

When Health Affects Assessment

Assessment collects information about a child's school readiness and individual learning (Head Start National Center on Quality Teaching and Learning, 2012).

A Child's Health Can Affect Performance on Assessments

A child's health status (including physical, nutritional, oral, and mental health) affects his or her ability to perform well on assessments. The health and wellness of a child's family can also influence his or her performance. Early childhood is a time of rapid growth. Young children develop at different rates. Child assessment provides a clear picture of a child's learning, but health factors can influence these results.

What to Consider When Conducting Ongoing Child Assessment

Ongoing child assessment, both formal and informal, offers multiple opportunities to determine children's progress. The following questions offer specific health concerns to consider as educators are preparing to assess children. Programs should think about developing assessment schedules that take into account children's health status to get an accurate picture of each child. When analyzing child assessment data, educators should note if health concerns may have affected a child's performance. By using all of this information, educators can see the "whole child."

"Assessment procedures are designed to accurately reflect child status and need, using materials and procedures that accommodate sensory, physical, and temperamental differences (Division of Early Childhood, 2007)."

- **Minor illness.** Does the child have a temporary illness (for example, cold, flu, or ear infection) that makes it hard for him or her to concentrate?
- **Chronic illness.** Is the child suffering from a chronic illness (for example, asthma, allergies, diabetes) that makes it hard for him or her to function?
- **Oral health.** Is the child experiencing mouth pain that causes him or her to be distracted? Does it cause him or her to display other changes in his or her behavior?
- **Nutrition.** Has the child eaten a healthy meal providing him or her with the energy necessary to perform well?
- **Physical activity.** Does the child's energy level (for example, hyperactivity or listlessness) affect his or her ability to engage in activities?
- **Sleep.** Has the child had enough sleep to participate in activities and demonstrate skills?
- **Disability.** Does the child have a disability that requires adaptations (as specified in his or her IEP or IFSP) to how the assessment is delivered? (The IEP is an Individualized Education Program for preschool students served under Section 619 of Part B of the Individuals with Disabilities Education Act (IDEA). IFSP is

an Individualized Family Service Plan for infants and toddlers served under Part C of IDEA.)

- **Self-regulation.** Can the child control his or her emotions to focus on activities?
- **Prosocial behavior.** Is the child able to listen and follow directions?
- **Nurturing and responsive relationships.** Is the child comfortable with the adults who are assessing him or her?
- **Mental health.** Does the child have social or emotional challenges that affect how he or she participates in activities?
- **Crisis management.** Has a crisis occurred recently that might be distracting?
- **Safe and secure environments.** Does the child feel safe enough to take risks and demonstrate what he or she knows?
- **Health literacy.** Do family members know what they need to do to keep their children healthy and engaged in school activities? Is health information available in a language that they can understand?

Tools to Improve School Readiness Assessment Strategies

- The **Daily Health Check** offers important information about whether a child has eaten, slept, or feels ill. This “first look” can help determine whether to reschedule assessments to get the best picture of the child.
- Communication with each child’s **medical or dental provider** helps programs manage concerns (for example, minor and chronic illnesses, pain, and medication effects).
- **Arrival and dismissal communication systems** provide educators and families with child health information that can be used to schedule assessments.
- Building **positive ongoing relationships** with families gives children the comfort they need to do their best.
- The **mental health consultant** and the **disability services partners** give guidance to educators about adapting assessments to meet the requirements in a child’s IEP or IFSP.
- **Regular safety checks** keep the environment safe and allow children to perform their best.
- Educators work with families to include health and safety goals in the **Family Partnership Agreement**. These goals promote children’s health so that they can engage in assessments effectively. Goals can also help families cope with crises, reduce stress, and create healthy environments.
- The **Health Services Advisory Committee (HSAC)** can help identify resources for children who need support. The HSAC can also help the program respond to community health issues.
- Educators schedule **formal assessments** when children are most comfortable, including when they are with familiar people. This may mean scheduling assessments in the middle of the week.
- Child health status is important to consider when analyzing **child outcome data**.
- **Record keeping and reporting systems** combine child assessment data and child health data to help educators understand the whole child. They can learn what strategies work with each child and which need improvement.

References

Head Start National Center on Quality Teaching and Learning. (2012). *Ongoing Child Assessment*. Retrieved from <http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/teaching/center/practice/assessment>.

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