Desired Results Access Project









Welcome!

Overview of the DRDP (2015) For Children with IFSPs and Their Families



- Quick Look at the DRDP (2015)
- The DRDP (2015) and the SPP/APR
- Psychometrics
- Reports
- Resources



A Quick Look at the DRDP (2015)





Key Features of the DRDP (2015) IT View

- Informs programming for children birth to three years of age
- Follows principles of universal design and includes a system of adaptations
- Is an authentic assessment; based on naturalistic observation across settings and activities
- Based on rigorous research on a large population of California infants and toddlers, with and without disabilities, and deemed to measure progress over a six month window
- Promotes family participation
- Provides reports of results



DRDP (2015) results can help practitioners:

- Better understand and monitor children's progress and target their interventions to the individual needs of each child;
- Inform IFSP review and planning; and
- Inform families about their children's progress.

The data collected can:

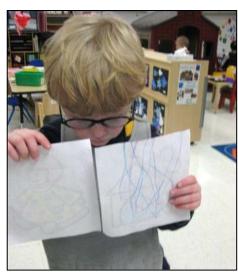
- Assist in decision-making at the child and family, program, and policy levels; and
- Help document the positive results of programs, making the case for increased funding for early intervention and preschool special education programs.



Universal Design: An instrument for all children

- Children demonstrate mastery in a number of ways, through a variety of communication modes, languages, and behaviors.
- Children with IFSPs who use adaptations should have those adaptations in place to ensure accurate assessment.







Purpose of Adaptations

To ensure that the DRDP measures *ability*, rather than disability







Adaptations are changes in the environment or differences in observed behavior that allow children with IFSPs to be accurately assessed in their typical environments



DRDP (2015) Adaptations

- 1. Augmentative or alternative communication system
- 2. Alternative mode for written language
- 3. Visual support
- 4. Assistive equipment or device
- 5. Functional positioning
- 6. Sensory support
- 7. Alternative response mode



Two views of the DRDP (2015)

For Use with Infants and Toddlers

For Use with Preschool-Age Children

DRDP (2015)

A Developmental Continuum from Early Infancy to Kindergarten Entry











Infant/Toddler View for use with infants and toddlers



California Department of Education

DRDP (2015)

A Developmental Continuum from Early Infancy to Kindergarten Entry















Preschool View for use with preschool-age children



California Department of Education



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DRDP (2015)

A Developmental Continuum from Early Infancy to Kindergarten Entry

Infant/Toddler View
For use with infants and toddlers

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DRDP (2015): A Developmental Continuum from Early Infancy to Kindergarten Entry – Infant/Toddler View – August 1, 2015 © 2013-2015 California Department of Education – All rights reserved

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Developmental Domains of the IT View

- Approaches to Learning—Self-Regulation
- Social and Emotional Development
- Language and Literacy Development
- Cognition, including Math and Science
- Physical Development and Health



Quality of the Social-Emotional Domain

- Based on child development research and reviewed by experts in social-emotional development
- Aligns with the California Infant/Toddler Foundations
- Reviewed for universal design and amenable to use with adaptations
- Item functioning and sensitivity tested on large numbers of infants and toddlers with IFSPs: findings are positive that the instrument measures progress
- Uses the Item Response Theory model: strong psychometric underpinning taking into account the relative difficulty of each level with a measure's developmental continuum



IT Measures at-a-Glance: 10 ATL-REG, 5 SED

DRDP (2015)

A Developmental Continuum from Early Infancy to Kindergarten Entry

Measures at-a-Glance

Infant/Toddler View: for use with infants and toddlers

Domain Name	Domain Abbreviation	Number within Domain	2.	Page Numbe
Approaches to Learning —Self-Regulation	ATL-REG	1	Attention Maintenance	1
		2	Self-Comforting	2
		3	Imitation	3
		4	Curiosity and Initiative in Learning	4
		5	Self-Control of Feelings and Behavior	5
Social and Emotional Development	SED	1	Identity of Self in Relation to Others	6
		2	Social and Emotional Understanding	7
		3	Relationships and Social Interactions with Familiar Adults	8
		4	Relationships and Social Interactions with Peers	9
		5	Symbolic and Sociodramatic Play	10
Language and Literacy Development	LLD	1	Understanding of Language (Receptive)	11
		2	Responsiveness to Language	12
		3	Communication and Use of Language (Expressive)	13
		4	Reciprocal Communication and Conversation	14
		5	Interest in Literacy	15
Cognition, Including Math and Science	COG	1	Spatial Relationships	16
		2	Classification	17
		3	Number Sense of Quantity	18
		Note:	e: COG 4-COG 7 and COG 10 are only for use for preschool age children	
		8	Cause and Effect	19
		9	Inquiry Through Observation and Investigation	20
		11	Knowledge of the Natural World	21
Physical Development— Health	PD-HLTH	1	Perceptual-Motor Skills and Movement Concepts	22
		2	Gross Locomotor Movement Skills	23
		3	Gross Motor Manipulative Skills	24
		4	Fine Motor Manipulative Skills	25
		5	Safety	26
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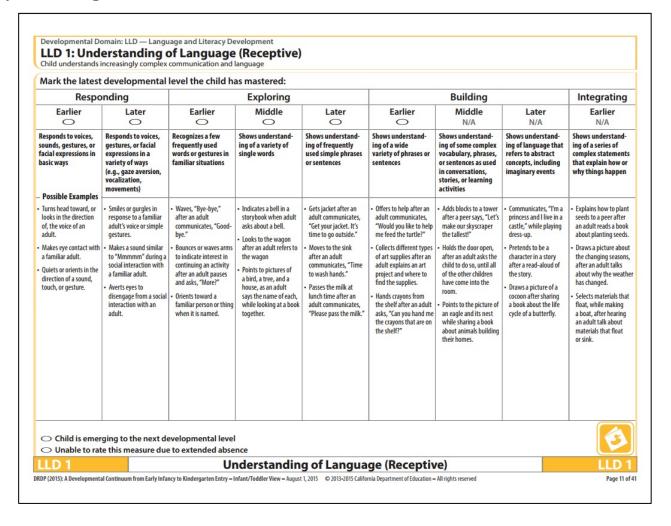
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Full Continuum Measure

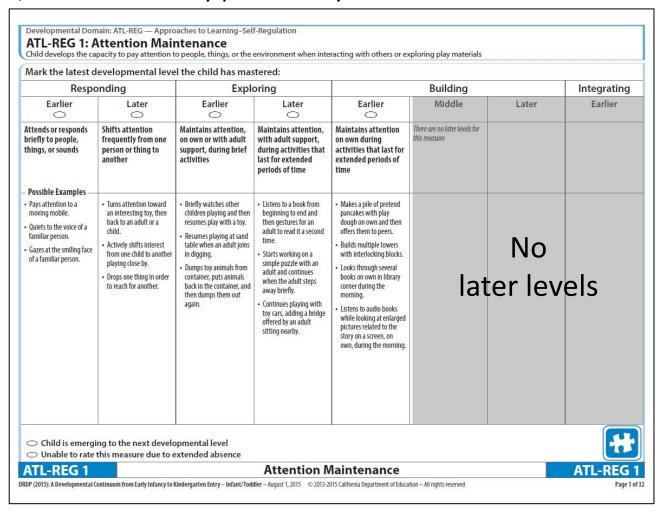
Consists of 8-9 levels that describe development from early infancy to early kindergarten.





Earlier Development Measure

Consists of 5 levels that describe development that typically occurs in infant/toddler and early preschool years.

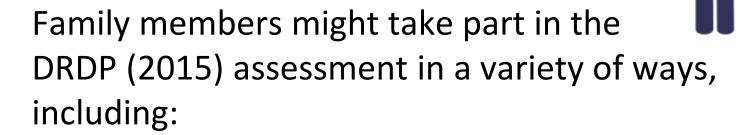






- The primary LEA early intervention provider is responsible for the assessment for the CDE/SED
- Infant/Toddler teachers, including Early Head Start teachers, infant/toddler child development center teachers, and Family Child Care Home Education Network providers are responsible for the assessment in child development programs
- The person responsible for the assessment should consult with other teachers, service providers, and family members to complete the assessment





- As part of the IFSP team, helping to determine adaptations
- Sharing observations and documentation with service providers
- Talking with teachers and service providers about their child's development
- Helping to plan the next steps for their child's learning and development



The DRDP (2015) and Indicator 3 of the SPP/APR





The DRDP has been used to calculate SPP/APR Entry/Exit Scores since 2007

The DRDP access:

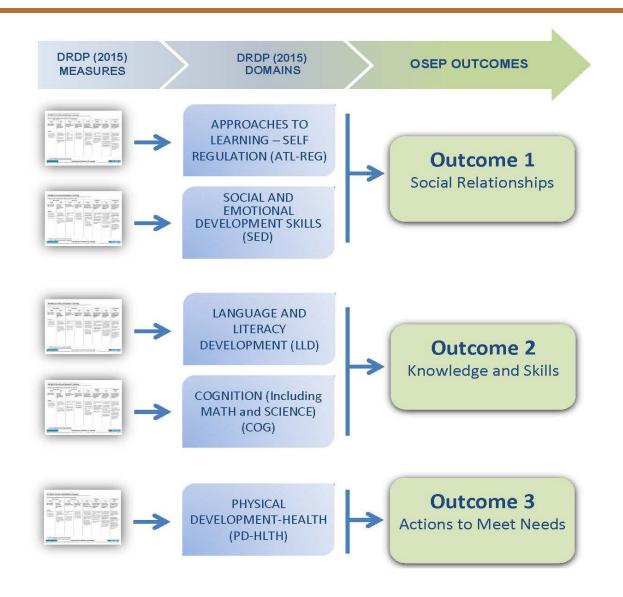
- was used to report SPP/APR preschool child outcomes from spring
 2007- spring 2015, and will end with the 2016 SPP/APR.
- Infants and toddlers were included in the DRDP access assessment beginning in 2013

The DRDP (2015):

- will be used for the SPP/APR beginning with the fall 2015 data,
 and submitted for the 2017 SPP/APR.
- will be used to assess progress for Infants and toddlers with IFSPs reported to the CDE/SED's CASEMIS system
- This data is submitted to the Department of Developmental Services for the Part C SPP/APR



DRDP (2015) Crosswalk with SPP Child Outcomes





DRDP (2015) Measures and SPP Child Outcomes

DRDP (2015) Measures Aligned to SPP Child Outcomes

Infant/Toddler View

DRDP (2015) IT Measures Aligned to Outcome 1: Social Relationships	DRDP (2015) IT Measures Aligned to Outcome 2: Knowledge and Skills	DRDP (2015) IT Measures Aligned to Outcome 3: Action to Meet Needs
Approaches to Learning— Self-Regulation: Attention Maintenance Self-Comforting Imitation Curiosity and Initiative in Learning Self-Control of Feelings and Behaviors Social and Emotional Development: Identity of Self in Relation to Others Social and Emotional Understanding Relationships and Social Interactions with Familiar Adults Relationships and Social Interactions with Peers Symbolic and Sociodramatic Play	Language and Literacy Development: Understanding of Language (Receptive) Responsiveness to Language Communication and Use of Language (Expressive) Reciprocal Communication and Conversation Interest in Literacy Cognition, Including Math and Science: Spatial Relationships Classification Number Sense of Quantity Cause and Effect Inquiry through Observation and Investigation Knowledge of the Natural World	Physical Development—Health: Perceptual-Motor Skills and Movement Concepts Gross Locomotor Movement Skills Gross Motor Manipulative Skills Fine Motor Manipulative Skills Safety Personal Care Routines: Hygiene Personal Care Routines: Feeding Person Care Routines: Dressing



Psychometrics





Good News: the reliability of the DRDP (2015) exceeds industry standards

- Rater reliability is very important!
- An inter-rater agreement study for special education results was conducted in fall 2014 with promising preliminary data about inter-rater agreement:
 - Agreement within one level was between 83-98% across all the measures (exceeding the typical standard of 80%)
 - A fall 2015 inter-rater agreement is currently underway



Improving Rater Reliability

- During training, participants now rate to a standard.
- This "gold standard" was established by the special education experts who are part of the DRDP (2015) research and development team.
- Rating Practice Exercises have been designed with both early intervention and preschool special education.



Reports of DRDP (2015) Results





Psychometrically-valid reports

- The DRDP (2015) provides a profile a child's ability across multiple domains and reported as scaled scores for each domain, accounting for item difficulty.
 - SELPA/Administrator Level Online report
 - Child Reports (developed in collaboration with the CDE Early Education and support Division)
 - Domain-level
 - Measure-level
 - Group and individual child
 - Status and progress
 - Age-Reference reports: age bands reflecting progress in relation to same-age peers



Resources and Other Information





Guidance for Home Visitors

Leading Focused Conversations with Families to Help Complete the DRDP (2015)





Leading Focused Conversations with Families

- †
- Ongoing conversations with family members are rich opportunities for learning about their child and should occur whenever we have contact with the family.
- Additionally, it may be useful to lead conversations in a particularly focused manner during the two times a year when the DRDP (2015) is completed.
- Having conversations with families is an important part of completing the DRDP (2015) for all assessors, but may be particularly important for home visitors who do not have frequent opportunities to observe the child participating in a variety of routines and activities.
- When combined with your observations, the perspectives of families help you gain a more complete picture of a child across settings, activities, and interacting with a variety of people.



4 Steps to Leading Focused Conversations

- **Step 1:** Take a first pass at completing the DRDP
- **Step 2:** Identify child and family routines and activities
- **Step 3:** Lead a focused conversation
- **Step 4:** Take another pass at completing the DRDP (2015)



Recommended Training activities for Special Education Teachers and Service Providers

- The California Department of Education's Special Education Division strongly recommends that all assessors attend one of the local half-day training sessions provided by the SELPA or district.
- A "short-course" including two web conferences and two online rating practices presented by the Desired Results Access Project to reinforce the face-to-face workshop has been piloted with promising results.
- Services and fees for training Early Start would need to be determined

COMING Soon! – Online Learning Modules



User Qualifications

- The primary assessor must know the child well
- The primary assessor may be a related service provider such as an OT, PT, or SLP
- Related service providers may work in conjunction with the family to complete the entire instrument
 - Family report is valid and reliable
- Anyone who knows the child well may participate in the assessment
- Assessors should have attended training to learn how to use the instrument



Services and Fees

- The DRDP (2015) instrument and professional development resources are available at: www.draccess.org
- Although the instrument is available online, results cannot be reported with raw data
- Child progress cannot be measured unless psychometric properties are utilized
- Costs for user reports and rollup to the three child outcomes for SPP/APR Indicator 3 would need to be determined
 - These activities require the use of the scaled scores



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Thank You!