

# Early Childhood Developmental Screening in South Carolina: Common Practices, Opportunities, and Challenges

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Justin<sup>1</sup> is an active third grader who enjoys reading, playing sports, and spending time with his family. His teachers indicate that he is meeting all his grade-level targets and socializes well with others, at times a little too well. Most people do not know that Justin is on the autism spectrum. His parents, who are both in the health care profession, recognized some early signs of autism when he was very young, and he was screened when he was about 18 months old. When he was 2 years old, he began receiving extensive therapy while at his child care center. By the time he was 4, he was socializing well with his peers and meeting targets for his age range. Currently, Justin is participating with his peers in grade-level curriculum and instruction, and he is not receiving any additional interventions or services. Because of early screening and intervention, Justin has met or exceeded many benchmarks that his parents thought impossible when he was initially diagnosed with autism.

Early childhood screening, similar to what Justin received, is becoming more recognized in its ability to detect concerns, refer children for additional assessment, and initiate early intervention services. Since 2007, developmental screenings for children ages four months to five years old have increased by 10% (Child Trends, 2013). According to Wieder (2012), “One strategy many states are using to improve achievement and help prevent over-identification [of students with disabilities in later childhood] is giving all students baseline assessments at an early age to spot and treat learning disabilities.” Results of early screenings are used to provide interventions that can be successful in addressing the unique needs of children and reducing the likelihood for further special education services. In addition to serving the educational needs of these children, it is often more cost effective for both states and families.

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**Early intervention services are  
“more efficient and produce more favorable outcomes  
than remediation later in life.”**

*Center for the Developing Child: Harvard University (2007)*

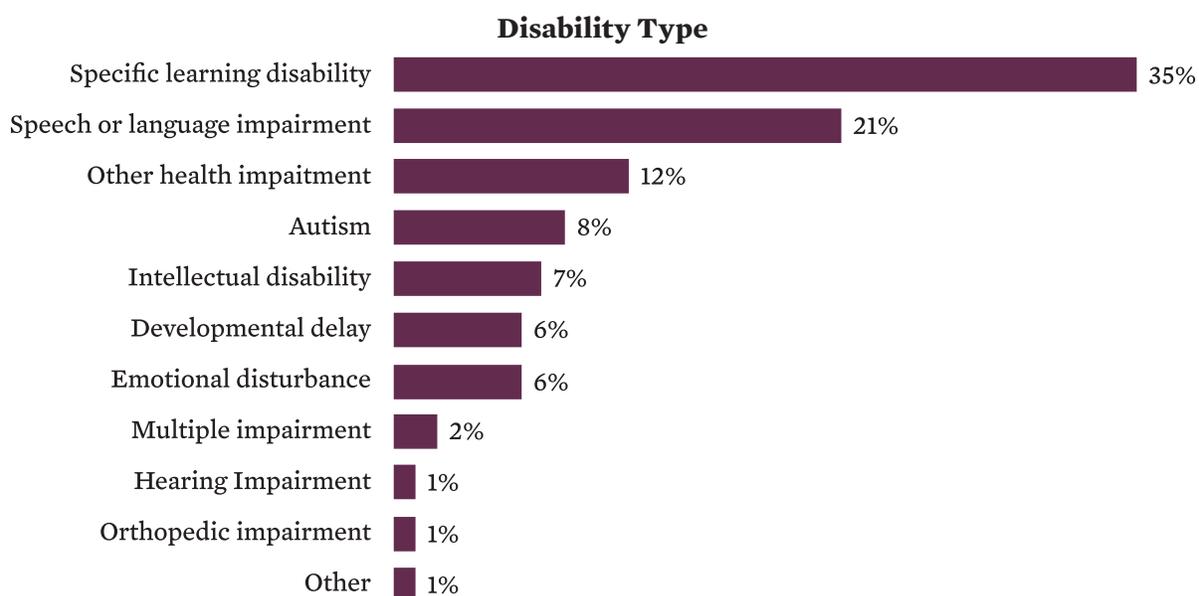
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<sup>1</sup> name and minor details changed to protect confidentiality of child.

The American Academy of Pediatrics recommends children receive at least three screenings prior to their 3rd birthday; however, based on a national survey of health care providers, only about 31% of the 5.9 million children ages 10 months to 5 years were screened using a parent-report standardized tool during a health care visit (Child Trends, 2013; National Survey of Children’s Health, 2012). Based on this information, up to 69% of young children in the United States may not be receiving developmental screenings that are critical in establishing the need for early intervention and seeking to reduce the need for special education services once a child is enrolled in elementary school.

According to the National Center for Education Statistics, approximately 6.5 million students ages 3 through 21 are receiving special education services today under the Individuals with Disabilities Education Act, which represents approximately 13% of public school students or 1 out of every 8 students (Institute of Education Sciences, 2016). The number of students receiving services has more than doubled since the late-1960s, based in part on better methods of screening and identification (Alonzo & Rothstein, 2010; Cakiroglu, 2015). A budgetary review of nine districts revealed that spending on special education has increased more rapidly than any other area since the 1960s and currently comprises up to 20% of overall education budgets. In comparison, these districts spent about 4% of their educational budgets in 1967 on special education services (Alonso & Rothstein, 2010).

Of those receiving special education services, specific learning disabilities (35%) is the most reported disability. A specific learning disability is defined as “a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in the imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations, including conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia,” (Center for Parent Information and Resources, 2016) Speech/language impairment (21%) comprises the second most commonly diagnosed disability. Health impairment, autism, intellectual disability, developmental delay, and emotional disturbance each comprise between 6% and 12% of those receiving services (US Department of Education, 2014).



SOURCE: U.S. Department of Education, Office of Special Education Programs, Individuals with Disabilities Education Act (IDEA) database, retrieved October 3, 2014, from <https://inventory.data.gov/dataset/8715a3e8-bf48-4eef-9deb-fd9bb76a196e/resource/a68a23f3-3981-47db-ac75-98a167b65259>. See Digest of Education Statistics 2014, [table 204.30](#).

## **(expenses to students, families, and the state)**

The greatest expense in failing to respond effectively to children with disabilities is often limited opportunities for these children and financial and emotional stress of their families. Only about 55% of children with disabilities graduate from high school with a standard diploma. Children with disabilities are less likely to pursue post-secondary education, and about 50% of adults with disabilities are unemployed (American Youth Policy Forum and Center on Educational Policy, 2001). Families of children with disabilities incur costs that range from a few hundred dollars per year to more than \$8,000 per year generally in areas such as targeted interventions for their children, specialized child care, and travel expenses. In addition, parents or caregivers of children with disabilities experience an average of seven hours of missed work time per week (Anderson, Dumont, Jacobs, & Azzaria, 2007).

For states, the monetary costs to educate children with diagnosed disabilities are as much as double that of a student without a disability (Chambers, Shkslmik & Perez, 2003). It is important to provide appropriate and effective services to students with disabilities and continuously evaluate the success of interventions for children with disabilities; however, identifying children earlier and providing effective interventions has economic and social benefits for students, families, schools, and states.

## **(early childhood developmental screening in south carolina)**

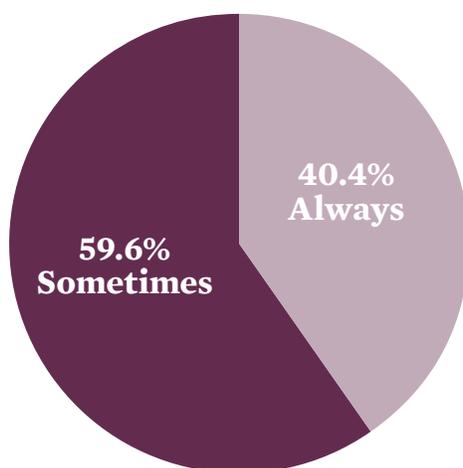
In South Carolina, there are approximately 350,107 children under 6 years old. Similar to national trends, approximately 30% of these children received a standardized, parent-informed developmental screening within the last 12 months during a health care visit (National Survey of Children's Health, 2012). Based on a recent survey of South Carolina early childhood professionals (*South Carolina Developmental Screenings Landscape Survey*), some young children in South Carolina also receive screenings through their early childhood education and child care programs. The 61 survey respondents represented many fields serving young children and some represented multiple fields: Early Childhood Education (85.2%), Early Intervention (9.3%), PK-12 Education (9.3%), Health (3.7%), Social Services (3.7%), and Mental Health (1.9%). In medical facilities and in early childhood programs, the most widely used screening tool appears to be Ages and Stages Questionnaires, a standardized screening tool completed by family members and others who are familiar with a child's common skills and behaviors. Other screening tools used are the Developmental Indicators for the Assessment of Learning (DIAL), the Modified Checklist for Autism in Toddlers (M-CHAT), Parents' Evaluation of Developmental Status, and the Survey of Wellbeing of Young Children.

Most developmental screening tools identify areas of development such as Gross Motor, Fine Motor, and Communication based on specific milestones and timeframes of development (e.g., 6 months, 12 months). These tools rely on family members or others familiar with a child's development to complete a series of questions or statements, which generally requires approximately 10 to 15 minutes. The tool is scored by a trained professional who identifies areas with concerns and determines an

overall score (Squires, Twombly, Bricker, & Potter, 2009). If the screening results identify the need for additional screening or assessment in one or more areas, a family is usually referred to another organization for additional evaluation.

Many people indicate the potential of early childhood developmental screenings based on their usefulness in determining the need for additional assessment and cost effectiveness (Squires et al., 2009). Early childhood and medical professionals who responded to the *South Carolina Developmental Screenings Landscape Survey* indicated that developmental screenings were sometimes (59.6%) or always (40.4%) helpful in identifying children who may need additional evaluation.

### Screening Effectiveness

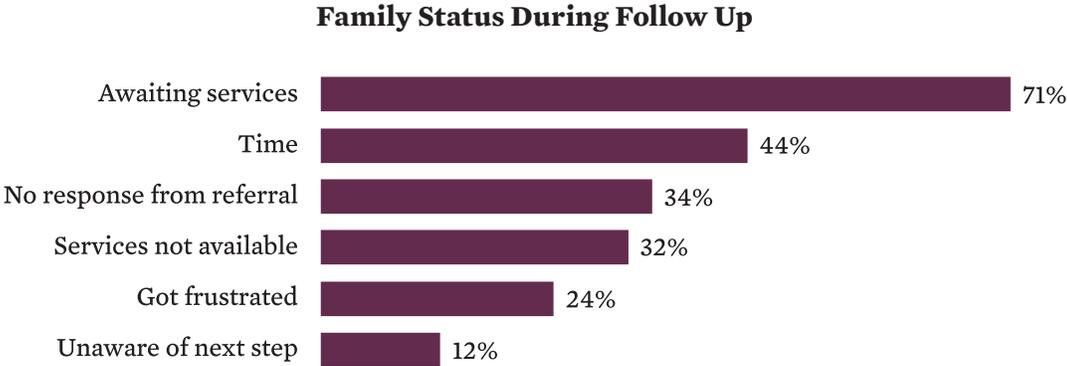


The Individuals with Disabilities Education Act (IDEA) governs services for children ages 3-21 under Part B of the legislation. Children ages 3 and above with a disability generally receive services through a local or regional school district. School districts provide an assessment or evaluation of children to determine eligibility; if eligible, the school district or its contractors provide these services. Infants and toddlers (ages 0-3) receive services through Part C of the IDEA legislation. In South Carolina, BabyNet conducts evaluations to determine eligibility and provides services to eligible children. Survey respondents indicated that they most commonly referred families to BabyNet, local school districts, and pediatricians/family doctors for additional evaluation. Other referral sources included county-based early screening and intervention programs.

While the American Academy of Pediatrics and other national organizations advocate for developmental screenings during the first five years of life, there are common barriers to promoting screenings and follow-up as needed. On the *South Carolina Developmental Screenings Landscape Survey*, respondents indicated that time required to complete the screening process was the most common

challenge. The administration of a standardized screening tool generally requires approximately 10 to 15 minutes per child. Other challenges were lack of understanding of items on screening tool, lack of trained people to administer screenings, and limited capacity to monitor and maintain screening and referral programs.

Follow-up with families who have been referred for additional developmental screening or evaluation is important to determine status of additional evaluation or services. Most of the survey respondents indicated that they always (79.5%) or sometimes (20.5%) follow-up with families related to the availability and receipt of additional services. At follow-up, many families are still awaiting services from the referral source, experience time constraints in having their child evaluated, are unsure of next steps, receive no response from the referral source, are told services are not available to the child/family, and become frustrated with the process.



Increasing the number of young children who receive developmental screenings and improving the referral and service delivery process are areas to consider to promote better outcomes for children and families and to reduce costs to states and school districts for later special education services. According to reports from the field (National Survey of Children’s Health, 2012) the majority of South Carolina children under age 5 do not receive developmental screenings during routine health visits. While some may receive screenings through their early education and care programs, many children with developmental issues do not receive screening, evaluation, or services until they enter kindergarten.

To develop a more systematic approach to early childhood developmental screenings, providing support and reducing barriers to health care providers and educators in conducting early childhood developmental screenings are critical. Understanding and identifying best practices related to 1) identification and use of appropriate, effective screening tools, 2) support to parents or caregivers in seeking additional services as necessary, and 3) resources to encourage additional evaluation and intervention services are especially important. Additional community and state-level work to

identify current practices related to early childhood developmental screenings and early intervention along with gauging best practices from other states may help South Carolina design a data-informed approach with strategies, needed resources, organizational partners, and metrics to explore process.

Justin was fortunate that his parents recognized some early signs of a developmental issue and arranged for a developmental screening and evaluation through a health care provider. The health care provider referred Justin for early intervention services, and he was able to thrive after about two years of early intervention. Justin entered kindergarten with similar skill sets to his peers. According to his parents, he has vague memories of the therapies he received in preschool, and he perceives himself to be unstoppable in pursuing his future dreams, which may include being a baseball player, a police officer, or a medical professional.

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