

# SCREENING DUAL LANGUAGE LEARNERS IN *EARLY HEAD START* AND *HEAD START*

## A Guide for Program Leaders



# PREFACE

Successful screening is the first step toward partnering with families to support their children's development throughout their lives.

This document provides Early Head Start/Head Start (EHS/HS) program leaders with tools to plan, implement, and evaluate their screening processes for children who are dual language learners (DLLs), birth to age five. It focuses on ways that leaders can make informed and intentional decisions about

- selecting screening instruments for children who are DLLs, and
- implementing high-quality developmental screening practices for children who are DLLs.

Head Start Program Performance Standard 45 cfr 1302.33(A) states that "a program must complete or obtain a current developmental screening to identify concerns regarding a child's developmental, behavioral, motor, language, social, cognitive, and emotional skills."

1303.33(C) states that screenings must be "valid and reliable for the population and purpose for which they will be used, including by being conducted by qualified and trained personal, and being age, developmentally, culturally and linguistically appropriate."

# CONTENTS

<b>PART ONE</b>	<b>1</b>
Understanding Young Children Who Are Dual Language Learners . . . . .	1
<b>PART TWO</b>	<b>3</b>
Developmental Screening In Early Head Start And Head Start . . . . .	3
What Is Required? . . . . .	4
<b>PART THREE</b>	<b>6</b>
Standardized Screening Instruments . . . . .	6
Instrument Validity And Reliability Matter . . . . .	7
Finding The Right Screening Instruments . . . . .	8
<b>PART FOUR</b>	<b>9</b>
When There Are No Valid And Reliable Instruments For A Child Or Group Of Children . . . . .	9
Screening Dual Language Learners Planning And Implementation Worksheet . . . . .	12
Screening Dual Language Learners Planning And Implementation Worksheet . . . . .	13
Screening Dual Language Learners Planning And Implementation Worksheet . . . . .	14
<b>PART FIVE</b>	<b>15</b>
Frequently Asked Questions . . . . .	15
<b>PART SIX</b>	<b>18</b>
Conclusion . . . . .	18
References . . . . .	19

# PART ONE

## UNDERSTANDING YOUNG CHILDREN WHO ARE DUAL LANGUAGE LEARNERS

Nationwide, approximately over one million children are enrolled in Early Head Start and Head Start programs. Of those children, at least 319,820 have a primary home language other than English, according to the 2016 Program Information Report (PIR). The Office of Head Start defines DLLs as children who

- acquire two or more languages at the same time, or
- learn a second language while continuing to develop their first language (HHS, ACF, 2016).

### REMEMBER

Young children whose primary language is English and are learning a second language are also dual language learners.



# SAME DIFFERENT AND DIVERSE



Children who are dual language learners represent a highly diverse group. Children in Early Head Start and Head Start are growing up with more than 140 languages and cultural backgrounds. They have a natural capacity for learning and communication. Infants and toddlers who are learning one language, and those who are simultaneously learning more than one language, achieve developmental language milestones at the same time, (e.g., babbling, first words, first word combinations).

## DIFFERENT DEVELOPMENTAL PATHWAYS

Children who are DLLs may initially learn a concept, for example big and little, in one of their languages and not know the words for the concept in the other one yet. On the other hand, they may have different amounts of exposure to their two languages at different times; for example, there may be big spurts in one language when Grandma comes to visit and a sharp decrease in progress when she leaves.

## OPPORTUNITIES TO CODE SWITCH (LANGUAGE MIX)

Dual language learners are able to switch between two languages. Code switching is a typical feature of dual language development and provides children with rich communication because they can use both languages.

## GREATER DEMANDS ON MEMORY

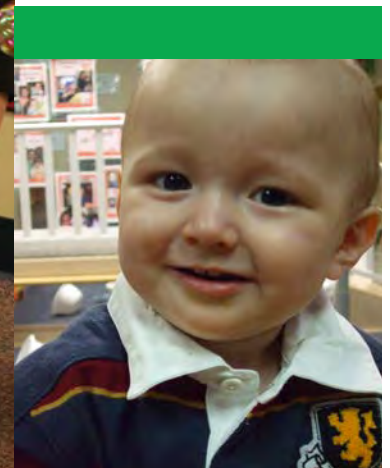
Children who are DLLs must store two sets of sounds, two sets of grammar rules, and two groups of vocabulary in memory. Their brains become very active and flexible (Zelasko & Antunez, 2000). They also develop strong thinking skills (Kessler & Quinn, 1980), and increased abilities to focus, remember, and make decisions (Bialystok, 2001).



# PART TWO

## DEVELOPMENTAL SCREENING IN EARLY HEAD START AND HEAD START

The Head Start Program Performance Standards outline requirements for developmental screening, evaluation and ongoing assessment. Screenings are conducted in collaboration with families, determine children's potential risk for developmental, behavioral, motor, language, social, cognitive, and emotional delays. When a child's screening results indicate that a formal evaluation is appropriate, the disabilities coordinator is required to arrange for further formal evaluation to determine whether the child has a disability (Head Start Program Performance Standards, 45 CFR 1302.33 Child screenings and assessments).



### REMEMBER

Screening never diagnoses a disability.

## WHAT IS REQUIRED?

### HEAD START PROGRAM PERFORMANCE STANDARDS 45 CFR 1302.33 (A)

- (1) In collaboration with each child's parent and with parental consent, a program must complete or obtain a current developmental screening to identify concerns regarding a child's developmental, behavioral, motor, language, social, cognitive, and emotional skills within 45 calendar days of when the child first attends the program or, for the home-based program option, receives a home visit. A program that operates for 90 days or less must complete or obtain a current developmental screening within 30 calendar days of when the child first attends the program.
- (2) A program must use one or more research-based developmental standardized screening tools to complete the screening. A program must use as part of the screening additional information from family members, teachers, and relevant staff familiar with the child's typical behavior.
- (3) If warranted through screening and additional relevant information and with direct guidance from a mental health or child development professional a program must, with the parent's consent, promptly and appropriately address any needs identified through:
  - (i) Referral to the local agency responsible for implementing IDEA for a formal evaluation to assess the child's eligibility for services under IDEA as soon as possible, and not to exceed timelines required under IDEA; and,
  - (ii) Partnership with the child's parents and the relevant local agency to support families through the formal evaluation process.
- (4) If a child is determined to be eligible for services under IDEA, the program must partner with parents and the local agency responsible for implementing IDEA, as appropriate, and deliver the services in subpart F of this part.
- (5) If, after the formal evaluation described in paragraph (a)(3)(i) of this section, the local agency responsible for implementing IDEA determines the child is not eligible for early intervention or special education and related services under IDEA, the program must:
  - (i) Seek guidance from a mental health or child development professional to determine if the formal evaluation shows the child has a significant delay in one or more areas of development that is likely to interfere with the child's development and school readiness; and,
  - (ii) If the child has a significant delay, partner with parents to help the family access services and supports to help address the child's identified needs.
  - (A) Such additional services and supports may be available through a child's health insurance or it may be appropriate for the program to provide needed services and supports under section 504 of the Rehabilitation Act if the child satisfies the definition of disability in 29 U.S.C. section 705(9)(b) of the Rehabilitation Act, to ensure that the child who satisfies the definition of disability in 29 U.S.C. §705(9)(b) of the Rehabilitation Act is not excluded from the program on the basis of disability.
  - (B) A program may use program funds for such services and supports when no other sources of funding are available.
  - (C) Characteristics of screenings and assessments.

- (1) Screenings and assessments must be valid and reliable for the population and purpose for which they will be used, including by being conducted by qualified and trained personnel, and being age, developmentally, culturally and linguistically appropriate, and appropriate for children with disabilities, as needed.
- (2) If a program serves a child who speaks a language other than English, a program must use qualified bilingual staff, contractor, or consultant to:
  - (i) Assess language skills in English and in the child's home language, to assess both the child's progress in the home language and in English language acquisition;
  - (ii) Conduct screenings and assessments for domains other than language skills in the language or languages that best capture the child's development and skills in the specific domain; and,
  - (iii) Ensure those conducting the screening or assessment know and understand the child's language and culture and have sufficient skill level in the child's home language to accurately administer the screening or assessment and to record and understand the child's responses, interactions, and communications.
- (3) If a program serves a child who speaks a language other than English and qualified bilingual staff, contractors, or consultants are not able to conduct screenings and assessments, a program must use an interpreter in conjunction with a qualified staff person to conduct screenings and assessments as described in paragraphs (2)(i) through (iii) of this section.
- (4) If a program serves a child who speaks a language other than English and can demonstrate that there is not a qualified bilingual staff person or interpreter, then screenings and assessments may be conducted in English. In such a case, a program must also gather and use other information, including structured observations over time and information gathered in a child's home language from the family, for use in evaluating the child's development and progress.
- (d) Prohibitions on use of screening and assessment data. The use of screening and assessment items and data on any screening or assessment authorized under this subchapter by any agent of the federal government is prohibited for the purposes of ranking, comparing, or otherwise evaluating individual children for purposes other than research, training, or technical assistance, and is prohibited for the purposes of providing rewards or sanctions for individual children or staff. A program must not use screening or assessments to exclude children from enrollment or participation.



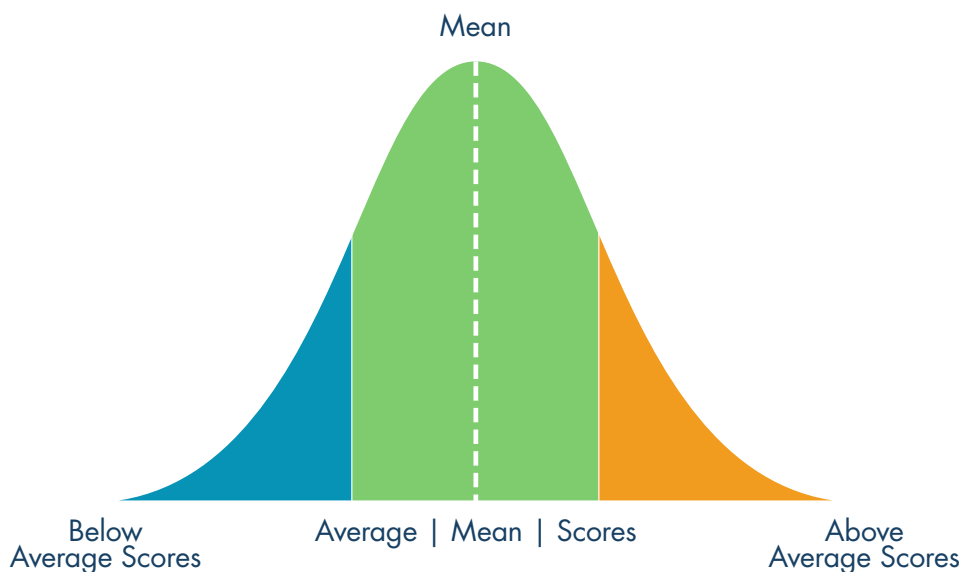
# PART THREE

## STANDARDIZED SCREENING INSTRUMENTS

Research-based developmental standardized screening instruments for young children measure one or more aspects of their development and provide information about where there might be possible developmental delays.

Some instruments measure across multiple areas of learning (language, cognitive, and social skills). Others focus on specific areas such as what words a child understands (receptive vocabulary) or speaks (expressive vocabulary).

Standardized screening instruments are based on norms,—comparisons between individual children and large groups of other similar children. This comparison provides results that show whether children are developing in the same way as the larger group of similar children or if they are falling behind. These types of instruments enable education staff and families to begin to understand whether a child is developing typically or if he may have developmental delays. When a child's screening scores fall below average, it may be appropriate to refer him for a formal evaluation.



### NORM-REFERENCED STANDARDIZED INSTRUMENTS

Compare an individual child's results with the results of a larger group of similar children of the same age (norm).

## INSTRUMENT VALIDITY AND RELIABILITY MATTER

**Validity and reliability** are two vital technical aspects of standardized instruments. They help us understand if the results of an instrument are appropriate for all of the children in your program including dual language learners.

**Validity** addresses whether the instrument accurately measures the areas of development that it is supposed to measure.

For example, if an instrument is designed to measure cognitive development, it does not tell you about a child's ability to walk, run, and jump.

**Reliability** addresses whether the instrument provides consistent information regardless of who, where, and when it is administered (OPRE, 2011).

For example, the instrument is used with different children across the same program, and when children score poorly on the instrument, further evaluation usually leads to identification of a delay.



### REMEMBER

Many manuals say there is “general evidence” that their instrument is valid and reliable when considering all the children in the sample.

This does not mean there is “specific evidence” that the instrument is valid and reliable for specific groups of children not represented in the sample.

## FINDING THE RIGHT SCREENING INSTRUMENTS

When a child is part of a racial, ethnic, or linguistic group in the sample used to develop a screening instrument, that instrument is appropriate for him. Valid and reliable instruments are readily available for children who speak English or Spanish. Staff should consult several instruments in order to identify and select the best choices for their program.

For children whose home languages is not English or Spanish, it is virtually impossible to find valid and reliable instruments. Programs need to develop alternative plans for screening children who speak languages other than English and Spanish. This includes working with interpreters, communicating with families, and interpreting results with caution.



### BIRTH TO 5: WATCH ME THRIVE! A COMPENDIUM OF SCREENING MEASURES FOR YOUNG CHILDREN.

The US Department of Health and Human Services reviewed available instruments to assist Head Start programs in selecting screening and assessment instruments. This report presents an extended discussion of validity and reliability.

# PART FOUR

## WHEN THERE ARE NO VALID AND RELIABLE INSTRUMENTS FOR A CHILD OR GROUP OF CHILDREN

Often one instrument is valid and reliable for many or most children—but not for all children. When that happens, screening teams, made up of program leaders and staff, must determine specific alternative methods for screening the children for whom no valid or reliable instruments exist. Possibilities for screening dual language learners include

- using qualified, trained, bilingual staff, contractor, or consultant to assess language skills in both English and the child’s home language;
- conducting screenings for domains other than language skills in the language(s) that best capture the child’s skills;
- ensuring the assessor is sufficiently trained and demonstrates the ability to accurately administer, record, and interpret the screening;
- using an interpreter in conjunction with a qualified staff person to conduct screenings; and
- using an interpreter to communicate with families about the screening process and their child’s development.



### REMEMBER

To prepare for screening dual language learners, see page 12 for the Planning and Implementation Worksheet.

## BEST PRACTICES FOR SCREENING CHILDREN WHO ARE DUAL LANGUAGE LEARNERS

Consult the Local Education Agency (Part B) or Early Intervention (Part C) agency about their requirements and expectations.

Document the process of obtaining high-quality information based on structural observations, checklists, staff reports, portfolio records, work samples, and family reports.

Screen children in their home language and in English, so that staff can best understand children's knowledge and skills within and across both languages.

### PROGRAM PLANS SHOULD INCLUDE

- Specific plans for children for whom there are no valid or reliable instruments.
- Specific practices for engaging with families and partners (see Screening Dual Language Learners: Planning and Implementation Worksheet on page 12).
- Clear directions for how to use the instruments with dual language learners, including how to screen in English and/or their home language.
- Clear directions for conducting the screening process and interpreting results.
- Clear directions for conducting the screening process, interpreting results, and communicating with families and others about the results.

When there are no valid and reliable instruments for a child (or group of children), programs should select an option (see below) to gather the information they need in order to make good decisions. Once an option has been selected and integrated into the program's screening plan, they make every effort to gather and analyze accurate information, and make decisions in collaboration with families.

### OPTION I

- Gather information from families about their child's knowledge, skills, and abilities. *Gathering and Using Language Information That Families Share* assists in this process.
- Collect and review education staff observations to document a child's skills, noting changes that occur in the 45-day screening period.
- Make a decision about a potential referral in collaboration with each child's family.

## BEST PRACTICES FOR SCREENING CHILDREN WHO ARE DUAL LANGUAGE LEARNERS

### OPTION 2

- Hire someone who speaks the child’s language to help the program staff who are administering the screening instrument.
- Staff qualified to administer the screening must work directly with the interpreter to ensure the instrument is administered correctly and that the response is recorded correctly.

#### A. Select interpreters who

- are fluent in both English and the child’s home language;
- are skillful in interpreting one language to another;
- understand the culture, values, beliefs, and traditions of the community to which the child/family belongs;
- have a working knowledge of terms, concepts, systems, and processes that are unique to early childhood, including Head Start; and
- have good interpersonal skills.

#### B. Train interpreters to

- uphold confidentiality;
- maintain neutrality;
- state information without adding, omitting, editorializing, or distorting the message, regardless of interpreter’s own personal opinions and perspectives;
- serve as cultural brokers; and
- help families and professionals understand each other’s cultural beliefs, traditions, and practices.

#### C. Prior to jointly administering the screening, ensure that interpreters and program staff plan together to

- understand the purpose of the screening process;
- become familiar with the screening tool, especially the terms and concepts used in the tool;
- organize the materials needed to conduct the screening;
- practice every item to ensure the interpreter understands and follows the protocol exactly; and
- translate the script and prompts in the screening instrument instructions prior to working with the child.

#### D. During screening, ensure that interpreters

- speak one language at a time;
- use only the levels of prompting allowed by the screening tool;
- collaborate with the trained staff person to accurately report the child’s responses to each item; and
- record the child’s non-verbal behaviors and unusual responses, vocalizations, and verbalizations including errors in sounds, word order, and word choice in the home language.

# SCREENING DUAL LANGUAGE LEARNERS PLANNING AND IMPLEMENTATION WORKSHEET

This worksheet is designed for Early Head Start and Head Start teams to use so their screening process provides the best possible results for all children, including dual language learners.

TASK	PEOPLE	TIMELINE	LESSONS LEARNED FOR NEXT TIME
<b>PLANNING</b>			
1. Form a team to plan, implement, and oversee the screening process. Members might include education managers, disabilities managers, teachers, family engagement staff, etc.			
	2. Develop a screening process to include a.methods for engaging families b.methods for focusing on each child's unique developmental circumstances by * providing clear guidance on how to screen dual language learners, and * including specific plans for children for whom there are no valid and reliable instruments c.clear direction on how to conduct the screening process and specific practices for engaging with families and partners.		
<b>IMPLEMENTATION</b>			

# SCREENING DUAL LANGUAGE LEARNERS PLANNING AND IMPLEMENTATION WORKSHEET

TASK	PEOPLE	TIMELINE	LESSONS LEARNED FOR NEXT TIME
<p>3. Document the process for obtaining high-quality information on what the child can and cannot do. Always include additional information from family members, education staff, and relevant staff familiar with the child's culture, language, and typical behavior [45 CFR 1302.33(a)(2)] and two or more of the following:</p> <ul style="list-style-type: none"> <li>• Structured observations</li> <li>• Checklists</li> <li>• Staff reports</li> </ul>			
<p>4. Plan to screen children in their home language and in English to ensure they can demonstrate their knowledge, skills, and abilities in either language, including their home language.</p>			



# SCREENING DUAL LANGUAGE LEARNERS PLANNING AND IMPLEMENTATION WORKSHEET

TASK	PEOPLE	TIMELINE	LESSONS LEARNED FOR NEXT TIME
5. Document why specific approaches were selected.			
<b>IMPLEMENTATION</b>			
6. Ensure that individuals conducting screenings are trained and skilled in collecting, selecting, and connecting pertinent information needed to confirm that a child has been appropriately screened.			
7. Use bicultural and bilingual staff or interpreters to share results with families and develop joint plans to support their children to move forward, including decisions about formal evaluations.			
8. Evaluate each screening process and practice, and adjust according to what you learn.			

# PART FIVE

## FREQUENTLY ASKED QUESTIONS

### HOW DO WE KNOW IF THE INSTRUMENT IS STANDARDIZED?

The manual of a standardized instrument will clearly

- state the groups of children for whom the instrument is appropriate, and
- direct users on how to administer and score the instrument.

For more details see page 5.

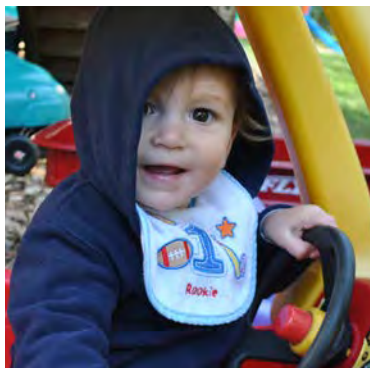
How do we ensure that an instrument is scored accurately and that the results truly reflect what each child knows and does not know? Manuals will clearly explain how to score an instrument. Standardized instrument scores must be calculated and interpreted exactly as the manual directs. However, program leaders need to use their knowledge and experience to fully understand each child's score.

- Before referring a child for whom there are no valid and reliable instruments, staff should compare the scores with parent reports.
- Consider teacher or home visitor observations and when available, others who are knowledgeable of child development, speak the child's language, and are familiar with the child's culture.
- Consult with the Local Education Agency (Part B) staff or Early Intervention (Part C) agency about their referral practices for dual language learners.

### WHICH STANDARDIZED INSTRUMENTS SHOULD WE USE?

Multiple standardized instruments exist in Spanish and English. *The Office of Planning, Research & Evaluation's Head Start Impact Study: Final Report* clarifies which standardized instruments are available, and discusses how to make decisions about which instruments to select.

For detailed information about screening children who do not speak English or Spanish, see page 9 of this document.



### RESOURCE

Gathering and Using Language Information that Families Share: [https://eclkc.ohs.acf.hhs.gov/hslc/ta-system/cultural-linguistic/fcp/docs/dll\\_background\\_info.pdf](https://eclkc.ohs.acf.hhs.gov/hslc/ta-system/cultural-linguistic/fcp/docs/dll_background_info.pdf)

## HOW CAN SCREENING PRACTICES BE CULTURALLY AND LINGUISTICALLY APPROPRIATE?

There are a number of ways programs can ensure their screening practices are culturally and linguistically responsive.

- Select standardized instruments based on the extent to which cultures and languages of the children in the sample used to develop the instrument match those of the children in the program.
- The instrument is valid and reliable for the children with whom you plan to use the instrument.
- The images in the instrument are relevant to the children in the program (e.g., a rake or a marsh).
- Items and activities included in the instrument are familiar to the children in the program (e.g., play activities, home routines, food, animals, etc.).
- Staff gather and use input from families.
- Review and reflect upon screening practices during the annual program self-assessment process. Use child data and information from families, community assessments and community partners to select new instruments, develop alternative processes, etc.
- Use information from families as part of the screening process, particularly when making decisions to refer a child for a formal evaluation, see *Gather and Using Language Information That Families Share*.

## IN WHICH LANGUAGES SHOULD CHILDREN BE SCREENED? HOW DO WE DECIDE?

- A child who has grown up hearing equal amounts of two or more languages every day since birth should be screened in both languages.
- For example, if a child is growing up hearing English and Chinese in equal amounts every day since birth, she should be screened in both languages.
- This is important because a child may have learned specific information in one of her languages, but that information has not yet transferred to the other language—and vice versa.
- Testing in only one language means that all the information that the child knows may not be identified.
- When a child has experience with more than two languages, the screening process should plan to screen the child in the language(s) she can best demonstrate her skills. For language, the child should be assessed in both English and the home language.
- Families play a key role in making screening decisions by helping staff gather information about their child's language experiences.

- Program leaders should occasionally review the websites of the publishers of several screening instruments to keep up on the development of new instruments and to stay up to date.

### HOW CAN WE ENGAGE FAMILIES IN THE SCREENING PROCESS WHEN THERE ARE NO VALID AND RELIABLE INSTRUMENTS FOR A CHILD?

- Make every effort to obtain information on the child’s development from the family.
- Inform families about the purpose and practices of screening so they can give an informed consent.
- Discuss screening results with families and make a joint decision about referring their child for a formal evaluation.
- Should a referral be made, support families through the entire process.

### HOW SHOULD WE DECIDE WHEN TO REFER A CHILD FOR A FORMAL EVALUATION?

Families usually know how their child is developing in relationship to other children in their culture. Ask them to share this information.

- Dual language learners may have deep knowledge of certain places, things, activities, and experiences from their home culture and language that may not translate easily into English.
- Fully understanding all that a child knows helps teams make decisions.

### HOW ARE TEACHERS INCLUDED IN DETERMINING IF A CHILD IS REFERRED FOR EVALUATION?

Teacher or home visitor observations can reveal a host of information about

- what a child knows,
- how she handles challenges,
- her personality,
- how she uses language, and
- how she interacts with peers.

Teachers who carefully record their observations during the 45-day screening period can learn a great deal about how a child adapts, what she has learned, what she enjoys, and what she is challenged by, etc. For example, a teacher who observes a child in the block area arranging blocks according to size has learned a lot about his motor skills and math knowledge.

Information from families and teachers—even those who do not speak the same language as the child—can help inform the decisions about whether to refer a child for a formal evaluation.

#### REMEMBER

Many cultures have different expectations for what young children do and how they behave. Ask families about their expectations for their child. This information may explain why a child does or does not have a specific behavior or skill.

# PART SIX

## CONCLUSION

Screening is one of the most important tasks that EHS/HS programs perform, because it ensures that all children receive the level and type of educational services that support them to thrive. Therefore, it is essential that program leaders take a thoughtful approach in properly screening each child.

Programs achieve success when they carefully plan, implement, evaluate, and modify their screening processes, and when they pay specific attention to the dual language learners for whom there are no valid and reliable instruments. Program leaders ensure high-quality screening outcomes when their systems

- include a strong emphasis on gathering and using input from families and staff;
- include careful selection of screening tools;
- use qualified and trained bilingual/bicultural staff, contractors, consultants, or interpreters to conduct screenings;
- identify and use multiple, alternative methods for screening children for whom there are no valid and reliable instruments;
- include thorough and precise screening processes which are understood and followed by all involved;
- include clear consideration of all the available information about each child's developmental status and experiences; and
- are a good fit with the requirements and expectations of their Local Education Agency (Part B) and Early Intervention (Part C) partners.

When programs take the time to provide high-quality screening services, all children and their families get a true “head start.”

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