

Knowledge, Dispositions, and Skills for Working with Infants and Toddlers with Special Needs (KiDS-WITS): Competencies for and Assessment of the Infant/Toddler Workforce

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Summary

Those who work with infants and toddlers with special needs and their families must have a range of competencies to work effectively. The Knowledge, Dispositions, and Skills for Working with Infants and Toddlers with Special needs (KiDS-WITS) includes a competencies framework and an assessment tool to measure a set of priority competencies in pre-service students who are preparing to work with infants and toddlers with special needs. These tools are designed for instructors and trainers teaching the pre-service infant/toddler workforce and could be used for practitioners to engage in self-reflection.

The KiDS-WITS competencies framework was developed and validated through a multi-stage process involving stakeholder groups in the state of Michigan. The competencies focus on those areas of knowledge, disposition, and skills which are basic and foundational to working with infants and toddlers with special needs and families, and which are relevant across disciplines and across professional roles. Competency domains include (I) Strength-Based Approach to Supporting Learning for Infants and Toddlers with Special Needs, (II) Family Centered Practice with Families of Infants and Toddlers with Special Needs, and (III) Local, State, and National Programs, Policies, and Procedures for Supporting Infants and Toddlers with Special Needs and their Families.

The KiDS-WITS Assessment Tool was developed to measure a sub-set of the competencies which were determined to be priorities by the stakeholder groups. The tool contains 109 items, including 40 multiple choice knowledge items, 45 likert-scale disposition items, 15 multiple-choice skill items, and 9 likert-scale self-efficacy items. The questions and scoring guide are provided at the end of this report.

The KiDS-WITS Assessment Tool was tested with 275 college students in 8 states; 27% of respondents were from Michigan. Results of the first test of the KiDS-WITS Assessment tool can inform instructors about potential gaps in students' knowledge and skills, and areas of growth in dispositions. Results indicate that the students surveyed could identify sequences of developmental skills, but could not consistently identify the next skill likely to develop in an applied scenario. In general, students were more accurate in identifying developmental sequences and indicators of delay in the motor and language domains than in the cognitive and social-emotional domains. Across the three sets of disposition items, students had the most positive attitudes about supporting children's learning, followed by inclusion policy, then family-centered practice, but scores on numerous disposition items indicate room for growth in students' attitudes and beliefs about children and families. In the vignette-style items which were intended to assess skills, students identified the most appropriate response to each vignette about 50% of the time, more frequently when vignettes were about a teacher than about a home-visitor or early interventionist. These gaps in knowledge, dispositions, and skills point to potential areas for change or additions in course content and pedagogy in programs intended to prepare students to work with infants and toddlers with special needs and their families.

An instructor's guide is provided to help instructors identify how KiDS-WITS competencies align with their own course objectives, determine how the KiDS-WITS Assessment tool may serve their own instructional goals, and decide when and how to use the tool in a range of instructional processes. Explanations and examples are provided for the instructional processes of curriculum planning, formative course evaluation, student assessment, and enhancing pedagogy.

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Competencies

The Knowledge, Dispositions, and Skills for Working with Infants and Toddlers with Special needs (KiDS-WITS) Competencies are a tool for instructors and trainers teaching the pre-service infant/toddler workforce, as well as for practitioners themselves to engage in self-reflection.

Here we describe the development of a set of competencies (knowledge, dispositions, and skills) relevant to pre-service practitioners being trained as early educators or interventionists who will work with infants and toddlers who have special needs and with their families. First, we list and define the competencies in three sets, then we describe the process by which these competencies were developed and validated, including alignment with other sets of competencies and standards, and results of a key stakeholder survey.

Competency Definitions

The KiDS-WITS Competencies are articulated in three sets:

- Competency Set I: Strength-Based Approach to Supporting Learning for Infants and Toddlers with Special Needs
- Competency Set II: Family Centered Practice with Families of Infants and Toddlers with Special Needs
- Competency Set III: Local, State, and National Programs, Policies, and Procedures for Supporting Infants and Toddlers with Special Needs and their Families

Professional competencies which result in high-quality practices include knowledge, dispositions, and skills. Each competency set contains (a) core knowledge, (b) dispositions such as attitudes, values, and beliefs, and (c) skills for implementing practices. The conceptual framework is that knowledge, dispositions, and skills work together to support the implementation of best quality practice. For example, a core set of knowledge is necessary in order to know which practices apply to a given situation; skills are the abilities to actually implement the practices in a real context, and supportive dispositions are necessary to acquire the knowledge, as well as to maintain a commitment to utilize skills in service of implementing practices.

Competency Set I: Strength-Based Approach to Supporting Learning for Infants and Toddlers with Special Needs

I.K.1. Knowledge: Typical development across domains: Sequences of skills and red flags

This competency covers knowledge of the order in which specific skills develop within each developmental domain (e.g., motor and sensory, social, emotional, communication and language, and cognition), as well as indicators that children are developmentally delayed.

1.K.2. Knowledge: Interrelated nature of developmental domains

This competency covers the knowledge that a child's ability to use some skills in one domain may depend upon abilities in other domains.

I.K.3. Knowledge: Individual differences and their effects on behavior and development

This competency covers knowledge of the types of individual differences in children's biology and experience that could influence their behavior and development (e.g., temperament, premature birth, experiencing or witnessing trauma, etc.).

I.K.4. Knowledge: Basic functions and interpretations of assessments

This competency covers knowledge of the main purposes of assessing young children (e.g., screening, evaluation, monitoring), and understanding how to interpret different types of assessment scores.

I.K.5. Knowledge: Basic types of assessments appropriate for use with infants and toddlers

This competency covers knowledge of different categories of assessment (e.g., standardized tests, parent-reports, and observations), and different types of observations that can be used to learn about children's behavior and development.

I.D.1. Dispositions: Strength-based view of Children

This competency includes the belief that each child has the potential to thrive in their own way and potential to participate in family and community in meaningful ways.

I.D.2. Disposition: Value assessment as a learning tool for practitioners

This competency includes the belief that assessing young children is valuable to help the parent and practitioner learn about the individual child, as well as a necessary process for identifying children's needs and eligibility for services.

I.S.1. Skill: Uses observation to learn about individual children

This competency covers the skills practitioners need to observe individual children in order to learn about their skills, abilities, and needs. This skill is based on ability to apply knowledge of development across domains, as well as knowledge of the types of assessments appropriate for learning about young children.

I.S.2. Skill: Strengths-based assessment

This competency captures the practitioner's ability to create an approach or plan for assessing children, which includes the child's strengths and abilities as well as their needs and challenges, and communicates the results using strengths-based language.

[I.S.3. Skill: Use of assessment to identify appropriate goals for learning and development](#)

This competency includes the practitioner's ability to apply their knowledge of sequences of skill development to their observations of an individual child in order to identify a functional goal for the child's learning or development.

[Competency Set II: Family Centered Practice with Families of Infants and Toddlers with Special Needs](#)

[II.K.1. Knowledge: Individual differences in families](#)

This competency covers knowledge of the types of individual differences within families that could influence parenting behaviors, values, and choices (e.g., family structure, culture, education, and income).

[II.K.2. Knowledge: Effects of family on development](#)

This competency covers practitioners' knowledge that families are the primary influence on children's development, including the ways that differences among families influence children's behavior and development (e.g., family structure, culture, education, and income). It also covers knowledge that families' engagement in children's education and intervention are critical to the success of these efforts.

[II.K.3. Knowledge: Families rights and roles in the process of assessing young children](#)

This competency covers practitioners' knowledge of parental consent, and when and how families should be involved in assessing young children.

[II.D.1. Disposition: Values the principles of family-centered practice](#)

This competency covers the practitioner's values related to each of the 7 principles of family-centered practice.

[II.D.2. Disposition: Strength-based view of families](#)

This competency covers the belief that each family has strengths in supporting their child.

[II.D.3. Disposition: Respect for family role](#)

This competency covers the belief that families are the greatest influence on their children's development, acceptance that families are the expert on their child, and respect for families' choices and priorities regarding their children.

[II.D.4. Disposition: Collaborative approach to working with families](#)

This competency covers the disposition of taking a collaborative approach with families in order to identify common goals for children's development, balancing families' priorities with professional knowledge.

[II.S.1. Skill: Communication with families](#)

This competency includes accurately and sensitively communicating about difficult topics with families including children's challenging behaviors, assessment results, and health and safety concerns.

II.S.2. Skill: Family-centered practice

This competency covers practitioners' skills in setting up activities and environments that maximize families' engagement in their children's learning processes.

Competency Set III: Local, State, and National Programs, Policies, and Procedures for Supporting Infants and Toddlers with Special Needs and their Families

III.K.1. Knowledge: National policies and programs

This competency covers practitioners' knowledge of current national laws, policies, and programs which determine the ways they work with young children and families.

III.K.2. Knowledge: State policies and programs

This competency covers practitioners' knowledge of current state regulations, policies, and programs which determine the ways they work with young children and families and provide resources for infants and toddlers with special needs.

III.K.3. Knowledge: Local programs, procedures, and resources

This competency covers practitioners' knowledge of local (county/ regional) programs and resources for young children with special needs and their families.

III.D.1. Disposition: Belief in the value of inclusion

This competency covers beliefs related to inclusion of children with special needs in educational settings; this includes the belief that all children have the right to education and believing in the benefits of inclusive practices.

III.S.1. Sills: Explaining inclusion policy

This competency covers the skills for explaining inclusion policy to families and other professionals.

III.S.2. Sills: Working collaboratively with other professionals

This competency covers the skills for working with professionals in other disciplines to support the development of infants and toddlers with special needs.

Instructor's Guide

Step 1. Identify KiDS-WITS Competencies that Align with Course Objectives

The KiDS-WITS Competencies were developed as a framework for guiding curriculum within or across courses for those who are preparing pre-service professionals to work with infants and toddlers with special needs and their families. Instructors who want to use the KiDS-WITS Assessment Tool to enhance their courses should start by determining how well the competencies align with their own course objectives. The KiDS-WITS Assessment Tool will be useful to the degree the competencies measured align with course objectives.

The process of aligning the course objectives and the KiDS-WITS competencies is useful to identify potential gaps in course content. If the competencies seem relevant and useful to the student outcomes desired in the program, but they do not align with course objectives, instructors might consider making changes to the course objectives.

The KiDS-WITS tool measures the sub-set of competencies that were determined to be priorities, rather than the entire set of KiDS-WITS competencies. Thus, a second alignment process is needed to determine if the measured competencies are those that align with course objectives. The competencies assessed by the KiDS-WITS Tool include the following:

- Knowledge of typical development across domains: Sequences of skills (I.K.1.; 13 items)
- Knowledge of typical development across domains: Red flags (I.K.1.; 13 items)
- Knowledge of national policies and programs: IDEA policy (III.K.1.; 6 items)
- Knowledge of national policies and programs: Person-first Language (III.K.1.; 3 items)
- Knowledge of state policies and programs: *Early On* (III.K.2.; 4 items)
- Dispositions supporting a strength-based view of young children (I.D.1.; 10 items)
- Dispositions supporting a family-centered approach (II.D.1-4; 15 items)
 - Values the principles of family-centered practice (II.D.1.; 5 items)
 - Strength-based view of families (II.D.2.; 3 items)
 - Respect for family role (II.D.3.; 2 items)
 - Collaborative approach to working with families (II.D.4.; 5 items)
- Dispositions supporting the value of inclusion (III.D.1.; 20 items)
- Skills in using strength-based observation and assessment to learn about children and identify appropriate goals for learning and development (I.S.1-3.; 7 items)
- Self-efficacy in skills in using observation and assessment to learn about children and identify appropriate goals for learning and development (I.S.1-3.; 3 items)
- Skills in communication with families and family-centered practices (II.S.1-2.; 8 items)

- Self-efficacy in skills in communication with families, family-centered practices, and involving families in assessment (II.S.1-2.; 3 items)
- Self-efficacy in inclusion practices (III.S.1-2.; 3 items)

Step 2. Determine Your Goals

The KiDS-WITS assessment tool was designed for instructors and teacher trainers to use in their own courses with the pre-service infant/toddler workforce, as well as for practitioners themselves to engage in self-reflection. There are several ways instructors can use the KiDS-WITS tool. The specific way of using the KiDS-WITS tool will depend upon an instructor's goals for their teaching, their course, and their students' learning. Four ways of using the KiDS-WITS tool are described below. To determine what your next step is, determine whether your goal is to (a) plan or tailor your curriculum for a specific group of students, (b) evaluate your course in a formative way for course improvement, (c) assess students' learning outcomes, or (d) enhance your pedagogy.

Step 3. Decide When and How to Use the KiDS-WITS Assessment Tool

Deciding when and how to use the KiDS-WITS assessment tool is dependent upon your goals, as determined in Step 2. Below are four processes in which the KiDS-WITS tool can be used, with explanations of when and how to administer it as an assessment, and examples of how it has been used.

Curriculum Planning

Use the KiDS-WITS tool as a pre-test at the beginning of an academic term to understand what students do and do not know, what they believe, and how they apply their knowledge to making decisions (applied skills), in order to more effectively plan course curriculum. Make this process explicit for students in order to model reflective practice and encourage their self-reflection.

In this process, make the KiDS-WITS survey (or portions of it) a required course assignment which is not graded. Administer the KiDS-WITS tool early in the academic term. Consider providing some credit toward their grade if it is done outside of class, or having students complete the survey during class. Use the results to understand the degree to which your students understand the content area, have dispositions supportive of high-quality practice, and can apply their knowledge to make choices that are in line with best practice (skills). This knowledge will help you plan related sections of your curriculum, for example, how much time to allocate to different topics, what needs to be covered in more or less depth. Talk with your students about the purpose of this assessment, and what you have learned about their competencies (on average across the class) in order to explicitly model reflective practice and continued professional development.

Example of Curriculum Planning. As an instructor of a course on Infant-Toddler Development and Program Planning, I cover knowledge of development across domains (emotional, motor, communication, social, cognitive) from birth to age 3 years. Each year, my students over-estimate their own knowledge of basic infant and toddler development because they have already taken a course in child development from birth to age 8 years. At the beginning of the semester, I administer the KiDS-WITS knowledge items related to sequences of skills and red flags, which allows me to estimate how much my students do, in fact, know about basic developmental milestones in the first three years. I use this information to modify my lectures, spending more time on those domains in which my students missed more items. I also examine the degree to which students can accurately identify developmental

sequences compared to accuracy in identifying red flags that indicate the possibility of a meaningful developmental delay. When students can identify sequences more accurately than red flags, I spend more time on helping students understanding when and why we should attend to delays in children's development, and what specific behaviors and timeframes indicate delays. To help my students understand my curriculum planning process, and to become more self-aware as learners, I show them the class average scores (percent correct in each developmental domain). This also helps them understand why we are covering material they might think was already covered in their education. By using the KiDS-WITS tool as a pre-test, I can be more responsive in my curriculum planning, more effectively tailoring my course content to what my students need most.

Formative Course Evaluation

Use the Kids-WITS tool as a pre-test and post-test at the beginning and end of an academic term to evaluate student learning gains and determine in which areas students gained more knowledge and skills and shifted their dispositions. This can inform changes to course content and pedagogy for future iterations of the course. Make this process explicit for students in order to show your commitment to professional learning and the quality of their educational experience.

In this process, make the KiDS-WITS survey (or portions of it) a required course assignment which is not graded, at the beginning and end of the course. Consider providing some credit toward their grade if it is done outside of class, or having students complete it during class. Administer the KiDS-WITS tool early in the academic term, then again at the end of the term. All of the same items can be used as part of the pre-test and post-test, as long as they will not be graded. Explain to your students the purpose of this assessment, and what you hope to learn from it, so that they can see your commitment to your own professional learning and to the quality of their educational experience. Compare the students' average scores on each set of items (e.g., percent correct on the 26 knowledge of development items; percent correct on the 8 items assessing skills related to family-centered practice; mean score across the 15 disposition items related to family-centered practice; mean score across the 3 efficacy items related to inclusion practices) from the beginning and end of your course.

You may choose to use the whole KiDS-WITS Assessment tool at both the pre-test and post-test, but be cautious about interpreting the results as a reflection of your course. For your evaluation, only use the results of the items that were specifically related to your course content. Other items might be used to provide a contrast, or simply inform you about what your students know, believe, and value.

Example of Formative Course Evaluation. I teach a course on Assessment of Young Children, which includes knowledge and skills for screening, assessing, and evaluating young children for the purposes of early education and intervention. After several years of teaching this course, engaging my students in discussion, and learning about their attitudes, I became concerned that my students' attitudes about families were not supportive of their use of family-centered practices. In particular, many students seemed to believe that families were often the cause of children's delays and challenging behaviors, and occasionally I heard students express the idea that professionals (teachers, interventionists) are the ones who make the biggest difference in children's lives. By reflecting on these discussions, I realized that teaching knowledge of assessment processes and the family-centered practices alone was not enough; I needed to also address students' basic attitudes and perspectives about families. I decided to make a shift in my course pedagogy and wanted to determine whether this shift was effective in changing my students' attitudes. I incorporated explicit reflections on professional attitudes and values,

and a number of perspective-taking exercises and discussions about families. I used the KiDS-WITS tool at the beginning and end of the semester (ungraded, required assignment with course credit for completing it on time) to assess the class average knowledge, dispositions, and skills. I then looked at each disposition item related to family-centered practice to see if the score increased, decreased, or stayed the same between the beginning to the end of the semester. In this way, I realized that I was effectively addressing certain attitudes (e.g., family's rights and the primacy of the family role in making decisions for their child), but had not changed others (e.g., Strength-based view of families, the idea that all families have abilities to support their children's development, and that all families want the best for their children). Thus, in my course planning for the next offering of this class, I incorporated additional content on families' strengths, as well as on families' challenges. By using the KiDS-WITS tool to determine pre- to post-test change in my students, I can continually improve my course and more effectively educate my students.

Student Assessment

The KiDS-WITS tool could potentially be used as a post-test to assess student learning outcomes if the tool aligns well with the course objectives and content, or only the highly relevant items are used. It is not appropriate to use the disposition items nor the self-efficacy items to assess students' learning outcomes; only the knowledge and skill items should be used for this purpose.

If using the KiDS-WITS tool to assess student learning outcomes, use selected KiDS-WITS items as part of a final exam or other final evaluation process. Choose only those items which reflect content (knowledge, skills) covered in the course. In this case, do not use the items also as a pre-test.

An alternative use of the skill items (vignettes) as exam items would be to use the vignettes as open-ended items. This could be done in one of two ways. First, you could provide only the vignettes without the responses and ask students to generate a response and explain it, linking it to course content. Second, you could provide the vignettes and response options, but rather than giving students a grade based on which multiple choice response option they choose, students could be asked to explain why they chose the answer they did, and to link their choices to certain course content.

Enhancing Pedagogy

Specific items, or sets of items, from the KiDS-WITS tool could be used as part of course pedagogy. There are numerous ways to use the items as part of course content, below are a few examples.

Examples for knowledge items. Using the knowledge items as part of pedagogy can be done in a number of different ways. Start by showing students the question/s and the response options, have them write down their best-guess answers. Next, ask them to discuss their answers with a peer, or find the answer in a text or on an evidence-backed website, allowing them to potentially modify their answer.

Examples for disposition items. Unlike knowledge items, there are no "right answers" for dispositions. We expect variation in these answers; however, we also need to be aware that students' answers are subject to social desirability – meaning that they will try to guess what their instructors and peers expect them to feel, and will modify their real answers accordingly. Here are a few ways to have productive discussions about attitudes, beliefs, and values despite these social expectations.

One way to discuss dispositions is to start by asking students about attitudes or beliefs they have heard others express, e.g., about infants and toddlers in general, about young children with disabilities, about families, about inclusion. This can be done in an open-ended way, such as free-association or brainstorming, in which students generate a list of phrases that express the attitudes and beliefs they have heard from others about these topics. Then ask them to discuss why some people might think and feel that way, and how we (as professionals) could respond to these attitudes.

A second way to discuss dispositions is to show students two contrasting statements representing two contrasting views (e.g., from the disposition items) and choose between them, then to explain their choices. For example, these two statements: (a) Children with disabilities can best be served in regular classrooms, and (b) Children should be grouped in school according to their ability. Ask students to consider the statements carefully and decide whether they contradict one another, and why or why not.

Another way to use disposition items is to promote explicit self-reflection. To do this, provide students with one or more statements, then ask them to reflect and write about (a) the degree to which they agree/ disagree with the statement, and (b) how their belief/ attitudes/ value reflects their interactions with infants, toddlers, and families.

Examples for skill items. The vignettes in the KiDS-WITS tool can be used in many different ways. They can be used much like the knowledge items described above, or as miniature case studies. The stems (the vignette without the response options) can be used as open-ended case studies, and students can be asked to analyze the situation, determine what else they would need to know, and to generate a response. This can be done in writing, discussion, or even role-play. This can be a good way to build skills in analysis, synthesis of information, and in communication of challenging content.

KiDS-WITS Items and Scoring

Knowledge Items

In the items below, circle the most appropriate letter response (a, b, c, or d) to each question.

Knowledge: Communication and Language Development

1. In what order so these non-verbal communication milestones typically develop?
 - a. Eye contact; Gaze-following; Pointing; Imitation
 - b. Eye contact; Imitation; Gaze-following; Social-referencing
 - c. Imitation; Gaze-following; Social-referencing; Pointing
 - d. Pointing; Eye contact; Gaze-following; Social-referencing
2. Around 2 months old babies coo ('goo'), then around 3 months, they start to play with different vocal sounds. What language skill would you expect next?
 - a. Babbling with expression
 - b. Making consonant-vowel combinations like "Bababa", "Dadada"
 - c. Making throaty or gurgling sounds
 - d. Saying their first words, like "Ba" to mean bottle
3. In what order do these pre-verbal communication milestones typically develop?
 - a. Babbling with expression that sounds like adult speech; Making consonant-vowel combinations like "Bababa"; Making throaty or gurgling sounds; Saying their first words, like "Ba" to mean bottle
 - b. Making different consonant-vowel combinations like "Bababa"; Making throaty or gurgling sounds; Saying their first words, like "Ba" to mean bottle; Babbling with expression that sounds like adult speech
 - c. Making throaty or gurgling sounds; Babbling with expression that sounds like adult speech; Saying their first words, like "Ba" to mean bottle; Making consonant-vowel combinations like "Bababa"
 - d. Making throaty or gurgling sounds; Making consonant-vowel combinations like "Bababa"; Babbling with expression that sounds like adult speech; Saying their first words, like "Ba" to mean bottle
4. In what order do these expressive language milestones typically develop?
 - a. Refers to self by name; Uses social gestures (waving "bye-bye"); Says several single words
 - b. Says several single words; Refers to self by name; Uses social gestures (waving "bye-bye")

- c. Uses social gestures (waving “bye-bye”); Refers to self by name; Says several single words
 - d. Uses social gestures (waving “bye-bye”); Says several single words; Refers to self by name
5. Which of the following IS a language/communication red flag at 6 months?
- a. The baby doesn’t respond to sounds around him
 - b. The baby doesn’t point to show what he wants
 - c. The baby doesn’t respond to spoken requests
 - d. The baby doesn’t understand the word “no”
6. Which of the following IS a language/communication red flag at 12 months?
- a. The child doesn’t have at least 6 words
 - b. The child doesn’t make consonant-vowel combinations like “Bababa”
 - c. The child doesn’t point to show what she wants
 - d. The child doesn’t use 2-word phrases
7. Which of the following is NOT a language/ communication red flag at 2 years old?
- a. Child doesn’t copy actions and words
 - b. Child doesn’t follow 2-step directions
 - c. Child doesn’t use 2-word phrases
 - d. Child doesn’t use “me” and “you” correctly

Knowledge: Gross and Fine Motor Development

8. While laying on her stomach, 4-month-old Olivia is able to roll over from her tummy to back and push up on her elbows. What motor skill do you expect to see next?
- a. Olivia begins to crawl
 - b. Olivia holds her head up steadily
 - c. Olivia pulls up from sitting to standing
 - d. Olivia sits on the floor without support
9. In what order do these gross motor milestones typically develop?
- a. Crawls; Holds head up steadily; Pulls up from sitting to standing; Sits without support
 - b. Holds head up steadily; Sits without support; Crawls; Pulls up from sitting to standing
 - c. Pulls up from sitting to standing; Sits without support; Crawls; Holds head up
 - d. Sits without support; Pulls up from sitting to standing; Holds head up steadily; Crawls

10. In what order do these gross motor milestones typically develop?

- a. Creeping up stairs; Sitting without support; Picking up toys from the floor without falling over; Walking with assistance
- b. Picking up toy from floor without falling over; Creeping up stairs; Walking with assistance; Sitting without support
- c. Sitting without support; Walking with assistance; Creeping up stairs; Picking up toy from floor without falling over
- d. Walking with assistance; Picking up toy from floor without falling over; Sitting without support; Creeping up stairs

11. In what order do these fine motor milestones typically develop?

- a. Feeds self finger foods; Reaches and grabs objects with whole hand; Turns pages in a book one page at a time
- b. Reaches and grabs objects with whole hand; Feeds self finger foods; Turns pages in a book one page at a time
- c. Reaches and grabs objects with whole hand; Turns pages in a book one page at a time; Feeds self finger foods
- d. Turns pages in a book one page at a time; Feeds self finger foods; Reaches and grabs objects with whole hand

12. Which of the following IS a fine motor red flag at 6 months?

- a. The baby doesn't reach for or hold toys
- b. The baby doesn't pick up small items using his or her thumb and first finger
- c. The baby doesn't point with his or her index finger
- d. The baby doesn't put things in or take things out of a container

13. Which of the following is NOT a red flag in gross motor development at 1 year old?

- a. The infant doesn't sit up unsupported
- b. The infant doesn't turn his or her head to both sides
- c. The infant is very clumsy with arm movements
- d. The infant uses mostly one side of his or her body

14. Which of the following is NOT a red flag in fine motor development at 2 years old?

- a. The child doesn't point to show things to others
- b. The child doesn't stack 5 to 8 blocks in a tower
- c. The child doesn't feed him- or her-self with a spoon
- d. The child isn't able to put simple shapes in a shape sorter

Knowledge: Cognitive Development

15. Around 6 months children show curiosity by trying to get things that are out of their reach. What cognitive skills might you expect to see next?
- a. The child bangs two things together
 - b. The child follows a moving thing with his or her eyes from side to side
 - c. The child looks for things he or she sees you hide
 - d. The child puts things in and takes things out of a container
16. In what order do these cognitive milestones typically develop?
- a. Looks for things that he or she sees you hide; Puts things in and takes things out of containers; Pretends to feed a doll or stuffed animal; Sorts objects by shapes and colors
 - b. Pretends to feed a doll or stuffed animal; Puts things in and takes things out of containers; Sorts objects by shapes and colors; Looks for things that he or she sees you hide
 - c. Puts things in and takes things out of containers; Sorts objects by shapes and colors; Looks for things that he or she sees you hide; Pretends to feed a doll or stuffed animal
 - d. Sorts objects by shapes and colors; Pretends to feed a doll or stuffed animal; Looks for things that he or she sees you hide; Puts things in and takes things out of containers
17. Which of the following IS a cognitive red flag (indicator of possible delay or disability) at 6 months old?
- a. The baby doesn't imitate simple acts like nodding
 - b. The baby doesn't play peek-a-boo
 - c. The baby doesn't point to things
 - d. The baby doesn't try to get things that are in reach
18. Which of the following IS a cognitive red flag at 1 year old?
- a. Infant cannot stack 2-3 blocks on top of each other
 - b. Infant does not imitate other people
 - c. Infant does not put things into containers
 - d. Infant does not search for hidden objects
19. Which of the following IS a red flag in perception/ sensory development at 1 year old?
- a. The infant is easily distracted by visual or auditory stimuli
 - b. The infant often bumps into things or falls down
 - c. The infant reacts strongly to certain substances or textures
 - d. The infant talks/ vocalizes very loudly

20. Which of the following is NOT a cognitive red flag at 2 years old?

- a. Child cannot stack 2-3 blocks on top of each other
- b. Child does not imitate other people
- c. Child is not interested in pretend play
- d. Child puts lots of toys in his or her mouth

Knowledge: Social and Emotional Development

21. In their first 3 years of life, children come to understand that other people have internal states (like desires and thoughts), which is the beginning of understanding other people's minds and having empathy. What is the order in which children learn about these internal states?
- Beliefs; Desires; Emotions; Perspectives
 - Desires; Emotions; Perspectives; Beliefs
 - Emotions; Beliefs; Desires; Perspectives
 - Perspectives; Desires; Beliefs; Emotions
22. In their first two years of life, children begin to experience and express a range of different emotions. What is the order in which these emotions appear?
- Anger and fear; Discomfort and contentment; Happiness and sadness; Pride and shame
 - Discomfort and contentment; Anger and fear; Happiness and sadness; Pride and shame
 - Discomfort and contentment; Happiness and sadness; Pride and shame; Anger and fear
 - Happiness and sadness; Anger and fear; Pride and shame; Discomfort and contentment
23. In their first 18 months of life, infants develop a range of skills to interact with others. What is the order of the social skills infants typically develop?
- Imitating someone else's actions with an object; Showing someone an object by holding it up; Smiling in response to someone else smiling; Looking at something that someone else is looking at
 - Looking at something that someone else is looking at; Smiling in response to someone else smiling; Imitating someone else's actions with an object; Showing someone an object by holding it up
 - Showing someone an object by holding it up; Looking at something that someone else is looking at; Imitating someone else's actions with an object; Smiling in response to someone else smiling
 - Smiling in response to someone else smiling; Looking at something that someone else is looking at; Showing someone an object by holding it up; Imitating someone else's actions with an object
24. Which of the following IS a social-emotional red flag at 6 months?
- Baby doesn't laugh or make squealing sounds
 - Baby doesn't look at self in mirror
 - Baby doesn't smile at people
 - Baby is fearful of loud noises
25. Which of the following is NOT a social-emotional red flag at 6 months old?
- Baby doesn't laugh or make squealing sounds

- b. Baby doesn't seem to recognize familiar people
- c. Baby doesn't respond to voices nearby
- d. Baby doesn't show affection for parents

26. Which of the following is NOT a social-emotional red flag at 12 months?

- a. The child doesn't play turn-taking games like peek-a-boo and patty-cake
- b. The child doesn't put out arms or legs to help with dressing
- c. The child doesn't share toys with other children
- d. The child doesn't show like or dislike for certain people or toys

27. Which of the following IS a social-emotional red flag at 2 years?

- a. The child doesn't dress and undress self
- b. The child doesn't play turn-taking games like peek-a-boo and patty cake
- c. The child doesn't show affection for familiar people other than parents
- d. The child doesn't show interest in other children

28. What does IDEA stand for?

- a. Identification of Disabilities affecting Education Assessment
- b. Individualized Developmental Education Achievement
- c. Individuals for Developmental Educational Association
- d. Individuals with Disabilities Education Act

29. What is IDEA?

- a. A federal law that governs how states and public agencies provide early intervention, special education, and other services to children with disabilities
- b. A federal program that oversees how states organize and administer their educational services for individuals with disabilities
- c. A national policy that determines who is eligible for special educational services, based on physical, cognitive, language, and social disabilities
- d. A state law that requires school districts to provide education for all children with disabilities

30. What are Parts B and C of IDEA?

- a. Part B requires services be provided to children from Birth to three; Part C requires services be provided during early childhood, from 3 to 5 years
- b. Part B requires services be provided to children and youth from 3 to 21 years old; Part C requires services be provided to children from Birth to 3 years old
- c. Part B requires services be provided to young children from 3 to 5 years old; Part C requires services be provided to children from Birth to 3 years old
- d. Part B requires services be provided to children from Birth to three; Part C requires services be provided to children and youth 3 to 21 years

31. What is IDEA Part C?

- a. The part of IDEA that acknowledges educational achievements of Children with disabilities
- b. The part of IDEA that assesses young children
- c. The part of IDEA that provides educational services for children between preschool and high school
- d. The part of IDEA that provides early intervention services for infants and toddlers

32. What does IFSP stand for?

- a. Identification of Family Services Program
- b. Identification of Families with Special Needs Plan

- c. Individualized Family Services Plan
 - d. Individual Family Standard Profile
33. Which of the following is NOT included in an IFSP?
- a. Early intervention series to be provided to the child in their natural environment
 - b. Family eligibility to receive services at a reduced cost
 - c. Measurable outcomes to determine if the goals are being met
 - d. Results of the evaluation of the child's developmental strengths and delays
34. What is *Early On*?
- a. *Early On* is one of the county service providers in the Mid-Michigan area that provides services for young children with special needs and their families
 - b. *Early On* is Michigan's statewide system of early intervention services mandated by federal legislation
 - c. *Early On* is the federal service system for young children (birth to 3) with special needs, mandated by federal legislation
 - d. *Early On* is a national non-profit organization that advocates for young children with special needs and their families
35. Which of the following is NOT a condition that automatically makes a child eligible for early intervention services in the state of Michigan?
- a. Attention deficit disorder
 - b. Chronic illness
 - c. Developmental disorder
 - d. Mental health condition
36. Which of the following criteria does NOT make a child eligible for early intervention services in the state of Michigan?
- a. A behavioral assessment resulting in score that is of concern to parents and specialists
 - b. A developmental delay of 20 percent or more in one or more developmental domains
 - c. A score of one standard deviation below the mean on a standardized developmental assessment
 - d. An established condition diagnosed by a doctor or specialist
37. Which of the following IS a criteria for a child to eligible for early intervention services in the state of Michigan?
- a. A developmental delay of 20 percent or more in one or more developmental domains
 - b. A pervasive condition that is of concern to parents

- c. A score of two standard deviations below the mean on a standardized developmental assessment
 - d. A series of three behavioral assessments with scores below the mean
38. What is person-first language?
- a. Language that focuses on personal characteristics rather than disabilities
 - b. Language that describes disabilities in sensitive, supportive terms
 - c. Language that minimizes talk about disabilities to take a strengths' based perspective on people
 - d. Language that puts the person before the disability
39. Which of the following is an example of referring to others using person-first language
- a. Normal or healthy children
 - b. She's autistic
 - c. The boy who has Down syndrome
 - d. The handicapped or disabled
40. Which of the following is an example of referring to others WITHOUT using person-first language?
- a. Children without disabilities
 - b. He has a diagnosis of Autism Spectrum Disorder
 - c. He's got a mental health condition
 - d. She's learning disabled

Disposition Items

Dispositions on strength-based approaches to children

Please rate how strongly you agree or disagree with each statement regarding strength-based approaches to supporting children's learning by circling the appropriate number, scale 1-5: (1) Strongly Disagree, (2) Disagree, (3) Neutral, (4) Agree, and (5) Strongly Agree.

Items	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Children are motivated to learn because they want to master their environments	1	2	3	4	5
All children are naturally motivated to learn and grow	1	2	3	4	5
All children have the potential to thrive in their own way	1	2	3	4	5
Some children naturally have more potential than others (R)	1	2	3	4	5
Girls do better in school because they are smarter than boys (R)	1	2	3	4	5
Schools can make a difference in children's lives	1	2	3	4	5
All children can learn	1	2	3	4	5
Children learn from each other	1	2	3	4	5
Children learn best from structured activities with clear tasks and outcomes (R)	1	2	3	4	5
Children learn best when they can interact with materials and environments however they wish	1	2	3	4	5

Dispositions on family-centered practices

Please rate how strongly you agree or disagree with each statement about supporting family-centered practice by circling the appropriate number, scale 1-5: (1) Strongly Disagree, (2) Disagree, (3) Neutral, (4) Agree, and (5) Strongly Agree.

Items	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Supporting close relationships between parents and their children is a central part of a teacher's job	1	2	3	4	5
Some parents don't know anything about supporting their children's development (R)	1	2	3	4	5
All parents have strengths they can use to support their children's development	1	2	3	4	5
Some parents struggle to do anything that supports their children's development (R)	1	2	3	4	5
All parents want what is best for their children's learning and development	1	2	3	4	5
All parents are interested in supporting their children's development	1	2	3	4	5
Some parents are uninterested in their children's learning and development (R)	1	2	3	4	5
Ultimately, the priorities for children's learning and development are up to the parents	1	2	3	4	5
Even though children enjoy their time in school and child care, parents are still the most important people in their children's lives	1	2	3	4	5
Regardless of the hours that children spend in school or child care, parents are still the biggest influence in their children's lives	1	2	3	4	5

Items	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Parents have valuable information to share about how teachers can work effectively with their children	1	2	3	4	5
I like to work closely with parents in order to gain a better understanding of their children	1	2	3	4	5
I consider parents to be true partners in raising their children	1	2	3	4	5
If there is a problem, parents and I always talk about it soon	1	2	3	4	5
Parents and I often take time to discuss the children's care	1	2	3	4	5

Dispositions on inclusion and inclusive practices

Please rate how strongly you agree or disagree with each statement regarding values and efficacy of inclusion and inclusive practices by circling the appropriate number, scale 1-5: (1) Strongly Disagree, (2) Disagree, (3) Neutral, (4) Agree, and (5) Strongly Agree.

Items	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Children with disabilities should be given every opportunity to function in the regular classroom whenever possible	1	2	3	4	5
Inclusion offers mixed group interaction that will foster understanding and acceptance of differences among students	1	2	3	4	5
The inclusion of children with disabilities can be beneficial for students without disabilities	1	2	3	4	5
The behavior of children with disabilities will set a bad example for children without disabilities (R)	1	2	3	4	5
The presence of children with disabilities will not promote acceptance of differences on the part of students without disabilities (R)	1	2	3	4	5
Inclusion of the child with a disability will not promote his or her social acceptance (R)	1	2	3	4	5
Inclusion in a regular classroom will likely have a negative effect on the emotional development of the child with a disability (R)	1	2	3	4	5
The challenge of being in a regular classroom will promote the academic growth of the children with disabilities	1	2	3	4	5
Children with disabilities are likely to create confusion in the regular classroom (R)	1	2	3	4	5

Items	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Children with disabilities can best be served in regular classrooms	1	2	3	4	5
The child with a disability will not be socially isolated in the regular classroom	1	2	3	4	5
The child with a disability will probably develop academic skills more rapidly in a regular classroom than in a special classroom	1	2	3	4	5
Children should be grouped in school according to their ability (R)	1	2	3	4	5
Some children are better educated outside mainstream schools (R)	1	2	3	4	5
Schools can help to build an inclusive society	1	2	3	4	5
Children with additional support needs should be taught by specialists (R)	1	2	3	4	5
Teachers should be responsible for the learning of all children in the classes they teach	1	2	3	4	5
Schools should be expected to teach children regardless of their background	1	2	3	4	5
Education is a right that should be available to all children	1	2	3	4	5
Teaching children who find learning difficult takes too much teacher time (R)	1	2	3	4	5

Skill Items

For each of the following vignettes, choose the most appropriate response by circling one letter: a, b, c, or d.

Skills: Assessing Young Children

1. You are a teacher in a 2-year-old class at an early childhood center. You have a child, Megan, in your room who is having difficulty transitioning from classroom activities and to different locations within the center. When transitions occur she often whines, refuses to move to the next activity/location, and occasionally engages in tantrum behaviors (laying on the floor, crying, kicking, etc). You are concerned about the behaviors she's exhibiting. What assessments/methods could you use to learn more about why the behaviors are occurring and determine when/how to intervene?
 - a. A Checklist observation that records whether or not Meagan does each behavior (e.g., lay on floor, whine, kick, scream, cry, etc.) when she resists transitions
 - b. A Tally-Event observation that records how frequently Meagan engages in each different tantrum behavior
 - c. A Time-Sample observation that records the percent of time Meagan spends resisting transitions
 - d. An Antecedent-Behavior-Consequence observation that records the timing of Meagan's behavior, what came before it, and what came after it
2. You are a teacher of infants and young toddlers, from 6 to 24 months. Talia is 20 months, and you and your co-teacher are concerned with her behavior. You see Talia respond strongly and negatively to transitions and disruptions to her activities. She will cry for several minutes upon arrival in the classroom, yell and throw things when moving to a different activity in the daily schedule, and is not easily calmed. What will you do?
 - a. Continue to work with Talia as you always have, believing the behaviors you see are normal for a child this age, and will fade with time as Talia matures.
 - b. Speak with your director about referring the family to early intervention services, saying that you and your co-teacher need additional assistance to work with Talia's special needs.
 - c. Take detailed observational notes to determine when, how often, and how intensely the behavior occurs to help you and your co-teacher understand the role of the classroom environment in Talia's behavior.
 - d. Talk with Talia's family about what they could do at home to help change Talia's classroom behavior, knowing that what happens at home is the biggest influence on children's behavior and development.
3. You are a home visitor in an early intervention program for infants and toddlers. You are working with 28-month-old Sara, who has Downs Syndrome. As part of the requirements of your job, you need to assess Sara's social and emotional development. How do you do this?

- a. Base your assessment on your own observations of Sara's behavior with you, as well as the ways she interacts with her parents and siblings, since it is valuable to see how she interacts with a variety of people.
 - b. Observe Sara interacting with her family, and also interview her parents about Sara's social behavior, since it is valuable to gather information from the people who spend the most time with her.
 - c. Observe Sara's social behavior with her siblings and parents, and call in an expert who is qualified to conduct a standardized test of Sara's skills, since it is valuable to get multiple perspectives.
 - d. Use a standardized assessment tool of social-emotional development to better understand her skills in relation to other children her age so you can determine areas for improvement in the future.
4. You are an early intervention service provider working with 18-month-old Dillon, who has a severe cognitive disability. You have recently assessed Dillon's skills in the cognitive, language, social, and motor domains. What will you do with the results of your assessment?
 - a. Provide Dillon's family with specific examples from the assessment, such as specific tasks he struggled with, as well as ones he was able to do.
 - b. Share the results of your assessment with Dillon's family by showing them the scoring sheets and talking about what his score means.
 - c. Talk to Dillon's family about the results by describing his strengths and ways they can support him in areas that he is struggling.
 - d. Use these results to inform the future activities you do with Dillon and his parents during, so that your weekly plans are informed by your assessment.
5. You are the lead teacher in an infant classroom, and you have noticed that 13-month-old Sammy does not say any words yet. You watch closely and realize that Sammy does not point at things, or seem to pay attention when other people point. You try to engage him in a game of peek-a-boo, but he doesn't show any interest. What will you do in this situation?
 - a. Knowing that all children develop these pre-verbal communication milestones at their own pace, when they are interested, you try to find something Sammy is more interested in so that he will respond.
 - b. Knowing that Sammy is demonstrating several red flags in communication development, you discuss your observations with his parents, and reassure them that together you can work on supporting his development in home and at school.
 - c. Knowing that Sammy is demonstrating several red flags in communication development, you discuss your observations with his parents, and recommend that they have his language and communication development assessed.
 - d. Knowing that Sammy is not expected to use these communication skills until a later age, you look for more relevant milestones such as cooing, babbling, and emotional expressions.

6. You are a toddler teacher and have been keeping a close eye on 24-month-old Edward over the last few days because you are concerned about his language development. You notice that Edward often has a hard time communicating with other children. He has a limited vocabulary, and uses only short, simple sentences of two or three words. What will you do in this situation?
 - a. Knowing that all children develop these expressive language milestones at their own pace, when they are interested, you try to find ways to interest Edward in communicating more.
 - b. Knowing that Edward is demonstrating several red flags in expressive language, you discuss your observations with his parents, and develop a plan to support his development at home and at school.
 - c. Knowing that Edward is demonstrating several red flags in expressive language, you discuss your observations with his parents, and recommend that they have his language development assessed.
 - d. Knowing that Edward's expressive language skills are typical for his age, you continue to support his language development in the classroom.
7. You are a home visitor for Daniel, age 30 months, and his family. Daniel has a diagnosis of pervasive developmental delay, and, in addition to your home visits, he receives early intervention services from a physical therapist, an occupational therapist, and speech and language pathologist. Lately you notice that Daniel is having difficulty keeping his balance while playing outside, and he has been losing his balance more frequently. What should your next step be?
 - a. Contact the physical therapist to share your concerns with her, and let the parents know that you are recommending further physical therapy services to address Daniel's balance and coordination difficulties.
 - b. Share your concerns with Daniel's parents and the physical therapist and set up a time where everyone can meet together to brainstorm what the next steps should be.
 - c. Talk with the team of other interventionists who are working with Daniel to see if they have noticed the same thing, then decide together what the best approach should be before sharing your concerns with Daniel's parents.
 - d. Using your knowledge of child development and motor milestones, implement play activities throughout Daniel's day that help to develop his balance and motor coordination, such as walking on a balance beam while he is playing outside.

Skills: Working with Young Children and their Families

8. You are home visitor working with Alejandro, who is 12 months old and has communication delays; he is not yet pointing or vocalizing. How will you support Alejandro's development?
 - a. Ask Alejandro's family about routines or activities that he enjoys, and then working with the parent in those settings to promote his communication.
 - b. Bring toys with you on visits that Alejandro may be very interested in, since this may encourage him to use pointing or babbling, and eventually words.

- c. Design activities for Alejandro's parents to do with him that capture his attention and provide him with rewards and praise each time he attempts to communicate.
 - d. Work one-on-one with Alejandro so that he gets some individualized instruction and support that is highly sensitive to his needs.
- 9. You are an infant/toddler teacher and are distressed by a recent conversation with Hanif's parents. The parents requested that Hanif (11 months) be fed with a spoon by an adult and not allowed to touch his food. These preferred practices of the family are in contradiction with your understanding of child development and your beliefs about working with children. What will you do?
 - a. You acknowledge the parents' request, but tell them that you will continue with your classroom practice of using self-feeding because it is a developmentally appropriate practice which is in line with your program's philosophy.
 - b. You discuss with the family their goals for their child's development, their beliefs about feeding, and share with them the reasons behind your classroom practices.
 - c. You go along with the parents' request, but have reservations about whether this serves the child's best interests, given what you know about development.
 - d. You explain to the family the reasoning behind your classroom practices of self-feeding, that self-feeding supports the child's motor skills and self-help skills.
- 10. Jason is 2 years old. Jason's father asks you why you don't teach his son the alphabet, explaining that he thinks it is important for his child to know the alphabet before he starts preschool next year.
 - a. You assure Jason's father that you will focus more on the alphabet with Jason. You explain that the children experience letters in print during book reading every day, and that you'll use that as an opportunity to make sure Jason knows at least some of his letters.
 - b. You describe to Jason's father the pre-literacy skills you support in your classroom which are appropriate to Jason's developmental age. Then you discuss with your co-teacher ways you could enhance literacy supports in your class, and talk with families about how literacy is supported at home and at school.
 - c. You explain to the Jason's father that because Jason is only two years old, it is developmentally inappropriate to focus on alphabet knowledge. You continue to support Jason's pre-literacy skills as you see appropriate for his age level in your classroom.
 - d. You talk with your co-teacher about ways to enhance literacy supports in your classroom, and implement these as soon as possible. The next week, you show Jason's father the additions to your classroom curriculum.
- 11. The Chavez family is talking with you about their toddler, Anna, who is in your class. Mrs. Chavez mentions that Anna likes books and this makes her happy because she really wants Anna to learn to read. She also mentions that she is teaching her to read at home. How will you respond in this situation?

- a. Ask Mrs. Chavez, "So, is learning to read important to you? It sounds like that is a very important learning goal for you."
 - b. Ask Mrs. Chavez, "What are Anna's favorite books? Maybe Anna could bring her favorite books to class to share during book-sharing time."
 - c. Share with Mrs. Chavez, "Because children don't learn to read until they are 5 or 6 years old, there are other ways you could better support her literacy skills at home, like singing to her and making up rhymes."
 - d. Share with Mrs. Chavez, "Children don't typically read until they are 5 or 6 years old, so we do other things in our classroom to support pre-literacy skills, like singing and playing rhyming games."
12. You are doing a home visit with each of your families in your infant classroom to discuss the importance of playing with and talking to your child. You ask mom to play with her 10-month-old daughter, Bella. Mom sits on the floor but seems uncomfortable playing with her. What will you do in this situation?
- a. Get on the floor and model the activity so that mom can see how to play with Bella in a developmentally supportive way.
 - b. Make lots of suggestions to Mom for different ways she could play with Bella to support her development.
 - c. Observe them carefully and comment to Mom about Bella's cues that indicate how Bella wants to play, and encourage Mom to respond.
 - d. Observe them carefully and comment to Mom on the positive aspects of their interaction, and on the things Mom is doing that support Bella's development.
13. You are a parent educator on a home-visit to the Jones family. You assess their 12-month-old, Brayden, and begin to plan future visits. You notice that Brayden's language and cognitive development are within the normal range, but you suspect that his gross and fine motor skills are delayed. What do you do in this situation?
- a. Allow some input from Brayden's parent, but plan the activities based on your knowledge of child development.
 - b. Ask Brayden's parent what they would like to do on the next home visit, and plan the activities of your next visit based on their goals and suggestions.
 - c. Discuss your observations about Brayden's motor, cognitive, and language skills, and ask the parent what goals they have for Brayden's development.
 - d. Plan the next visit's activities to focus on Brayden's gross and fine motor skills.
14. You are an early intervention home visitor and you have been working with the Pelino family since their child, Lucca, was born 2 months premature. Lucca is currently 7 months old. He coos some, but has not yet started babbling, and his parents express concerns about his language development. How would you respond in this situation?
- a. Ask the parents to play with Lucca and observe them, pointing out the things they could do to better support Lucca's language development.

- b. Ask the parents to play with Lucca and observe them, then discuss with them the examples of the positive and effective ways they are currently encouraging his language development.
 - c. Sit down with the parents and tell them about the types of interactions that most positively and negatively influence infants' language development.
 - d. Sit on the floor, facing Lucca and play with him, sing to him, and make babbling noises while the parents watch from nearby.
15. You are the lead teacher in an infant room and you are having a hard time feeding 8-month-old Susan. She regularly turns her head away or gags while you try to feed her mashed foods. What will you do in this situation?
- a. Continue trying to feed Susan mashed foods since some children are just fussy eaters and will grow out of this stage as long as caregivers keep exposing them to the foods.
 - b. Have a conversation with Susan's parents and ask what they do at home that seems to work, and what suggestions they have for you.
 - c. Talk to Susan's parents about the possibility of taking her to a pediatrician because this aversion to specific textures could indicate a sensory processing problem.
 - d. Ask Susan's parents not to send anymore mashed foods for Susan since she does not like them and ask them to send only non-mashed foods that Susan likes.

Self-Efficacy Items

Skills: Self-Efficacy in Inclusion-Related Practices

Please rate how strongly you agree or disagree with each statement regarding your own skills in inclusion-related practices by circling the appropriate number, scale 1-5: (1) Strongly Disagree, (2) Disagree, (3) Neutral, (4) Agree, and (5) Strongly Agree.

Items	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I can use a variety of assessment strategies (e.g., portfolio assessment, modified tests, performance-based assessment, etc.)	1	2	3	4	5
I can use a variety of assessments appropriate for children with special needs.	1	2	3	4	5
I am confident in designing learning tasks so that the individual needs of students with disabilities are accommodated.	1	2	3	4	5
I can make parents feel comfortable in early child education and intervention settings.	1	2	3	4	5
I can assist families in helping their children do well developmentally.	1	2	3	4	5
I am confident in my ability to get parents involved in developmentally supportive activities with their children with disabilities.	1	2	3	4	5
I am confident in informing others who know little about laws and policies relating to the inclusion of students with disabilities.	1	2	3	4	5
I can collaborate with other professionals (e.g., teachers or speech pathologists) in designing educational plans for children with disabilities.	1	2	3	4	5

Items	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I am able to work jointly with other professionals and staff (e.g., aides, other teachers) to teach students with disabilities in the classroom.	1	2	3	4	5

Scoring of Knowledge and Skill Items

Knowledge Items

Communication and Language Development:

1. a
2. b
3. d
4. d
5. a
6. c
7. d

Gross and Fine Motor:

8. d
9. b
10. c
11. a
12. a
13. c
14. b

Cognitive Development:

15. c
16. a
17. d
18. d
19. c
20. c

Social Emotional Development:

21. b
22. b
23. d
24. a

25. b

26. c

27. d

Policy, Procedures, and Programs – National:

28. d

29. a

30. b

31. d

32. c

33. b

Policy, Procedures, and Programs – Michigan & Early On

34. b

35. a

36. a

37. a

Policy, Procedures, and Programs – Person-First Language:

38. d

39. c

40. d

[Skills Items](#)

Skills in Assessing Young Children:

1. D

2. C

3. B

4. C

5. C

6. D

7. B

Skills in Working with Young Children and their Families:

8. A

9. B

10. B

11. B

12. D

13. C

14. B

15. B