



Real Progress for Every Child

Using AEPS[®] to Determine Eligibility for IDEA Services

By Misti Waddell, M.S., Kristie Pretti-Frontczack, Ph.D.,
JJ Johnson, Ph.D., & Diane Bricker, Ph.D., with assistance from the
EMRG Board of Directors

Suggested citation:

Waddell, M., Pretti-Frontczak, K., Johnson, J., & Bricker, D. (2007). Using AEPS[®] to determine eligibility for IDEA services. Baltimore: Paul H. Brookes Publishing Co.

INTRODUCTION

The priority should always be to deliver services, with assessment secondary to this aim. When schools are encouraged by federal and state guidelines to focus on assessment as a priority—and often for gate keeping functions to control expenditures—the main victims are the students themselves, whose instructional needs are not addressed in the cumbersome assessment process. Thus, the overall Commission recommendation for assessment and identification is to simplify wherever possible and to orient any assessments towards the provision of services (President’s Commission on Excellence in Special Education, 2002, p. 22).

This quote draws attention to a serious problem in early intervention/early childhood special education (EI/ECSE)—that is, many traditional assessment practices for determining eligibility for Individuals with Disabilities Education Improvement Act (IDEA) Part C and Part B, Section 619 services do not enhance services to young children with disabilities and their families and may, in fact, hinder the development of quality goals and intervention content. Historically, the purpose of eligibility assessment has been to document a delay or disability and produce a label or diagnosis in order to qualify children for publicly funded services. Little, if any, attention was given to the relevance of the findings from eligibility assessment to the development of quality services. Traditional eligibility assessment has relied primarily on the use of standardized norm-referenced assessments (e.g., Bayley Scales of Infant Development), and most states have regulations that directly or indirectly require the use of this type of assessment in order to meet their eligibility criteria for IDEA services.

The continued reliance on traditional standardized norm-referenced testing has received criticism from a number of experts in EI/ECSE (Neisworth & Bagnato, 2004; Bricker, Yovanoff, Capt, & Allen, 2003; Macy, Bricker, & Squires, 2005). The main issues that have been raised regarding the use of traditional standardized norm-referenced tests with young children for eligibility determination are as follows:

- The use of standardized assessments often does not yield the necessary information to develop meaningful outcomes and goals or to serve as a guide for quality intervention (Neisworth & Bagnato, 2004; Bell & Barnett, 1999; Bufkin & Bryde, 1996; McLean, Wolery, & Bailey, 2004; Macy et al., 2005).
- Standardized assessments are usually administered by unfamiliar people, in unfamiliar places, and with materials unfamiliar to children, which can bias or lead to inaccurate

results (Neisworth & Bagnato, 2004; Bell & Barnett, 1999; Bricker et al., 2003; Costello & Zarowin, 2002; Grisham-Brown, Hemmeter, & Pretti-Frontczak, 2005).

- Standardized assessments used for eligibility determination were not designed or tested for use with young children with or at risk for disabilities or delays (Meisels, 1987; Neisworth & Bagnato, 2004; Shepard, 1994).
- Standardized assessments usually do not involve family members in the assessment process or seek information from them (Myers, McBride, & Peterson, 1996).
- Standardized assessments tend to rely on direct testing of young children, which may reflect only what the child chooses to perform at a given time (Vacc & Ritter, 1995).
- Standardized assessments often only produce numerical scores that do not accurately or fully describe a child's abilities (Dockrell, 2001).

In addition to these reasons, many experts and practitioners have concluded that current eligibility practices that rely primarily on the use of standardized norm-referenced tests are a poor use of resources. That is, a cadre of highly trained professionals is often required to complete an assessment that produces little information of relevance to intervention efforts (i.e., subsequent goal development and intervention planning) that occur after an eligibility determination has been made.

Given the problems associated with standardized norm-referenced tests, program personnel and researchers have searched for alternative strategies for determining eligibility for IDEA services. The focus has been on finding strategies that produce outcomes that accurately reflect the way children negotiate their daily environments, communicate, and solve problems. This type of information can be used to formulate high-quality, appropriate, and functional goals and intervention content in addition to being used to make eligibility determinations.

CURRICULUM-BASED ASSESSMENTS AS AN ALTERNATIVE TO TRADITIONAL ELIGIBILITY DETERMINATION

As an alternative to using traditional standardized norm-referenced tests to determine eligibility for IDEA services, many early childhood experts recommend the use of authentic assessment approaches (Bredenkamp & Copple, 1997; Grisham-Brown et al., 2005; Losardo & Notari-Syverson, 2001; Sandall, Hemmeter, & McLean, 2005; Sandall, McLean, & Smith, 2000). Authentic assessment focuses on collecting developmental data on children while they engage in

typical routine and play activities in familiar settings. Authentic assessments have been specifically designed to overcome many of the challenges of standardized norm-referenced tests.

One type of authentic assessment that offers a promising alternative to using standardized tests for eligibility assessment purposes as well as programming purposes is curriculum-based assessment (CBA). CBA is defined as “a form of criterion-referenced measurement wherein curricular objectives act as the criteria for the identification of instructional targets and for the assessment of status and progress” (Bagnato & Neisworth, 1991, p. 97). CBA is considered an authentic form of assessment because data are typically collected by familiar adults (including family members) while observing children in familiar settings as they engage in routine and play activities. Further, CBAs typically are composed of functional items that produce results that can be used to develop educationally and therapeutically relevant goals and intervention content.

There is widespread agreement that collecting developmental information using CBAs should be an ongoing process during which information is gathered regarding children’s interests, abilities, and emerging skills. Such data collection efforts should focus on important developmental areas (e.g., communication, motor, social, adaptive, and cognitive) in order to acquire the necessary information to plan comprehensive intervention efforts (Grisham-Brown et al., 2005; McLean et al., 2004). CBAs provide a mechanism for teams to assess children during daily activities and routines and to accurately document their skill development. The remainder of this paper describes how one CBA, the *Assessment, Evaluation, and Programming System (AEPS[®]) for Infants and Children* can be used to determine eligibility for IDEA services for young children and their families.

ABOUT AEPS

AEPS is a criterion-referenced, curriculum-based assessment designed to produce a comprehensive and detailed picture of children’s behavioral profiles. The preferred means of gathering information is through observation of children as they participate in play and daily activities although data can also be gathered through direct test and report. AEPS is particularly useful because the items that are included in the assessment only address important developmental skills; consequently, items can serve as educational goals. In addition, AEPS Test items can be modified (e.g., using sign language or communication boards) to accommodate children’s disabilities and interests.

USING AEPS FOR ELIGIBILITY DETERMINATION

Significant benefits accrue when using the AEPS Test to determine eligibility for IDEA services. This paper discusses those benefits and describes using AEPS for eligibility purposes. A step-by-

step summary for determining eligibility using AEPS is followed by two case examples, a list of important considerations for teams to review when using and interpreting AEPS Test results for eligibility determination, and answers to frequently asked questions.

Benefits of Using AEPS to Determine Eligibility

Using the results of the AEPS Test to determine eligibility produces at least three important benefits. First, the AEPS Test is a comprehensive curriculum-based assessment, and therefore the information derived during eligibility determination can be used for multiple purposes: 1) to help establish eligibility for services; 2) to develop meaningful, functional, and developmentally appropriate outcomes and goals; and 3) to create effective intervention content and procedures.

Second, agency and program personnel can save time and valuable resources. The administration of a standardized norm-referenced assessment requires the time and effort of experienced assessment specialists despite that the outcomes are of questionable use for intervention services. Administration of the AEPS Test can be done by a wide variety of professionals (e.g., therapists, teachers, interventionists, psychologists) who are familiar with the child, giving agencies flexibility regarding who is involved and coordination of assessment efforts.

Third, using the AEPS Test results to determine eligibility meets all recommended assessment practices of the Division for Early Childhood (DEC) of the Council for Exceptional Children (Sandall et al., 2005) as well as the recommendations of the President's Commission on Excellence in Special Education (2002). The assessment recommendations issued by these bodies represent the most current and effective information available to the field of EI/ECSE. Following recommended practices is essential to ensure offering children and their families the highest quality services.

AEPS Infrastructure for Determining Eligibility

Historically, CBAs such as AEPS have not been used to determine eligibility primarily because many states' regulations require reporting children's performance scores in terms of percent delay or standard deviations from the mean performance of typically developing children (Danaher, 2001; Shakelford, 2002). To compare children's performance on a test to the performance of their age peers requires that test items or aggregated scores have established age norms. Using percent delay and standard deviations as eligibility criteria require the use of norm-referenced tests that yield standard scores such as percentile ranks, age equivalencies, or developmental quotient. Most CBAs are criterion-referenced rather than norm-referenced and, as such, do not have empirically validated age norms and are inappropriate for calculating percent delay or standard deviation from the mean. Moreover, the AEPS developers have been

unwilling to assign age norms to items for a variety of important and defensible reasons (see Bricker et al., 2003, and Macy et al., 2005, for a discussion of this topic).

However, a progressive, viable research methodology called Item Response Theory (IRT) has offered an extremely appealing alternative for deriving valid eligibility cutoff scores using CBAs. Although cutoff scores derived from IRT analyses are calculated differently than standard deviations or percent delay are calculated, our research indicates they are as accurate as norm-referenced tests at identifying those children who should be eligible for IDEA services. A number of states currently allow the use of criterion-referenced test scores to determine eligibility and should appreciate that **AEPS is the only CBA with empirically derived cutoff scores from IRT analyses**. (Specifically, a Rasch one-parameter logistic was used to establish a set of empirically derived cutoff scores for the AEPS Test. For a detailed description of how AEPS eligibility cutoff scores were created see Bricker et al., 2003, and Bricker, Clifford, Yovanoff, & Waddell, 2006.) Recommended practice encourages state agencies to expand or change more traditional eligibility criteria to include the use of CBAs that have cutoff scores determined through IRT analyses.

In 2002, a set of cutoff scores was created that permitted the AEPS Test to be used for corroborating eligibility determination. These initial cutoff scores were disseminated with the publication of the second edition of AEPS. The cutoff scores were established for comparison with the Total AEPS Goal Score (i.e., scores for goals only across all six developmental areas of the AEPS Test were combined) for 6-month age intervals (i.e., 0–6 months) for Level I (0–36 months) and Level II (37–72 months) of the AEPS Test. Although these cutoff scores assisted program personnel in corroborating eligibility for services, feedback from the field suggested that cutoff scores for each of the six AEPS Test areas would be more useful and that smaller age intervals for Level I would enable more precision in terms of assessing developmental competence. The AEPS developers undertook further data collection and analysis that was used to create a revised set of cutoff scores. The cutoff scores—which appear in AEPSinteractive™ (AEPSi™), the web-based management system for AEPS; Appendix A of this paper; and a forthcoming revised version of Appendix F of the *AEPS Administration Guide*—were developed for each AEPS Test area, and the age intervals for Level I were changed to 3 months, while the age intervals for Level II remain at 6 months.

The AEPS Test can now be used as a standalone measure for eligibility determination for IDEA services in states and territories where teams are allowed to 1) use any valid and reliable instruments/methods (not restricted to the use of standardized norm-referenced tests); and/or 2) use informed clinical judgment as a primary method of determining eligibility. The AEPS Test can be used to corroborate a child's eligibility status in states and territories where teams are required to 1) administer multiple instruments/methods that are valid and reliable (other required

tests may include a standardized norm-referenced test); and/or 2) administer a criterion-referenced assessment as part of the eligibility determination process. (See the *Frequently Asked Questions* section of this paper for more information on using the AEPS Test in states and territories that require determining a child's eligibility status using standard deviations or percent delays.)

How to Use the AEPS Test for Eligibility Determination

The section that follows describes in detail how to use the AEPS Test—and AEPSi—to determine eligibility for services.

Step-by-Step Instructions

Step 1: *Select the appropriate Level of the AEPS Test to administer and score.*

- Calculate the child's chronological age (CA). AEPSi automatically calculates the CA when you enter the child's birthdate and the number of weeks premature, if any, in the Child Profile.
- Select Level I of the AEPS Test if a child's CA is between birth and 36 months.
- Select Level II of the AEPS Test if a child's CA is between 37 and 66 months. (Eligibility cutoff scores are not provided for the 67–72 month interval. See the FAQs for more information.)

Step Two: *Administer and score the AEPS Test.*

- Review the procedures for administering the AEPS Test outlined in the *AEPS Administration Guide*.
- Use observation, report, and/or direct test to assess a child's performance across the six developmental areas.
- Observe a child's performance during daily activities and routines. Scores and notes can be recorded on a printed copy of the Child Observation Data Recording Form (CODRF), or by taking notes during the live observations and then assigning scores and notes through retrospective conversations and debriefings.
- Obtain information regarding a child's performance on all AEPS Test **goal** items.
- Compare a child's performance to each goal's stated AEPS Test criteria and assign a score using the three-point scoring option (i.e., 2, 1, or 0).
- Assign scoring notes (e.g., Q, B, A) and record other important comments regarding the child's performance as needed.
- If you are using AEPSi, enter the scores, notes, and comments into the child's interactive CODRF and finalize it.

Step Three: *Calculate Area Goal Scores.*

- Once you finalize the CODRF, AEPSi will calculate an Area Goal Score for each of the six developmental areas of the AEPS Test. AEPSi automatically generates an Eligibility Cutoff Scores report that includes all Area Goal Scores. You may also calculate Area Goal Scores by adding together the scores assigned to each **goal** within a given developmental area (i.e., sum the 2s and 1s together).

Step Four: *Determine eligibility status.*

- The AEPSi Eligibility Cutoff Scores report automatically selects the appropriate empirically validated eligibility cutoff scores for the child's chronological age and compares the Area Goal Scores with the cutoffs. You may also compare a child's Area Goal Scores with the cutoff scores using the child's adjusted age calculated in Step 1 by referring to the cutoff scores provided in Appendix A of this paper.
 - A child's development is **not delayed** if the child's Area Score is **above** the cutoff for a given area.
 - A child's development is **delayed** if the child's Area Goal Score is **at or below** the cutoff for a given area.
- The AEPSi Eligibility Cutoff Scores report offers guidelines for using the results to determine eligibility based on state criteria for the state in which the child resides. Teams should review the recommendation and make an eligibility decision. Users who do not subscribe to AEPSi may use the cutoffs in Appendix A and should consult their state or territory eligibility guidelines to determine how the cutoff score comparisons may be used to aid in making an eligibility decision.

EXAMPLES OF USING AEPS FOR ELIGIBILITY DETERMINATION

Samantha

Samantha was referred for a comprehensive evaluation due to parental and pediatrician concerns regarding her overall development. Samantha's CA was 18 months at the time of the evaluation, so Level I of the AEPS Test was completed (Step 1). All AEPS Test Level I goals were scored primarily through observation; however, parent/physician report was used to score a few items (Step 2). The scores, notes, and comments were entered into AEPSi and six Area Goal Scores were calculated through the Eligibility Cutoff Scores report (Step 3). Samantha's resulting Area Goal Scores were 9 for Fine Motor, 12 for Gross Motor, 4 for Adaptive, 9 for Cognitive, 4 for Social-Communication, and 4 for Social. The report automatically compared Samantha's Area Goal Scores to the eligibility cutoff scores for the 16–18 month age interval (Step 4). Samantha's performance was above the cutoff for Fine Motor, indicating her performance was not delayed in this area. Her Area Goal Scores were at or below the cutoffs for the Gross Motor, Adaptive,

Cognitive, Social-Communication, and Social Areas, indicating that her performance was delayed in these areas. The team then reviewed the Eligibility Cutoff Scores report and the state's eligibility criteria to make a final eligibility determination.

Kennedy

Kennedy was referred for a comprehensive evaluation based on concerns about her language development. Kennedy's CA at the time of the evaluation was 42 months, so the team chose to complete Level II of the AEPS Test (Step 1). All goals in the six developmental areas contained in Level II were scored (Step 2). The majority of the information was collected through observation; however, a few items were completed using parent report and direct test. The data were entered into AEPSi, which then calculated the six Area Goal Scores through the Eligibility Cutoff Scores report (Step 3). Kennedy's resulting Area Goal Scores were 5 for Fine Motor, 8 for Gross Motor, 10 for Adaptive, 11 for Cognitive, 6 for Social-Communication, and 11 for Social. Using the Eligibility Cutoff Scores report, the team compared Kennedy's Area Goal Scores and the eligibility cutoff scores for the 37–42 month age interval (Step 4). Kennedy's Area Goal Scores were above the cutoff scores in the Fine Motor, Gross Motor, Adaptive, and Cognitive Areas, indicating that her performance in these areas was not delayed. Her Area Goal Scores were below the cutoffs in the Social-Communication and Social Areas, indicating that her performance was delayed in these two areas. The team then reviewed the Eligibility Cutoff Scores report and accompanying guidelines for using the report based on their state's eligibility criteria to make a final eligibility determination.

CONSIDERATIONS WHEN USING AEPS TO DETERMINE ELIGIBILITY

There are three general considerations users should bear in mind when determining a child's eligibility for services using the AEPS Test.

Involving Families and Caregivers

Families and other familiar adults should be invited and encouraged to participate in the assessment process and should be involved in determining eligibility in a number of ways. First, families or other caregivers may provide information useful to scoring AEPS items that may be difficult to observe, particularly if the time allotted for determining eligibility is limited. Second, families and caregivers can be participants in the completion of the AEPS Test (e.g., they can engage children in activities and elicit specific AEPS Test items). Creating opportunities for families to assist with completion of the Test items is critical since evaluation team members who are unfamiliar with the child are often responsible for eligibility determination. To obtain the most accurate picture of a child, it is essential to gather information from families and other

familiar adults. Third, families and other familiar adults can participate by helping to compare a child's performance to the stated criteria and assigning a score, summarizing assessment information, and interpreting results. Fourth, the family's completion of the AEPS Family Report can be used to gain valuable information regarding a child's daily routine, family priorities and concerns, and family perspectives regarding the child's strengths and emerging skills. Chapter 5 of the *AEPS Administration Guide* provides detailed directions and suggestions for using the AEPS Family Report.

Using a Team Process

When determining eligibility, teams often have time constraints making it necessary to devise strategies that ensure accurate and comprehensive information is obtained. AEPS has several features that help teams expedite the assessment process while still obtaining a comprehensive and accurate picture of a child's development. AEPS is designed to be completed by teams of professionals. Team members who have used traditional assessments relevant to their own discipline may be accustomed to gathering information primarily by independently administering a test to a child rather than having multiple team members use a common instrument. Teams accustomed to completing assessments independently will recognize multiple advantages for team members in collaboratively completing a single curriculum-based instrument such as the AEPS Test:

- First, the use of a single measure such as the AEPS Test can eliminate the redundancy and inconsistency that often occurs when professionals complete separate assessments. When team members organize assessment efforts around the completion of the AEPS Test, they can confidently obtain a coordinated and comprehensive developmental profile of a child.
- Second, the coordination of comprehensive assessment services by using the AEPS Test may reduce confusion for families. When all team members use the AEPS Test as a reference point to record and discuss assessment data, families may begin to participate actively in the assessment process.
- Third, professionals' observations stimulate cross-disciplinary discussions around why they scored a particular behavior a certain way. These cross-disciplinary discussions may result in mutual learning by team members and a more accurate assessment of the child.
- Fourth, using the AEPS Test encourages ongoing team collaboration during subsequent intervention and evaluation activities. When all members participate in the assessment process the accuracy and quality of the test results should be enhanced.

Understanding AEPS Test Administration Procedures

Understanding how the AEPS Test is organized can expedite the assessment process and leave more time for interpreting results and planning intervention. When completing the AEPS Test to determine eligibility, teams are required to score **all goals** in order to calculate each Area Goal Score; however, teams do not need to assess (i.e., directly observe or direct test) a child's performance on each area goal in order to derive an accurate score. Scoring but not necessarily assessing all goals within a given area of AEPS does require an understanding of how AEPS Test items are organized and of the scoring rules associated with goals. For example, while the AEPS Test does not include specific starting and stopping points (i.e., basals and ceilings), goals are organized in a developmental hierarchy going from easier or developmentally earlier skills to more difficult or more developmentally advanced. Therefore, if a goal in the Gross Motor Area is related to a child's ability to walk and the team assigns a "2" to the goal (meaning the child consistently and independently meets the criterion for walking), then the team does not need to observe (i.e., directly assess) whether or not the child meets the criteria for goals that occur earlier in motor development (e.g., rolling from front to back, crawling). Teams can either assume or through report assign a score of "2" to these earlier goals. Likewise, if assessing a very young child who is just learning to hold his head up, a team can (without directly assessing) score a "0" on goals that are clearly beyond the child's ability (e.g., sitting without support). Users are encouraged to review the *AEPS Administration Guide* to ensure a clear understanding of how the AEPS Test is organized and how to score goals accurately.

FREQUENTLY ASKED QUESTIONS

Q: Can I use the AEPS Test as a standalone measure for eligibility determination in my state?

A: Although state eligibility requirements differ, many states and territories require the administration of a standardized norm-referenced test as well as the gathering of data from other sources. The AEPS Test is a criterion-referenced, curriculum-based assessment. With the development of eligibility cutoff scores, many users will find they can use the AEPS Test as a standalone measure for determining eligibility if their state or territory guidelines permit the use of 1) any valid and reliable instruments/methods (i.e., does not require the use of standardized norm-referenced tests); and/or 2) informed clinical judgment as a primary method of determining eligibility. AEPS Test results can be used to corroborate a child's eligibility in states or territories that require 1) administering multiple instruments/methods which are valid and reliable (other required tests may include a standardized norm-referenced tests); and/or 2) administering a criterion-referenced assessment as part of the eligibility determination process.

Q: What should I do if my state or territory requires eligibility to be determined based upon comparing the child's performance to standard deviations or percent delays?

A: The AEPS developers believe that the use of the AEPS eligibility cutoff scores for determining eligibility is as defensible as using standard deviation or percent delay. The eligibility cutoff scores were derived empirically and represent the performance of a typical sample of children at the .95 confidence level. Importantly, the use of AEPS yields a wealth of information that can be used to develop goals and intervention content. Given this set of circumstances, in states where eligibility criteria are tied to the use of standardized tests, educational agency personnel should give serious consideration to changing the state's criteria so that CBAs can be used to determine eligibility.

Q: Why don't AEPS Test items have age equivalents?

A: Most traditional standardized norm-referenced tests and some criterion-referenced assessments provide users with age equivalent scores; however, there are a number of problems with this practice. First, for many tests, the age associated with a given item is not determined empirically; rather the item's age assignment is based on the age assignments of similar items in other tests. For example, the Gesell (Knobloch, Stevens, & Malone, 1980) is frequently used to determine the age equivalent of items for newly developed tests. This is problematic because the Gesell data are not current, the items may differ in wording and criteria, and the larger context of the test may differ (e.g., observation versus direct test). Such differences likely affect the age equivalency of individual items. Second, age equivalents do not inform teams as to a child's strengths, emerging skills, or needs. Third, having chronologically based ages assigned to items may lead interventionists and caregivers to select intervention targets based on the age level of an item rather than selecting items that address children's current developmental needs. These significant drawbacks resulted in the adoption of empirically derived eligibility cutoff scores rather than using age equivalencies for AEPS Test items.

Q: Do I have to assess and score all goals from all six areas of the AEPS Test when determining eligibility?

A: Yes, you do need to assess and score all goals from all areas to generate the AEPSi Eligibility Cutoff Scores report even though state eligibility criteria will differ in terms of the number of areas in which a delay must be documented. When using the AEPS Test for eligibility determination, team members should gather information through multiple observations, reports from families and other caregivers, and direct testing as needed in order to score all goals from across the six areas. While it is recommended that you assess and score all goals from all six areas, it is possible to manually derive Area Goal Scores for select areas and then compare the selected Area Goal Score with the cutoff scores provided in Appendix A.

Q: Can I still use the overall cutoff scores published in the 2002 *AEPS Administration Guide*?

A: It is our recommendation that teams use the revised cutoff scores provided in Appendix A of this paper and in AEPSi. The revised cutoff scores are more useful because they allow teams to compare a child’s performance by area and for Level I there are smaller age intervals (i.e., 3-month).

Q: How should I calculate a child’s CA?

A: Children’s CA is calculated by subtracting the child’s date of birth (DOB) from the date the child’s AEPS Test was completed. AEPSi uses the same procedure as shown in the examples that follow.

Example 1

	Year	Month	Day
Test Date	2005	11	15
Date of Birth	2004	02	05
Age	1	9	10

In the first example, the child’s CA is 21 months.

Example 2

	Year	Month	Day
Test Date	2006	02	06
Date of Birth	2000	12	15
Age	5	1	22

In the second example, the child’s CA is 62 months. Note that the child’s age in months should be rounded to the next month when the day of the assessment is more than 15 days passed the day of the month on which the child was born. In Example 2, the day of the month in which the child was born is the 15th, and the test date is February 6th. On February 6th, 22 days have passed since the 15th of the previous month, so even though he has not yet reached 62 months, his age is rounded to 62 months.

When using the AEPS Test for eligibility determination or other purposes, teams are encouraged to assess children across time, people, settings, and materials. Therefore, the team will need to identify the most appropriate date to use for the “test date” when calculating the CA. The AEPS developers’ recommendation is to use the date the assessment was completed.

Q: What should I do when assessing children whose developmental performance matches Level I AEPS Test items but their CA exceeds 36 months?

A: The AEPS developers recommend that when using the AEPS Test to determine eligibility, teams use the Level of the AEPS Test that matches a child's CA: Level I for children 0 to 36 months and Level II for children 37 to 66 months. (Eligibility cutoff scores are not provided for the 67–72-month interval. See the FAQs for more information). In cases where children's CA requires the use of the Level II but their development is likely below 36 months, the AEPS developers recommend that Area Goal Scores for Level II be derived as quickly as possible. Once a child's eligibility has been determined, remaining time and resources should be used to complete Level I of the AEPS Test and the AEPS Family Report. That is, in instances where a child's CA exceeds 36 months but his or her developmental performance is clearly related to items in Level I of the AEPS Test, teams should quickly administer and score goals from Level II, obtain Area Goal Scores, make an eligibility determination, and then complete Level I. The information gathered from Level I should be used to formulate appropriate goals and intervention content.

Q: Should I adjust for prematurity?

A: Yes, adjusting for prematurity may be important if the infant was one or more months preterm. Use of the actual date of birth during the first two years of life for preterm infants may lead to inappropriate developmental expectations. Adjustment for prematurity is done to make more accurate determinations of the child's developmental skills (or maturity) based on his or her expected date of birth rather than the actual date of birth. Age adjustment or correction is done by subtracting the months a child is preterm from his or her CA when represented in months. AEPSi will make this calculation automatically. For example, a child who was 2 months premature, and whose chronological age is 18 months would have an adjusted age of 16 months. If you wish to use a child's adjusted age for eligibility purposes, locate the appropriate month interval within the tables contained in Appendix A.

Q: Why aren't there revised cutoff scores for children from 67–72 months? Won't I need scores for that age interval?

A: Revised cutoffs are not included for the 67–72-month interval because sufficient data were not available to derive valid cutoff scores. Further, EI/ECSE teams will rarely need to rely on an assessment such as AEPS to determine eligibility for children whose ages fall between 67 and 72 months. Children within this age range will likely be evaluated using state criteria and procedures for school-age children.

Q: Can an Area Goal Score other than a whole number be calculated for a child?

A: No. Based on AEPS Test scoring rules, a child's Area Goal Score can only result in a whole number even though there are eligibility cutoff scores that are decimals.

REFERENCES

- Bagnato, S., & Neisworth, J. (1991). *Assessment for early intervention: Best practices for professionals*. New York: Guilford Press.
- Bell, S.H., & Barnett, D.W. (1999). Peer micronorms in the assessment of young children: Methodological review and examples. *Topics in Early Childhood Special Education*, 19(2), 112–123.
- Bricker, D., Clifford, J., Yovanoff, P., Waddell, M., Allen, D., Pretti-Frontczak, K., & Hoselton, R. (Feb., 2007). Deriving and using AEPS cutoff scores to determine eligibility for services. Early Intervention Management and Research Group (EMRG) White Paper # 3. Eugene, OR: EMRG.
- Bricker, D., Yovanoff, P., Capt, B., & Allen, D. (2003). Use of a curriculum-based measure to corroborate eligibility decisions. *Journal of Early Intervention*, 26(1), 20–30.
- Bredenkamp, S., & Copple, C. (1997). *Developmentally appropriate practice in early childhood programs (Rev. Ed.)*. Washington, DC: National Association for the Education of Young Children.
- Bufkin, L.J., & Bryde, S.M. (1996). Young children at their best: Linking play to assessment and intervention. *Teaching Exceptional Children*, 50–53.
- Costello, K., & Zarowin, D. (2002). Technology connects assessment, accountability standards in early childhood education. *THE Journal*, 30(4), 48–49.
- Dockrell, J.E., (2001). Assessing language skills in preschool children. *Child and Adolescent Mental Health*, 6(2), 74–85.
- Grisham-Brown, J.L., Hemmeter, M.L., & Pretti-Frontczak, K.L. (2005). *Blended practices for teaching young children in inclusive settings*. Baltimore: Paul H. Brookes Publishing Co.
- Knobloch, H., Stevens, F., & Malone, A.F. (1980). *Manual of development diagnosis: The administration and interpretation of the Revised Gesell and Armatruda Developmental and Neurological Examination*. New York: Harper & Row.
- Losardo, A., & Notari-Syverson, A. (2001). *Alternative approaches to assessing young children*. Baltimore: Paul H. Brookes Publishing Co.
- Macy, M.G., Bricker, D.D., & Squires, J.K. (2005). Validity and reliability of a curriculum-based assessment approach to determine eligibility for Part C services. *Journal of Early Intervention*, 28(1), 1–16.
- McLean, M., Wolery, M., & Bailey, D.B. (2004). *Assessing infants and preschoolers with special needs*. Upper Saddle River, NJ: Pearson.
- Meisels, S.J. (1987). Uses and abuses of developmental screening and school readiness testing. *Young Children* 42(2), 4–6, 68–73.
- Myers, C.L., McBride, S.L., & Peterson, C.A. (1996). Transdisciplinary, play-based assessment in early childhood special education: An examination of social validity. *Topics in Early Childhood Special Education* 16(1), 102–126.

- Neisworth, J.T., & Bagnato, S.J. (2004). The mismeasure of young children: The authentic assessment alternative. *Infants and Young Children, 17*, 198–212.
- President's Commission on Excellence in Special Education Report. (2002). A New Era: Revitalizing Special Education for Children and Their Families. Retrieved October 1, 2006 from <http://www.ed.gov/inits/commissionsboards/whspecialeducation/reports/index.html>
- Sandall, S., Hemmeter, M.L., Smith, B.J., & McLean, M. (2005). *DEC recommended practices: A comprehensive guide*. Longmont, CO: Sopris West.
- Sandall, S., McLean, M., & Smith, B. (2000). *DEC recommended practices in early intervention/early childhood special education*. Longmont, CO: Sopris West.
- Shakelford, J. (2002). Informed clinical opinion (NECTAC Notes No. 10). Chapel Hill, NC: The University of North Carolina, FPG Child Development Institute, National Early Childhood Technical Classification Center.
- Shepard, L. (1994). The challenge of assessing young children appropriately. *Phi Delta Kappan, 76*, 206–211.
- Vacc, N. A., & Ritter, S. H. (1995). *Assessment of preschool children*. (ERIC Document Reproduction Services No. ED389964).

APPENDIX A: Empirically Derived Eligibility Cutoff Scores

Table 1. Eligibility Cutoff Scores for AEPS[®] Test Level I (revised 2006)

Age Interval	Fine Motor	Gross Motor	Adaptive	Cognitive	Social-Communication	Social
4–6	2	2	0	2	1.5	0
7–9	3.5	4	1	4	3	1
10–12	6	7	2	5	4	2
13–15	7	10	4	7.5	5	4
16–18	9	13.5	5	11	7	5
19–21	11	16	8	14	10	9
22–24	12	17	9	20	12	9
25–27	13	18	9.5	20	13	9
28–30	13	19	11	25	15	9.5
31–33	15.5	20	12	29	15.5	10
34–36	16	21	13	30	16.5	10

Table 2. Eligibility Cutoff Scores for AEPS[®] Test Level II (revised 2006)

Age Interval	Fine Motor	Gross Motor	Adaptive	Cognitive	Social-Communication	Social
37–42	2.5	5	7	10.5	8	11.5
43–48	3	5.5	8	14	9	13.5
49–54	5	6.5	9	18	10	15
55–60	6	7	9	19	11	16
61–66	6.5	8	9.5	22	12	16.5

Note: AEPS[®] Test eligibility cutoff scores are not provided for the 67–72 month interval because sufficient data were not available to derive valid cutoff scores. For more information refer to the Frequently Asked Questions section.