

This tip sheet introduces the terms screening, assessment, and evaluation, and clarifies the distinction between all three processes and how they occur in an early learning context in Minnesota. It was created in collaboration with personnel from the Minnesota Department of Education (MDE) and Department of Children, Youth, and Families.

The field of early care and education has many special terms. Some terms, like *home language*, are easy to understand and use, but other terms need more explanation. *Screening, assessment, and evaluation* are terms that are easily misunderstood. Screening, assessment, and evaluation are important parts of early care and education. It's worth getting a clear picture of what these terms mean.

In this document, we use "early learning professionals" to describe people who work with children from birth through kindergarten (5 - 6 years old). This includes people who work in Head Start, child care (home and center-based), community-based preschool or pre-kindergarten programs, school readiness, voluntary pre-kindergarten, school readiness plus, early childhood health and developmental screening, and early childhood special education (ECSE). We use "caregivers" to refer to a child's parents, relatives, legal guardians, or other adults who care for young children.

MDE's **Successful Learner Equation**¹ says that "adults, programs, and systems are responsible for supporting each child" to be a successful learner. Supporting learning begins with answering the fundamental question, "How is the child developing?" The answer to that question can give caregivers and early learning professionals ideas for next steps. It can also direct them to programs and systems that can help the child grow. Children benefit when caregivers and early learning professionals all have the same information, understanding, and expectations. This shared information allows the adults to access education and health resources and work together to support the child.

Distinguishing the terms

Screening, assessment, and evaluation are separate activities. Together, they try to answer the question, "How is this child developing?" Screening, assessment, and evaluation can be done in any order or combination, or not done at all. A child might be involved in more than one of these activities simultaneously. They might be involved in them multiple times during early childhood.

Screening, assessment, and evaluation each answer different questions, and contribute to this overall question:

How is this child developing?

Screening

Is this child developing within a typical range? Are they in need of additional supports to meet developmental milestones?

Assessment

What does this child know and what are they able to do? Where is the child in their learning progression?

Evaluation

Is this child eligible for early intervention (birth to age three) or special education and related services (ages three up to age 22)?

Screening

Developmental screening looks at how a child is growing, moving, talking, and behaving. Children can also be screened for potential concerns with their hearing, vision, and health. When screening uncovers a potential concern, care providers and early learning professionals connect caregivers with resources. It's important that those resources be linguistically and culturally responsive and developmentally appropriate.

- A parent or guardian **must** provide consent for a developmental [Early Childhood Screening](#).
- Health or early learning professionals do screenings. Free developmental screening for children from birth to five years old can be found at some clinics, Early Head Start, Head Start, the Follow Along Program, family home visiting programs, child welfare programs, some child care programs, school districts, and some charter schools.
- Minnesota school districts require that children have developmental [Early Childhood Screenings](#)² before or within the first 30 days of kindergarten or first grade.
- Families may also decline or opt out of screenings by contacting their local district.

When the screening results show a need for a closer look at a child's development, the child may be referred for a health or mental health assessment/evaluation, or to early childhood special education, who may provide another screening or an evaluation. The person who conducted the screening may connect caregivers with Early Childhood Family Education, prekindergarten and other programs.

Important Facts about Screening

Fact #1: Screening is not dependent on a child's ability to speak English.

School districts can provide an interpreter for a child who does not speak English. When a child is learning two languages, it's best to do screenings in the language the child hears most often. The screening can also switch between English and the child's home language with an interpreter.³

Fact #2: Health screenings and early childhood screenings are different.

Some clinics offer health and developmental screenings. These share some components with school districts' early childhood screenings, but they are not the same.

Fact #3: Screening is not connected to immigration status, nor do school districts check immigration status.

Some caregivers may feel nervous when they hear the word "screening." They may wonder if it's related to their immigration status. Children are eligible for early childhood screenings through their school district regardless of their immigration status. Also, in general, immigration enforcement actions are not supposed to occur in sensitive locations, such as schools, early learning programs, or other education-related activities or events. For more information about these civil rights protections, please see [this letter from the MDE Commissioner](#).⁴

Assessment

Sometimes called “child assessment,” “early learning assessment,” or “authentic assessment.”

Assessment is a process of gathering evidence of a child’s development and learning and using it to inform decisions about children’s learning experiences and instruction.

- The National Association for the Education of Young Children’s (NAEYC) Position Statement on Early Childhood Curriculum (2003) recommends that assessments should be “...developmentally appropriate, culturally and linguistically responsive, tied to children’s daily activities, supported by professional development, inclusive of families, and connected to specific, beneficial purposes...” (p. 1).⁵
- Assessments are typically conducted by providers or teachers, although other qualified ECE professionals or educators may also administer assessments.
- Unlike screening and evaluation, parents are not required to provide consent for authentic assessment, but programs should consider sharing information about an assessment with caregivers.
- Assessment definitions and requirements vary by ECE program and grade. The timing of when assessments take place also varies. ECE professionals should understand their program’s specific definition(s).



Assessment should **not** be used to:

- determine whether a child should or should not enter/enroll in public preschool, prekindergarten, or kindergarten;
- determine whether a child is eligible for early intervention or special education and related services;
- justify a deficit-oriented narrative or picture of a child or family;
- encourage, promote, or practice developmentally inappropriate instruction;
- judge, shame, or punish children, educators, or programs.

Defining It

Screening

A look at how a child is growing, moving, talking, and behaving. Screenings help parents learn ways to best support their child’s development.

Assessment

Assessment is a process of gathering evidence of a child’s development and learning and using it to inform decisions about children’s learning experiences and instruction.

Evaluation

Sometimes called “the special education evaluation process.”

In Minnesota, school districts provide these evaluations.

- A parent or guardian **must** provide consent for evaluation.
- A team of professionals such as physical therapists, occupational therapists, speech-language pathologists, and ECSE teachers do the evaluation in partnership with the child's caregivers. The evaluation team conducts a formal evaluation. The team also gathers existing information about the child from caregivers, teachers, and assessment tools.
- The team will use the information they gathered to determine whether the child is eligible for early intervention or special education and related services.
- A parent or guardian can choose to stop the evaluation process at any point.
- If the evaluation shows that a child is eligible for ECSE services, a parent or guardian must provide consent for those services.
- Medical evaluations cannot substitute for educational evaluations. Caregivers may choose to pursue a medical diagnosis regardless of the results of the educational evaluation. A medical diagnosis may be needed to access certain supports and services in their community. For more information about what happens after an evaluation, visit [Part C Post Referral Flowchart](#)⁶ and [Part B Post Referral Flowchart](#).⁷

If a child is eligible for early intervention or special education (and related services), the child's team will develop a formal support plan for that child.

For children under 3 years of age, that plan is called an Individualized Family Service Plan (IFSP).

For children 3 or older, that plan is called an Individualized Education Program (IEP).



Defining It

Evaluation

A formal process of gathering information to determine whether a child is eligible for early intervention or special education and related services.

Top Five Myths about Screening, Assessment, and Evaluation

Myth #1: The terms screening, assessment, and evaluation all mean the same thing.

Not true. In fact, each of these terms has its own definition, distinct purpose, and next steps.

Myth #2: A screening or an assessment can determine whether a child has a disability.

Not true. Screening does not determine special education eligibility. Instead, screening may point to the need for further information. Assessment does not determine special education eligibility, either. Instead, assessment looks at what a child knows and can do. Only a special education evaluation, conducted by early childhood special education professionals at a school district, can determine if a child is eligible for special education services.

Myth #3: Screening and assessment can be used to determine whether a child can enroll in kindergarten.

Not true. While not mandatory in Minnesota, kindergarten offers an important school experience and enrollment is strongly encouraged. Families can choose to enroll their child if they are at least 5 years of age on September 1 of the year of entrance. Eligibility for kindergarten is not based on what a child knows and is able to do.

Schools are required to support and educate all children. It is important to know that every child entering kindergarten comes with a range of skills. Kindergarten is a place to grow and develop, including learning skills that support school success.

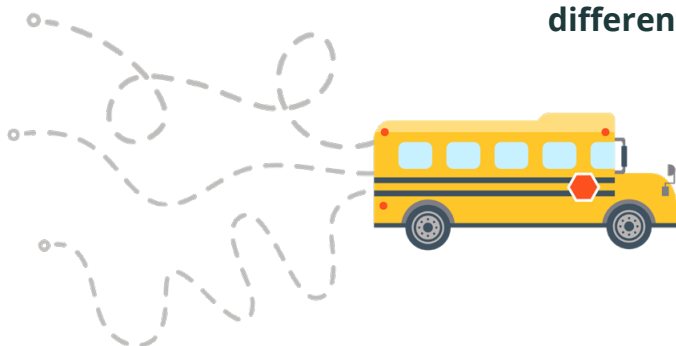
Myth #4: A child with an individualized education program (IEP) or individualized family service plan (IFSP) will need to complete another screening if their needs change.

Not true. If caregivers feel that a child's needs have changed, they should speak directly with the service coordinator/case manager listed on their child's IFSP or IEP. The person in that role will help the caregivers determine next steps.

Myth #5: Screening, assessment, and evaluation must happen in that order.

Not true. Children can participate in screening, assessment, and evaluation in any order. They may participate in one or two of these activities, all of them, or none of them. It all depends on an individual child's circumstances. It can depend on whether they are enrolled in an early care and education program, and also depend on whether caregivers or early learning professionals have specific concerns about a child's development.

**Every child's journey
to kindergarten is
different.**



There is no one path.
All age-eligible children are able to attend kindergarten,
no matter where they started.

Diving Into It

To learn more about screening, assessment, and evaluation tools, check out the following websites:

Review MDE's materials to further distinguish between these terms.

- Screening:
dcyf.mn.gov/partners-and-providers/child-care-and-early-learning/districts-schools-and-head-start/screening
- Assessment:
dcyf.mn.gov/partners-and-providers/child-care-and-early-learning/districts-schools-and-head-start

Resources on Screening:

- Explore Minnesota Department of Health's recommended screening instruments:
health.state.mn.us/people/childreneyouth/devscreen/instruments.html
- Explore screening programs in Minnesota:
health.state.mn.us/people/childreneyouth/devscreen/programs.html
- Connect with local screening programs through HelpMeConnect:
helpmeconnect.web.health.state.mn.us/HelpMeConnect/Topics/HealthyDevelopmentandScreening



Resources on Assessment:

In Minnesota, early learning programs use a variety of early learning assessments.

We encourage early learning professionals to visit a specific program's website to learn more.

- Head Start:
z.umn.edu/head_start_screening_assessment
- Parent Aware Rating Resources:
parentaware.org/programs/rating-resources
- Assessment in Early Childhood:
dcyf.mn.gov/partners-and-providers/child-care-and-early-learning/districts-schools-and-head-start

Resources on Evaluation:

In Minnesota, school districts' early childhood special education programs use a variety of screening and evaluation tools.

For information about early intervention, visit the PACER Center website:

pacer.org/guides/special-education-eligibility/se-300/

References

The sources referenced in this tip sheet can be found at: z.umn.edu/screen_assess_eval_refs