.

An essential part of program planning and one product of the assessment process for young children with disabilities is the identification of individualized goals and objectives. An assessment challenge for SLPs and other practitioners is that the information that norm-referenced tests provide is not useful for developing goals and planning interventions; nor were the tests meant to serve that purpose (Bailey, 2004; Meisels, 1996). Professionals working with young children with disabilities and their families have been encouraged for many years to develop functional goals for the child (Notari & Drinkwater, 1991; Rosenkoetter & Squires, 2000).

The OSEP outcomes were intended to reflect the same emphasis on functionality that IFSP and IEP goals reflect. Because the OSEP outcomes are global and functional, the assessment practices used for program planning and monitoring of child progress can provide information that is also useful for determining a child's status and progress on the three child outcomes. These methods include the use of curriculum- or criterion-based measures, direct observation of children in natural settings, interviews, and reports from the adults in a child's everyday life (Wolery, Strain, & Bailey, 1992).

Most of the states are using approaches to outcomes measurement that require SLPs to go beyond the standardized administration of a series of tasks (the recommended professional practice in assessment) to a child. ASHA (2008b) recommends a blend of standardized testing and nonstandardized assessment, including direct observation of the child interacting with family members or other participants in his or her natural environment. Particularly for SLPs working in inclusive early childhood programs, expectations for assessment practices are likely to include the use of more naturalistic methods to gather information about the child's everyday functioning. Consistent with the functional orientation of the OSEP outcomes, recent ASHA publications emphasize that SLPs should consider the effects of communication across developmental domains, including socialization and learning (ASHA, 2008b, 2008c). Basic constructs for practice include comprehensive knowledge of general child development and the integrated nature of that development. Planning services within a developmental framework, according to ASHA's guiding practices for early intervention (ASHA, 2008d), promotes more authentic and generalizable intervention strategies for children.

Assessment practices in general early childhood settings. Assessment has been an integral part of providing services for young children with disabilities for many years, but this is not true for general early childhood programming (McConnell, 2000). In fact, until relatively recently, assessment for typically developing children younger than school age was viewed with skepticism and

concern (Horton & Bowman, 2002), in part because standardized testing methods require children to pay attention and respond on demand, sometimes to a stranger, and capture the child's performance at only one point in time in one situation (Losardo & Notari-Syverson, 2001; Neisworth & Bagnato, 2005). Additional concerns were raised because assessments had been used inappropriately to deny some children access to early childhood programs (Shepard, 1997).

Today, the general early childhood community views ongoing assessment as part of a high-quality early childhood program. In their joint position statement on early childhood curriculum, assessment, and program evaluation, NAEYC and NAECS/SDE (2003) recommended ongoing monitoring of learning, growth, and progress to assist educators in helping children acquire new skills. The position statement defines an effective assessment system as one that "emphasizes repeated, systematic observation, documentation, and other forms of criterion- or performance-oriented assessment using broad, varied, and complementary methods" (p. 11). Examples of the kinds of tools that early childhood teachers might use to track what children are learning include the Creative Curriculum Developmental Continuum (Dodge, Colker, & Heroman, 2002), the Work Sampling System (Meisels, Liaw, Dorfman, & Nelson, 1995), and the High/Scope Child Observation Record (Schweinhart, McNair, Barnes, & Lerner, 1993). An SLP working with a high-quality inclusive early childhood program can expect to find performance- and observation-based assessment being used regularly to monitor the progress of all children in the program, including those with delays and disabilities.

Recommended practices for authentic and functional assessment. The convergence of the positions of numerous professional groups about what constitutes best practice with regard to the assessment of young children, regardless of whether they are developing typically or are experiencing developmental challenges, is striking. Early childhood professional organizations support the use of measurement strategies that collect information about children's performance in real-life settings and situations. As noted above, the NAEYC and NAECS/SDE position statement (2003) supports assessments that are tied to children's daily routines. In addition, the Division for Early Childhood (DEC) of the Council for Exceptional Children (CEC) has developed a set of recommended assessment practices for programs serving young children with disabilities. The DEC discussion of recommended practices notes that assessments should be authentic: They should be based on observations of children's performance in natural settings, and they should not involve contrived tasks administered by unfamiliar people in strange settings (Neisworth & Bagnato, 2005). ASHA guidance for SLPs parallels the early childhood education and early childhood special education recommended practices for functional assessment. ASHA's position on the expanding role of school-based SLPs acknowledges the need for a wider array of assessment purposes and strategies (ASHA, 2000). ASHA further recommends the use of interviews, parent report, and observational and criterion-referenced tools for SLPs working in early intervention (ASHA, 2008a).

Across professional organizations, the recommendations related to assessment contain similar themes, emphasizing the use of multiple sources of information, focusing on the child and family, and highlighting the use of assessment data for program planning and monitoring. DEC describes assessment as "a shared experience between families and professionals in which information and ideas are exchanged to benefit a child's growth and development"

(2007, p. 16). A balanced assessment, according to ASHA, includes gathering child-centered, contextualized, performance-based, descriptive, and functional information from families, teachers, and other service providers (ASHA, 2000).

Four characteristics of good assessment are especially relevant to the measurement of the three child outcomes. Effective assessment practices (a) include families as full partners; (b) collect information from multiples sources; (c) provide a continuous view of the child's functioning across settings and situations; and (d) are ongoing, to inform program planning and intervention decisions (DEC, 2007). These characteristics also align with ASHA's view of preferred practice patterns for SLPs.

Assessment should include families as full partners in the assessment process. Child-centered, authentic assessment means partnering with families to understand how young children learn about the world. Families know how their child functions with familiar adults and peers, in familiar settings, and during typical routines in their everyday environment. Consequently, good assessment requires obtaining and incorporating information from families (Berman & Shaw, 1996; Boone & Crais, 1999; Fewell, 2000; Neisworth & Bagnato, 2004, 2005). DEC (2007) noted that including families in the assessment process is especially important for young children with disabilities. DEC concluded that the assessment process must be designed to facilitate family inclusion at multiple levels while taking into account family preferences and family values, needs, language, and culture.

According to ASHA (2008b), assessment practices should enable the SLP to describe a child's communication within the context of real communication tasks. Consultation with the family (and with teachers or child care providers) is critical for understanding the contexts in which a child communicates. Recommended practices for assessment include gathering information from the family (and other key adults) about the child within the context of the child's and family's everyday life and routines (ASHA, 2008b).

Assessment should be based on multiple sources of information. A variety of sources of information should be used to obtain a comprehensive picture of the child's functioning. In addition to information provided by the child's family, other sources of information include direct evaluation of a child's skills; informal and structured observations by the child's teacher, SLP, or other professionals working with the child; examples of the child's products; and interviews with other service providers and caregivers. Assessment blends information from these various sources to describe a child's current state of development (DEC, 2007).

Guidance from ASHA likewise states that no single measure can provide sufficient information; therefore, assessment data should reflect multiple perspectives. In addition to the standardized, norm-referenced measures that are used to determine eligibility, SLPs should use nonstandardized assessment methods to collect descriptive data about the child's communication. Nonstandardized assessment tools for these purposes include checklists, developmental scales, curriculum-based assessment, dynamic assessment data, and portfolios of authentic assessment data (e.g., speech and language samples, observations of the child in various natural contexts). Authentic and functional assessment methods allow the SLP to focus on language during actual communication activities within natural contexts (ASHA, 2000).

In addition to the use of various tools, assessment practices should include consultation with team members. As members of a team, SLPs collaborate with families, caregivers, and professionals

to gather information about a child's use of communication skills (ASHA, 2005, 2008a). The team provides the multiple perspectives needed to fully understand and describe a child's communicative functioning (ASHA, 1990, 2005). DEC's recommended practices also emphasize the importance of professionals working as a team for assessment and service provision. Recommended practices advocate the transdisciplinary model, which involves the exchange of competencies by team members and avoids dividing service along disciplinary lines (McWilliam, 2000).

Assessment should provide a continuous view of the child's functioning across everyday settings and situations. Naturalistic assessment supports a functional approach to speech and language services, operating on the assumption that skills that are developed in the child's everyday environments are more likely to generalize to other settings in the child's and family's everyday life. In a functional service delivery model, SLPs teach communication skills in the environments in which those skills are expected to be used. Providing services in everyday contexts allows the SLP to understand and address the communication requirements of various situations and settings. By continually monitoring the child's acquisition and use of skills, the SLP is aware of changes in the child's ability to meet those requirements.

Assessment should provide information to inform program planning and intervention decisions. Assessment roles and responsibilities for the SLP, according to ASHA (2005), go beyond the determination of eligibility for services to include the gathering of information that will be useful in making decisions for effective intervention planning. Working as a team, the SLP, family, and other caregivers and professionals use functional assessment information to plan interventions to the everyday life of the child and family. As the child makes progress, the SLP can update goals and intervention strategies and, working with a team, ensure that services produce meaningful life outcomes for the child and family (ASHA, 2005). As the DEC recommendations on assessment indicate, the primary purpose of ongoing assessment is "to help teachers implement and modify curriculum and teaching practices to ensure that all children, including children with disabilities, are progressing toward identified goals" (2007, p. 13). By assisting the child in becoming more competent at functioning in the variety of settings and situations that make up his or her daily life, the SLP also is helping the child make progress toward the three federal outcomes.

The federal requirement to collect valid data on child outcomes is focusing increased attention on the importance of meaningful assessments that are consistent with the four characteristics set forth above. To the extent that the requirement to collect outcomes data results in more widespread use of authentic functional assessments, outcomes for young children with disabilities may improve simply because the quality of assessment has improved. A second level of improvement can then be expected as professionals at the local, state, and federal levels make use of high-quality data on the outcomes to make systematic improvements in early intervention and early childhood special education programs.

The SLP's Role in Outcomes Measurement for Accountability: An Example Using the COSF

The two scenarios presented in this section describe how an SLP can incorporate assessment information into a rating on the COSF and illustrate how the principles of good assessment result in

good data on outcomes for accountability. The COSF process was developed by the ECO Center to allow teams to use multiple sources of information to summarize a child's level of functioning with regard to the three federal outcomes (Greenwood et al., 2007). An SLP working in a state using the COSF may work with a team to determine a child's level of functioning or, if the SLP is the only service provider working with a child, may have major responsibility for determining the child's level of functioning.

Scenario 1. In the first scenario, as a member of a team completing the COSF, the SLP contributes information to a team discussion of the child's social skills (Outcome 1), ability to learn and demonstrate learning (Outcome 2), and ability to get his or her own needs met (Outcome 3). The COSF uses a seven-point rating scale to compare the child's functioning to what is expected for a child this age in each of the three outcomes. To decide on a rating, team members discuss their assessment of the child's skills and behaviors in each outcome area. The team's discussion should address how the child functions across the various settings and situations of that child's day-to-day life, such as home, child care, preschool, and so on. The more the team knows about the child's functioning across situations and settings, the more accurate the rating will be.

In this example, the child has been determined to be eligible for services, and the team is meeting to determine an entry rating on the COSF for the state's accountability system. (An exit rating will be determined later when the child is ready to leave the program. Comparison of the child's rating at entry and exit yields the progress data that the state reports to OSEP.) The team begins by discussing the child's functioning in the first outcome area: positive social-emotional skills, including positive relationships. The team exchanges assessment information about the child's interaction with peers and adults and how he or she gets along in groups. The SLP, who has conducted a functional assessment, contributes his or her own observations of the child's interaction with familiar adults and children, such as the child's parent and siblings or teacher and classmates, and nonfamiliar adults, such as the SLP. Given the SLP's area of developmental expertise, his or her role on the team is to describe how the child's speech and language facilitated social interaction. The description may include, for example, the words, if any, that the child used to greet the SLP and the child's verbal or nonverbal responses when invited by the SLP to play with toys. As part of the functional assessment, the SLP would have noted the verbal interaction between the child and parent or child and teacher. If part of the functional assessment took place in the home with other children present, the SLP would have noted any social interaction with other children, including the social use or nonuse of speech and language, and would share such instances with the team. If part of the functional assessment took place in a preschool, the SLP would report on the child's social interaction with his or her peers. In addition, the SLP would have asked the parent and teacher how the child uses communication skills for social interaction on a typical day in the various situations and settings that make up that child's everyday life. Having gathered assessment information from observation and from others who know the child, the SLP is well equipped to contribute to a detailed discussion of the child's social skills and behaviors.

After discussing how the child is functioning with regard to social relationships, the team then decides the extent to which the child's functioning is age appropriate. If the child's functional skills and behaviors are overall age appropriate, the team will assign a

rating of 7. If functioning is age appropriate but the team has concerns that are significant enough to suggest continued monitoring of the child's development in this area, the team will assign a rating of 6. For a child with a mix of age-appropriate and non-age-appropriate functioning, the team would assign a rating of 5. A rating of 4 would be used if the child occasionally shows age-appropriate functioning. A rating of 3 would be used if the child does not yet show functioning expected of a child of his or her age in any situation, but does use immediate foundational skills. A rating of 2 means that the child occasionally uses immediate foundational skills across settings and situations, and a rating of 1 means that the child is not yet using immediate foundational skills in any situation.

After discussing how the child is functioning with regard to social relationships, the team goes on to discuss and rate the child's skills and behaviors related to the acquisition of knowledge and skills (Outcome 2) and getting needs met (Outcome 3). With comprehensive, functional assessment information and knowledge of age-expected speech and language development, the SLP is a key contributor to the comparison of a child's skills and behaviors to those expected for his or her age. Good information about the child's functioning, combined with professional expertise on age expectations, provides the basis for a quality team COSF rating—the critical data for this state's outcomes measurement system.

Compare the contribution described above with that of an SLP who simply brings formal assessment scores to the team discussion of functional outcomes. A list of articulation errors provides evidence of the child's speech compared with age expectations but gives little or no functional information about the child's ability to use speech; for example, to make friends (Outcome 1), listen and react to a story (Outcome 2), or express a desire for another cookie (Outcome 3). Without observational data or information from others who spend time with the child, the effect of the child's articulation on his or her ability to function in the three outcome areas must be based on assumptions or suppositions. Without detailed functional assessment information, it will be impossible for the team to arrive at a COSF rating that accurately reflects what the child can do across settings and situations.

Findings from formal language assessment, if used appropriately, can be an important piece of information for the team to consider. For instance, an SLP may bring scores from the Preschool Language Scale (PLS; Zimmerman, Steiner, & Pond, 2002) to the COSF team discussion. These data assist in the determination of the COSF ratings by placing the child's skills, as measured by age-anchored items on the assessment tool, on a developmental age continuum. One of the challenges in using the scores from formal assessment to reach a COSF rating is that formal assessments such as the PLS are not organized or scored around the three outcomes. The SLP must identify and isolate for discussion the items that can inform the COSF team about the three outcomes. Information about Outcomes 1 and 3, in particular, may be limited to just a few items on formal assessment tools. For example, one PLS item is related to getting needs met for a child who is 18–23 months old—"uses vocalizations and gestures to request toys or food"—which requires a yes/no response rather than a description. Most of the items for preschool-age children measure the presence or absence of an isolated skill, such as "understands expanded sentences" and "responds to *where* questions," rather than how the child uses those skills to function. A team would want to know much more about how a child gets his or her needs met in order to decide if the child's

functioning is age appropriate for each of the three outcomes. The formal assessment data can be used to inform the discussion, but the information must be used in conjunction with other information to obtain a complete picture of the child's functioning.

To assist practitioners in understanding how some of the more commonly used assessment tools relate to the three outcomes, the ECO Center "crosswalked" the content of the various tools to the three outcomes. Organized in a table format with assessment areas or items assigned to each outcome, these crosswalks provide a visual depiction of how a tool's content aligns with each outcome area. Practitioners can review the crosswalk to evaluate how well an assessment tool addresses each outcome, both in terms of breadth (i.e., the number of assessment items corresponding to each outcome) and functionality (i.e., the extent to which assessment items measure everyday use of skills rather than isolated, discrete behaviors). The crosswalk for a given assessment can help practitioners determine what additional information they will need to understand the child's level of functioning across settings and situations.³

Scenario 2. A second scenario for SLPs in states using the COSF is one in which the local program administrator assigns the SLP to take the lead in rating a child's functioning. This may occur when a child is receiving no special services other than speech and language as part of a program funded under IDEA. The SLP may be spending a limited amount of time with the child each week and may see the child in only one setting. Rather than try to rate the child's functioning based solely on what the SLP knows about the child, the SLP should involve others who know the child well, such as the child's parents and preschool teacher. Their input is even more critical in this scenario because they observe the child in settings in which the SLP does not. Obtaining a valid COSF rating requires using information about functional skills and behaviors that the child demonstrates across his or her natural situations and settings. Because speech and language cross all three outcome areas, it is incumbent on the SLP to understand how the child's communication disability or disorder affects his or her social skills, learning, and ability to get needs met. In addition to the SLP's own knowledge of communication development, resources on age-expected child development can assist the SLP in comparing the child's skills to age level.⁴ The teacher of a regular preschool classroom also can help the SLP determine the extent to which a child's skills and behaviors are similar to those expected for his or her age, especially in states that use their state-developed early learning guidelines to understand what children should know and be able to do at different ages (Scott-Little, Kagan, & Frelow, 2003, 2006).

CONCLUSION

The era of accountability has arrived for all education and human service programs, including programs that serve young children with disabilities. In response to the need for data on the results being achieved under IDEA, the DoE now requires that all

³Crosswalks for commonly used assessments are available at <http://www.fpg.unc.edu/~eco/crosswalks.cfm>. The PLS crosswalk is available by request by contacting staff@the-ECO-center.org.

⁴ECO has compiled a list of Web sites that contain information on age-appropriate development. It is available at <http://www.fpg.unc.edu/~ECO/assets/pdfs/Age-expected-child-dev-9-5-07.pdf>.

states submit outcomes data on children who are participating in early intervention and early childhood special education. Given that many of the children who are served in these programs have communication needs and are receiving speech and language services, SLPs are involved in the assessment of child outcomes for federal accountability purposes.

States must report on the progress that children achieve with regard to three functional outcomes: using positive social-emotional skills (including positive social relationships), acquiring and using knowledge and skills, and taking appropriate action to get their needs met. These outcomes were intentionally selected to be functional, reflecting an integration across the domains that are commonly found in most assessments. The outcomes cut across domains in order to reflect the constellations of skills and behaviors that are meaningful to children in their day-to-day lives.

States have elected to use different approaches to collect data on these outcomes, but all state approaches involve some form of assessment. Although much remains to be learned about the conditions that need to be in place to ensure that the approaches that states are using produce valid data for reporting to the federal government, it is clear that good assessment is essential to good data on child outcomes. The data that states are reporting to the federal government are being derived from the assessment information that is being collected by SLPs and other team members for eligibility determination, program planning, and progress monitoring. The principles that characterize good assessment for other purposes apply to assessment for accountability as well.

SLPs should familiarize themselves with the recommended practices of organizations that address the assessment of young children who are served in inclusive settings, such as those of the NAEYC, DEC, and ASHA. The widespread use of recommended practices for assessment by SLPs and other team members will provide the child and family with the highest quality assessment experience while also providing the states with valid data on child outcomes for federal accountability purposes. SLPs, in conjunction with other members of the child's team, should use assessment methods that (a) include families as full partners in the assessment process; (b) are based on multiple information sources, including formal and informal assessment tools, direct observations, and observations reported by families, other caregivers, and other service providers; (c) provide a continuous view of the child's functioning in the situations and settings that make up his or her everyday life; and (d) are ongoing, to inform program planning and intervention decisions.

Accountability efforts can have both positive and negative consequences for local practice. The typical program improvement cycle envisions using data on outcomes to reflect on program practices and make any necessary adjustments to improve practice. Results for children may improve through the collection of outcomes data or because the infrastructure that needs to be put in place to collect outcomes data underscores the importance of good assessment practices or both. Increased recognition of the importance of good assessment practices, for example, may lead states and the federal government to examine the current status of assessment practices and invest more resources in professional development related to assessment, thereby improving the overall quality of programs and services for young children with disabilities. On the other hand, if SLPs and other practitioners are not familiar with or are not using recommended practices for assessment, the data they provide to the state on the three child outcomes will be of

questionable validity and could result in important decisions about programs for young children with disabilities being based on less than adequate, or even invalid, information.

The implementation of high-quality assessment practices has multiple benefits for children and families, one of which is producing valid data for accountability. Accountability asks about the results being achieved for young children with disabilities. Assessment plays a key role in producing good results for children and in producing the data to examine those results.

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Accountability for Services for Young Children With Disabilities and the Assessment of Meaningful Outcomes: The Role of the Speech-Language Pathologist

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