

**Pocono Services for Families and Children
 Monroe County Head Start
 Keystone's to Learning**

**Program Child Outcomes
 Fall, 2014**

The first baseline developmental assessment using the *Teaching Strategies GOLD* was completed by October 15, 2014 on every child enrolled in Pocono Services for Families and Children for more than 30 days at the time of reporting (211 children).

The GOLD is a system developed to provide authentic, ongoing observational assessment of each child in 10 areas of development and learning:

- Social-Emotional
- Physical
- Language
- Cognitive
- Literacy
- Mathematics
- Science and Technology
- Social Studies
- The Arts
- English Language Acquisition

These 10 areas of development and learning are grounded in 38 research based objectives that include predictors of school success and are aligned with the *Common Core State Standards* (state early learning guidelines), *the Pa. Early Learning Standards*, and the *Head Start Development and Learning Framework*.

Program Wide Results of GOLD (based on 12 classrooms)

This is baseline data, meaning this reflects children's development at the beginning of the program year. There were delays noted in every domain of learning (not meeting expectations). Overall, 37% are not meeting expectations for their age, with only 11% exceeding expectations for their age. These percentages are comparable to Fall, 2013 entry data. This reinforces the continued need for comprehensive, quality services for children in Monroe County Head Start and Keystones to Learning.

Outcomes by Domain:

Domain	Does not meet	Meets	Exceeds
Social/Emotional	49%	39%	12%
Physical/Gross Motor	46%	45%	9%
Physical/Fine Motor	32%	62%	6%
Language	42%	48%	10%
Cognitive	42%	47%	11%
Literacy	42%	46%	12%

Mathematics	48%	41%	11%
Science and Technology	25%	62%	13%
Social Studies	23%	65%	12%
The Arts	14%	70%	16%
Average Totals	37%	52%	11%

Domains of Strength (includes objectives that were met or exceeded expectations):

- Physical/Fine Motor (68%)
- Language/Literacy (58%)
- Cognitive (58%)

Areas to Intentionally Plan for to strengthen curriculum and individualizing for children:

- Social/Emotional (51%)
- Physical/Gross Motor (54%)

Follow-up:

Each teacher has printed out individual colored graphs of the children enrolled in their classroom and are using the data for daily planning for each child. Teachers are developing a Classroom Quality Improvement Plan which identifies goals for classroom learning based on the results of several sources of classroom data (GOLD, IGDI, and GRADE assessments). Individual child outcomes are being shared and discussed with parents on home visits or during parent-teacher conferences.

Results of AML-R Behavior Rating Scale (AML-R)

The AML is a 12 item, quick screening tool completed by teachers to aid in identifying children experiencing school adjustment problems through acting out, aggression, moodiness, shyness, anxious behaviors, and/or challenges in learning. Comparison of a child's relative position across three scales can identify a particular problem area and assist mental health professionals and teachers in determining an approach which may best meet a child's specific needs.

Results of 211 children screened using the AML:

- 15% are on a monitor (33 children)
- 85% are on the age appropriate level (118 children)

Children with IEPs or Behavioral Treatment Plans:

12% of the children enrolled at the beginning of the program year already have a diagnosis by an appropriate professional and have an IEP and/or a Behavioral Treatment Plan:

- Social/Emotional, behavioral, or mental health – 3% or 6 children
- Speech/Language – 3% or 7 children
- Developmental Delays – 6% or 12 children

Referrals:

- There were 17 (8%) in-house referrals to the Child Well Being System for behavioral concerns and an additional 6 (3%) who were referred for Behavioral Health Services.
- Based on results of initial behavioral screenings 17 children (8%) of the enrolled children were referred to Behavioral Health community agencies for further evaluations within the child's first 45 days in the program.
- The results of IU Screenings during the 2014 Health Fair showed 42 (20%) children being referred for further evaluations for speech and language delays.

Conclusions:

With the number of referrals in process there is a potential for 54% of the children to have an IEP, a Behavioral Treatment Plan, or other special need. This is a significant number that will bring many challenges to staff, parents, and community agencies. This supports the importance of the Child Well Being System and its multi-team, individualized, holistic approach to planning for children's specific special needs.

Recommendations to strengthen curriculum, teaching strategies, and individualizing for children:**Social Emotional:**

- Continue to focus on social skill development using the Second STEP curriculum.
- Utilize expertise of Child Well Being System to support teachers and transfer behavioral intervention skill strategies for individual children
- Provide more parental in-home support and education of working with children at home with challenging behaviors
- Provide families with monthly mental health flyers for tips on how to develop children's social/emotional growth at home and for themselves

Gross Motor:

- Provide training for teachers on gross motor activities to do both indoors and outdoors.
- Add more resources for gross motor activities
- Take an inventory of gross motor equipment and materials for developmentally appropriateness and sufficient numbers for numbers of children
- Enhance the outdoor environments to include more cooperative physical activities to bring a social-emotional focus to outdoor play