

Research & Policy Brief

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Authentic Assessment in Infant & Toddler Care Settings: Review of Recent Research

Introduction

Authentic assessment provides an alternative approach to gathering child performance information and designing developmentally-appropriate curriculum for infants and toddlers. Conventional tests and assessment have been shown to lead to the mismeasurement of children through the use of norm-referenced testing practices (Bagnato, 2007). Additionally, many of these traditional testing practices have not been developed or validated for infants or toddlers and result in biased samples of a child's functioning (i.e. results that differ from how a child actually behaves.) This policy brief describes what authentic assessment is, the role observation plays in authentic assessment, how information from observations is used to develop curriculum, outcomes from authentic assessment, and the need to include authentic assessment training in professional development activities for early childhood practitioners who work with infants and toddlers.

What is Authentic Assessment?

Authentic assessment refers to the “systematic collection of information about the naturally occurring behaviors of young children and families in their daily routines. Information is collected through direct observation and recording, interviews, rating scales and observed samples of the natural or facilitated play and daily living skills of children” (Neisworth and Bagnato, 2004).

Authentic assessment enables caregivers to account for individual variation among children.

Early childhood practitioners using an authentic assessment approach to guide curriculum planning are committed to collecting and integrating ongoing information about each individual child's strengths, interests and needs (Zero to Three, 2008). They then use this information in partnership with a team of care providers and the child's parents to create developmentally appropriate learning environments and experiences for that child within the care setting. Authentic assessment enables caregivers to account for individual variation among children and to integrate each child's current temperament, developmental levels, interests, culture, language and experience into lesson planning (Dombro, Colker and Dodge, 1999). Authentic assessment is designed to provide strength-based, inclusive and individualized care; support child-initiated learning; and promote appreciative understanding.

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Fast Facts

- Norm-referenced testing practices often leads to the mismeasurement of infants and toddlers.
- Authentic assessment provides an alternative approach to gathering child performance information.
- Investment in professional development activities is required in order to train caregivers in authentic assessment.

For more information

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Role of Observation in Authentic Assessment

Authentic assessment places great importance on observation as a key tool to creating developmentally-appropriate curricula for infants and toddlers. Employing a systematic approach, caregivers regularly collect information about each child's behaviors and skills. However, unlike many forms of assessment this observation takes place in the context of everyday activities and a child's natural setting. Caregivers are first trained how to study infants and toddlers in order to learn how children in their care accomplish certain important functions. For example, they learn to study how children move around, interact with their environment, form relationships, manipulate objects, solve problems, and communicate with others. These observations are then used on an ongoing basis to develop a "representative picture of a child's ability and progress."

Authentic assessment observations focus on the process children use to learn, explore and interact, documenting each child's individual physical, social, emotional, cognitive and language development. Observations help caregivers understand a child's behavior and make an assessment of a child's abilities. They are also used to determine areas of strength and areas that need support toward growth, to make individual plans based upon observed needs, to conduct ongoing checks on a child's progress and to incorporate adaptations and supports needed for the child. These observations are then used in curriculum planning and reporting activities.

In addition to observation, authentic assessment documentation often includes the careful and purposeful selection of materials that reflect the individual "nature and quality" of that child's performance and their integration into some form of formal record, portfolio or learning story (Gettinger, 2001; Hatherly and Sands, 2002; Lee, 2008; Carr, 2001). Depending on the age of the child, these materials may include work samples, media documents, narrative stories, tests, checklists, questionnaires, and/or communications about the child (Gettinger, 2001).

Integrating Observations into Curriculum Planning

In the authentic assessment environment, caregivers use a team planning approach to integrate observations into individualized curriculum plans. These teams include not only the child's caregivers but also the child's family. By including families as part of this planning process, caregivers are able to learn about the child's culture, interests at home, and skills outside of the care setting (Jablon,

The focus of...curriculum planning is on creating both a connection between caregiver and child, and a sense of security for the child in care.

Dombro, and Dichtmiller, 2007). Working collaboratively, this planning team determines where a child lies along the developmental continuum and the most positive way to help the child grow and develop. Gronlund and James (2005) describe this process as a repeating four-stage cycle, starting with observation and documentation, followed by asking (based on observed behaviors and skills) "what can I do to help this individual child?" and "what is/is not working for the whole group?" This leads to formulation of a curriculum plan, the plan's implementation, and a periodic return to observation to evaluate whether the plan needs to be revised. Peterson and Wittmer (2009) refer to this as a process of respecting, reflecting and relating.

The focus of this curriculum planning is on creating both a connection between caregiver and child and a sense of security for the child in care. Caregivers are trained to read and respond to behavior, as well as how to create responsive, appropriate learning settings based upon information collected through their observations. This adaptive approach allows for the balancing of both individual and group-focused curriculum planning and allows caregivers to create need-based learning environments with appropriate equipment and resources.

The Impact of Authentic Assessment on Child Outcomes and the Classroom

Limited research has been conducted that links specific child outcomes to authentic assessment in early care and education settings since authentic assessment focuses on informing programming in support of a child's development rather than child development outcomes themselves. What studies have shown is that through the use of authentic assessment to inform curriculum, children develop a positive relationship with their teacher and feel more accepted and appreciated (Jablon et al, 1999). Observation and documentation have been found to "deepen teachers' awareness of each child's progress,

and provide a basis for the modification and adjustment of teaching strategies and a source of ideas for new approaches (Katz and Chard, 1997). Because positive relationships, acceptance, and appreciation have all been shown to be important predictors of a child's future social relationships and academic success in school, it is believed that authentic assessment contributes positively to both improved child outcomes and school readiness.

In addition authentic assessment has also been shown to help caregivers better assess and serve infants and toddlers, to influence teacher behaviors, selection of teaching materials, and groupings of activities (Gettinger, 2001). Authentic assessment allows teachers to develop realistic expectations for learning and to ensure that children are growing and developing on a typical continuum. If this assessment process indicates a child is not developing along such a continuum, providers can seek further evaluation and move or make reference to more traditional measurement and screening tools that will assess more specific needs for early childhood intervention.

Professional development efforts are essential to teach providers how to...integrate what is learned from authentic assessment observations into effective curriculum design.

Authentic Assessment Tools and Case Studies

A variety of tools have been developed by researchers and practitioners to guide the implementation of authentic assessment approaches. Some of the most commonly used tools include the High Scope Observation Record for Infants and Toddlers (2002), the Ounce Scale (2003), Creative Curriculum for Infants, Toddlers and Twos (2006), Work Sampling System (2001), the Hawaii Early Learning Profile (2004), and the Assessment, Evaluation and Programming (AEP) System (2002).

Although authentic assessment is being used in some parts of the U.S., the most commonly cited examples of authentic assessment in action are early education

programs in Italy, Germany and, most recently, Australia. The most recognized of these is the Bambini Approach, which has taken concepts originally developed in the United States and applied them systematically in major cities in Italy (Gandini and Edwards, 2001).

The Need to Incorporate Authentic Assessment Training into Professional Development

In settings where authentic assessment programs have been studied, common barriers to implementation included time constraints, a lack of understanding about what to observe, and how to interpret and/or make sense of observations (Gettinger, 2001). However, with proper training, a study of authentic assessment settings showed that despite an initial large investment in time, after several months time was actually economized and significant time savings were realized within one year (ibid).

Best practices for training early practitioners (Bagnato, 2007) include training practitioners:

- that exemplars of intelligent behavior and problem solving can be readily observed and recorded in natural daily routines instead of on contrived tests;
- how to use commercially available authentic curriculum-based assessment measures to structure nature observations in everyday routines;
- how to group competencies sensibly so that they can be observed in certain settings to increase ease and efficiency; and
- how to engage parents in the gathering of authentic assessment performance information on their children in their daily routines at home.

Preparing early childhood practitioners to use authentic assessment in early childhood settings requires an investment in training and technical assistance. Professional development efforts are needed to teach providers how to conduct effective observations, interpret the information documented during observations, create and incorporate portfolios, integrate what is learned from observations into curriculum design, and how to develop and maintain curriculum planning teams that include both a child's caregivers and the child's family.

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References

- Bagnato, S. (2007). *Authentic Assessment for early childhood intervention: Best practices*. New York: The Guilford Press.
- Carr, M. (2001). *Assessment in early childhood settings: Learning stories*. London: Paul Chapman.
- Dombro, A., Colker, L. and D. Dodge. (1999). *The Creative curriculum for infants and toddlers*. Revised Edition. Washington, DC: Teaching Strategies, Inc.
- Gandini, L. and C. Edwards. (2001). *Bambini: the Italian approach to infant/toddler care*. New York: Teachers College Press.
- Gettinger, M. (2001). Development and implementation of a performance monitoring system for early childhood education. *Early Childhood Education Journal*, 29(1):9-15.
- Gronlund, G. and M. James. (2005). *Focused observations: How to observe children for assessment and curriculum planning*. St. Paul, MN: Redleaf Press
- Hatherly, A. and L. Sands. (2002). So what is different about learning stories? *New Zealand Journal of Infant and Toddler Education*. 4(1):131-135.
- Jablon, J., Dombro, A. and M. Dichtmiller. (2007). *The power of observation for birth through eight*. (Second Edition). New York: NAEYC.
- Katz, L. and S. Chard. (1996). *The contribution of documentation to the quality of early childhood education*. Champlain, IL: ERIC Clearinghouse on Elementary and Early Childhood Education.
- Lee, W. (2008). ELP: Empowering the leadership in professional development communities. *European Early Childhood Education Research Journal*, 16(1):95-106.
- Peterson and Wittmer. (2009). *Endless opportunities for Infant and toddler curriculum: A relationship-based approach*. Upper Saddle River, New Jersey: Pearson Education, Inc.
- Zero to Three. (2008). *Caring for infants and toddlers in groups: Developmentally-appropriate practice*. (Second Edition). Washington, DC: Zero to Three.

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