

BRIGANCE®

INFANT & TODDLER SCREEN

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ISBN 0-7609-1894-5

CURRICULUM ASSOCIATES®, Inc.

North Billerica, MA 01862

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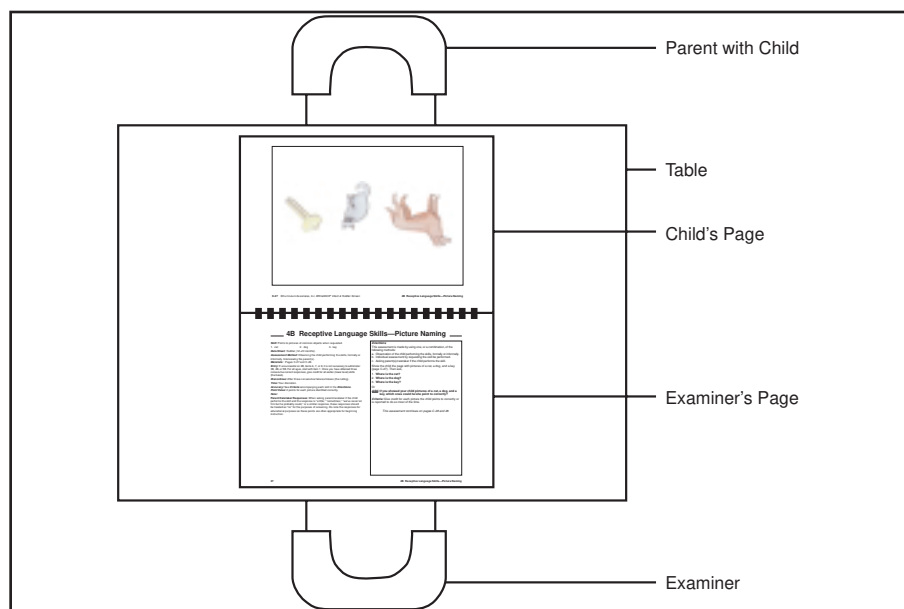
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Features of the *BRIGANCE® Infant & Toddler Screen*

1. **Screening Can Be Accomplished Quickly:** The essence of screening is its brevity. The basic screening of most children can be completed within ten to twelve minutes. Screening a child who responds slowly rarely takes more than twenty minutes.
 2. **Screening Can Be Accomplished Flexibly:** The *Screen* can be administered either by directly eliciting skills from children or by parent report. A combination of both methods can also be used if children do not cooperate with all items.
 3. **Screening Provides a Sampling of Skills for Key Areas:** The basic assessments provide a sampling of each child's development and skills in key areas including fine motor, gross motor, expressive language, receptive language, self-help, and social-emotional skills. An indicator of cognitive skills is also provided by viewing the combined score on specific items within assessments. A discussion and demonstration of the domains and factors into which these skills are categorized can be found in the *Technical Report for the BRIGANCE® Screens*.
 4. **Screening Produces a Wide Range of Scores:** Because the *Screen* is used for a variety of purposes, a range of scores is needed (e.g., for program planning, for determining eligibility for programs, for research studies, etc.). Raw scores, age-equivalents, percentiles, and quotients for each developmental domain are produced.
 5. **The Data Sheet Provides a Quick Review:** The *Data Sheets*, one for infants (birth–11 months) and one for toddlers (12–23 months), allow data to be recorded on one page in a triplicate copy. Thus, a glance across the *Data Sheet* provides a quick review, and copies of the data can be shared with others and filed as needed.
 6. **Screening Will Be a Successful Experience for Most Children:** Each screening assessment is at a skill level that will allow a high degree of success for most children. Thus, most children and parents will feel positive about the screening.
 7. **Related Forms for Optional Use Are Included:** A related screening information form for examiner's and teacher's observations and a parent-child interactions rating form for examiners are included as items for optional use. (See pages 44–46.)
 8. **A Score Can Be Calculated for Ranking and Grouping Purposes:** A point value is assigned to each skill within each basic screening assessment to provide a means of calculating a score for each child.
 9. **Assessments Are Criterion-Referenced, Curriculum-Referenced, and Norm-Referenced:** The criterion-referencing and curriculum-referencing of the assessments provide data that can be translated into instructional objectives. The results of the standardization and validation study allow norm-referenced interpretation.
 10. **Necessary Materials Are included in the Box of Materials:** A box of materials available for purchase from the publisher contains a cup, a squeaking toy, blocks, crayons, a spoon, and tissues. Blank paper and crackers will also be needed.
 11. **Duplication of Assessments Can Be Avoided:** The skills included are generally the same as those included in the *BRIGANCE Diagnostic Inventory of Early Development–Revised* (Birth–7 years). Program personnel using the *Inventory* with its accompanying individual *Developmental Record Book* for the purposes of assessing, record keeping, tracking, and instructional planning can frequently avoid duplication of assessment. Much of the data needed for screening can be taken from the individual *Developmental Record Book* if it is current and valid. Likewise, screening data can be recorded in the *Developmental Record Book*. (See pages 51–61 for coordination of the assessments in this *Screen* with the *Inventory of Early Development–Revised*.)
 12. **Screening Can Be Accomplished Reliably, Validly, and Accurately:** The *BRIGANCE Screens* were initially standardized on 1,564 children around the country. Additional standardization was conducted between 1999 and 2000 and involved administering the *Infant & Toddler Screen* to 408 infants and toddlers in 21 states to produce normative information on children's performance across the birth–23 month range. This is critical because most infants now sleep on their backs as recommended by the American Academy of Pediatrics and this has produced changes in motor development in the first year of life. Similarly recent research on social development and psychosocial risk enabled the *Screen*, by virtue of its recent standardization, to include important skills and to assess the impact of risk on children's development. Highlights from the study include:
 - Validated on 408 children of whom 71 were given a range of other measures (e.g., *Bayley Scales of Infant Development*, *Infant Behavior Record*, *Vineland Adaptive Behavior Scale*, *Receptive-Expressive Emergent Language Test—Second Edition (Reel-2)*, *Alberta Infant Motor Scale*, etc.) for comparison and found to correlate highly (.74–.91) with, subtests and measures of similar content.
 - Shown to be highly reliable both in terms of internal consistency (.94–.97), test-retest (.98–.99), and inter-examiner reliability (.98–.99)
 - Highly accurate. The *Screen* will identify 76% to 77% of children with disabilities, and 85% to 86% of children with normal development. It will also identify children performing in the top 20% for their age as an indicator of advanced development.
- Extensive information about the *Infant & Toddler Screen* standardization is found in the *Technical Report for the BRIGANCE Screens*.

Format, Materials, and Procedures

Format: In the *Infant & Toddler Screen* most of the pages with illustrations show examples of certain skills being assessed. Both examiners and parents/caretakers will thus be able to observe and report using the same criteria. Two pages are meant for the child to view and point to the correct picture upon request. For these assessments the format of the *Screen* allows both the examiner and the parent or child to follow the assessment procedures easily. The *Screen* can be opened to an assessment and placed on a table between the examiner and the parent with child. The assessment pages will then be in the proper screening position as shown in the following diagram:



Essential Materials: The following materials should be in place prior to screening:

1. A copy of the *Screen*.
2. A *Data Sheet* for the age level at which the child is to be screened. (See the *Data Sheet* examples on pages xxi and xxii.)
3. Two pens or sharpened pencils for recording data.
4. Unlined 8½" x 11" sheets of paper.
5. Box of Materials that includes: a cup, a squeaking toy, blocks (1" colored cubes, two each of five colors), primary-sized crayons, a spoon, and tissues. The box of materials may be purchased separately from the publisher.

6. A supply of crackers—small oyster crackers work well. Any other type of cracker or dry cereal that the child could feed to himself or herself and could pick up using a neat pincer grasp may also be used.

Optional Materials: The following materials are included in the *Screen* and should be made available to personnel if they opt to use them. Permission to reproduce these screening materials for nonprofit educational use is granted by the author and the publisher.

1. Screening Observations Form (See page 45.)
2. Parent-Child Interactions Rating Form (See page 46.)

Procedures: The procedures for assessing the basic skills included in the *Screen* are on pages 2–42. The procedures for completing a *Data Sheet* are on pages xvi–xxii. The page number and the assessment number and title for each assessment are listed in the left columns of the *Data Sheet* as shown in the excerpt below.

B. BASIC SCREENING ASSESSMENTS

Page	Assessment Number	Skills (Circle each correct response. Slash through each skill not done to continue and three in a row incorrect before discontinuing. B in the Number of Correct Responses column.)	
2	1A Fine-Motor Skills	<ol style="list-style-type: none"> 1. Places fist in mouth. 2. Glances at hands briefly. 3. Plays with hands and fingers. 4. Has hands predominantly open. 5. Reaches for objects. 	<ol style="list-style-type: none"> 6. Reaches with one hand. 7. Holds bottle independently. 8. Pokes objects. 9. Uses a neat pincer grasp. 10. Squeaks toy with hand.
5	2A Receptive Language Skills	<ol style="list-style-type: none"> 1. Startles to loud noise. 2. Notices faces of others. 3. Responds with coo or smile. 4. Turns head to find sound. 5. Understands words such as "bye-bye" or "mama." 	<ol style="list-style-type: none"> 6. Gestures for "up." 7. Responds to own name. 8. Looks at named objects. 9. Responds to the word <i>no</i>. 10. Responds to commands.
8	3A Expressive Language Skills	<ol style="list-style-type: none"> 1. Makes throaty sounds. 2. Makes different sounds. 3. Coos and gurgles. 4. Babbles, using different consonants. 5. Vocalizes at others. 	<ol style="list-style-type: none"> 6. "Talks" to objects. 7. Says multiple syllables. 8. Shakes head "no" or points. 9. Imitates sounds or words. 10. Pretend talks.

Toddler (12–23 months) Data Sheet for the **BRIGANCE® INFANT & TODDLER SCREEN**

T

A. CHILD DATA

Child's Name Alissa Hunter Date of Screening 2002 3 17 Health Care Provider Maria McDonald
 Parents/Guardian Carlos and Vivian Hunter Birth Date 2000 10 3 Teacher Janelle Jenkins
 Street Address 508 Center Street Age 1 8 17 School Parker
 City, State, ZIP Mammoth, AZ 85618 Months & Days Premature — — Examiner Antonio Ramirez
 Phone (105) 555-4561 Corrected Age — — — Program Headstart

B. BASIC SCREENING ASSESSMENTS				C. SCORING		
Page	Assessment Number	Skills (Circle each correct response. Slash through skills not demonstrated. If possible attain three in a row correct and three in a row incorrect before discontinuing. Be sure to include the lower-level items not administered in the Number of Correct Responses column.)	Number of Correct Responses*	Point Value	Child's Score	
22	1B Fine-Motor Skills	1. Uses a neat pincer grasp. 5 Grasps and releases. 9 Imitates scribble. 2. Squeaks toy with hand. 6 Unwraps objects. 10 Builds six-block tower. 3. Puts blocks into box. 7 Deliberately pours or dumps. 4. Takes blocks from box. 8 Builds five-block tower.	7 X	1 point each	7/10	
24	2B Receptive Language Skills—General	1. Looks at named objects. 4 Waves "bye-bye." 2. Responds to the word <i>no</i> . 5 Understands the word <i>give</i> (with gesture). 7 Throws away trash on command. 3. Responds to commands. 6 Gives block on command (no gesture). 8 Puts block into box on command.	5 X	1 point each	5/8	
26	<i>If unsuccessful on 2B, items 6, 7, or 8, it is not necessary to administer 3B, 4B, or 5B.</i>	3B Receptive Language Skills—Body Parts Points to: 1. eyes 2. nose 3. feet 4. hair 5. mouth 6. ears	X	2 points each	/12	
27		4B Receptive Language Skills—Picture Naming Points to: 1. cat 2. dog 3. key 4. car 5. apple 6. airplane	X	2 points each	/12	
29		5B Receptive Language Skills—Environmental Sounds Knows sound of: 1. cat 2. dog 3. cow 4. bird	X	2 points each	/8	
30	6B Expressive Language Skills—General	1. Says multiple syllables. 4 Pretend talks. 7 Holds up objects for attention. 2. Shakes head "no" or points. 5 Says real words. 8 Points to objects for attention. 3. Imitates sounds or words. 6 Pretend talks with some real words.	4 X	1 point each	4/8	
32	<i>If unsuccessful on 6B, items 6, 7, or 8, it is not necessary to administer 7B or 8B.</i>	7B Expressive Language Skills—Object Naming Names: 1. cup 2. spoon 3. box 4. block 5. crayon 6. toy 7. chair 8. light OR Count up to 8 other object words used.	X	1 point each	/8	
33		8B Expressive Language Skills—Phrases 1. Repeats phrases. 2. Uses two or three words in combination.	X	1.5 points each	/3	
35	9B Gross-Motor Skills	1. Sits unsupported. 5 Walks well (without frequent falling). 9 Walks erect with synchronous arm swings. 2. Creeps or scoots. 6 Stands on one foot. 10 Jumps (with at least one foot off floor). 3. Pulls to stand. 7 Runs, but not well. 11. Runs well. 4. Walks with one hand held. 8 Attempts jump.	X	1 point each	/11	
38	10B Self-help Skills	1. Feeds self cracker. 5 Cooperates in dressing. 9 Removes shoes. 2. Drinks from cup. 6 Holds cup and drinks. 10. Begins to communicate toileting needs. 3. Chews and swallows 7 Assists in dressing. 4. Works to reach toy. 8 Drinks with one hand.	5 X	1 point each	5/10	
41	11B Social-Emotional Skills	1. Plays pat-a-cake. 5 Shows pride and pleasure. 9 Mimics adult activities. 2. Gives affection. 6 Explores and returns. 10 Performs for others. 3. Shows an interest in others. 7 Imitates other children. 4. Initiates interaction. 8 Watches faces for clues.	7 X	1 point each	7/10	
D. OBSERVATIONS			E. COMMENTS AND RECOMMENDATIONS			
1. Hearing appeared to be normal: (See Functional Hearing and Vision) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Uncertain <input type="checkbox"/> 2. Vision appeared to be normal: (See Functional Hearing and Vision) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Uncertain <input type="checkbox"/> 3. Health Status: Good <input type="checkbox"/> Fair <input checked="" type="checkbox"/> Poor <input type="checkbox"/> 4. Record other observations on another sheet.			Total Score = <u>35</u> /100 <u>Below cutoff, (<40) presence of risk factors</u> <u>Above at-risk guidelines (<18)</u> <u>Rescreen in 6-9 months</u>			

*Including credited but not administered items

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