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VOLUME

# User's Guide

EDITED BY

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# VOLUME 1

# User's Guide

edited by

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Dr. Bricker served as Director of the Early Intervention Program at the Center on Human Development, University of Oregon, from 1978 to 2004. She was a professor of special education, focusing on the fields of early intervention and social communication.

Her professional interests have addressed three major areas: early intervention service delivery approaches, curriculum-based assessment and evaluation, and developmental-behavioral screening. Dr. Bricker's work in early intervention approaches has been summarized in two volumes: *An Activity-Based Approach to Early Intervention, Fourth Edition* (with J. Johnson & N. Rahn; Brookes Publishing Co., 2015), and *An Activity-Based Approach to Developing Young Children's Social Emotional Competence* (with J. Squires; Brookes Publishing Co., 2007). Her work in curriculum-based assessment and evaluation has focused on the development of the *Assessment, Evaluation, and Programming System for Infants and Children (AEPS®)*; Brookes Publishing Co., 1993, 1996, 2002, 2022). This measure and associated curricula provide intervention personnel with a system for the comprehensive assessment of young children with results that link directly to curricular content and subsequent evaluation of child progress.

Dr. Bricker has been a primary author of the *Ages & Stages Questionnaires® (ASQ®)*; with J. Squires; Brookes Publishing Co., 1995, 1999, 2009) and has directed research activities on the ASQ system starting in 1980. *Developmental Screening in Your Community: An Integrated Approach for Connecting Children with Services* (with M. Macy, J. Squires, & K. Marks; Brookes Publishing Co., 2013) offers a comprehensive system for creating and operating communitywide developmental-behavioral screening programs for young children.

Dr. Bricker's distinctions include the Division of Early Childhood, Council for Exceptional Children Service to the Field Award, December 1992, and the Peabody College Distinguished Alumna Award, May 1995.

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Dr. Dionne is Professor of Special Education at the University of Québec at Trois-Rivières (UQTR), where she has worked since 1997. She led the Canada Research Chair in Early Intervention from 2005 to 2015. She also served as Scientific Director of a research institute on intellectual disabilities and autism spectrum disorder. Dr. Dionne has served as Principal Investigator on numerous research studies focused on early intervention and early childhood special education. In 2016, she began work as a United Nations Educational, Scientific and Cultural Organization (UNESCO) Chair on screening and assessment of young children, collaborating with Dr. Jane Squires and colleagues from other countries. Project objectives include training graduate students and conducting research activities in early intervention for children from birth to 6 years of age who are at risk for or have disabilities.

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Dr. Grisham has directed research projects on topics including linking assessment and instruction, early care and education program quality, and individualizing instruction for young children with disabilities. In addition, she has conducted research on the effectiveness of instructional procedures that are embedded into developmentally appropriate activities, the application of multi-tiered systems of support in early childhood settings, and coaching teachers and caregivers to implement evidence-based instructional strategies with fidelity. Dr. Grisham is Project Director for the Kentucky Deaf-Blind Project, which provides technical assistance to families and service providers of infants, toddlers, children, and youth with deaf-blindness. She coauthored a book titled *Reach for the Stars: Planning for the Future* (with D. Haynes; American Printing House for the Blind, 2013), which is used to support families of young children in planning for their children's future and articulating their priorities to educational team members, as well as *Blended Practices for Teaching Young Children in Inclusive Settings, Second Edition* (with M. L. Hemmeter; Brookes Publishing Co., 2017), and *Assessing Young Children in Inclusive Settings: The Blended Practices Approach* (with K. Pretti-Frontczak; Brookes Publishing Co., 2011). Finally, Dr. Grisham directed the nationwide field test for AEPS-3. Dr. Grisham is frequently asked to provide professional development to state departments of education, universities, and local education agencies on topics for which she conducts research throughout the country. Dr. Grisham is co-founder of a children's home and preschool program in Guatemala City, Hope for Tomorrow, where she accompanies students for the education abroad program. Dr. Grisham also works internationally in other locations to promote inclusion of young children with disabilities.

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Dr. Johnson is Professor in Child and Family Studies at St. Cloud State University in Minnesota, where she provides professional development education in early childhood education, early intervention, and early childhood special education. She completed her undergraduate degree in special education and elementary education at the University of Idaho and her master's and doctoral degrees in early intervention at the University of Oregon under the advisement of Dr. Diane Bricker.

Dr. Johnson has worked at University Centers for Excellence in Developmental Disabilities in Louisiana, Oregon, and Nevada as Program Coordinator, Teacher, Service Coordinator, Grant and Contract Administrator, Director, Principal Investigator, and Instructor. She served as Director of the Research and Educational Planning Center and the Nevada University Center for Excellence in Developmental Disabilities from 2001 to 2008, where she developed and administered lifespan programs, services, and supports for individuals with disabilities and their families. Her professional experiences encompass all service settings for young children, including neonatal intensive care units, pediatric intensive care units, well-baby clinics, home- and center-based programs for infants and young children (including Head Start and Early Head Start), nursing homes, supported employment, transition programs, special education schools, and university lab school programs. Much of her professional career has focused on developing and refining assessment and curriculum systems to support interventions for young children with disabilities, birth to age 6, and their families. Dr. Johnson is author, developer, and trainer of *An Activity-Based Approach to Early Intervention, Fourth Edition* (with N. Rahn & D. Bricker; Brookes Publishing Co., 2015), and the *Assessment, Evaluation, and Programming System for Infants and Children (AEPS)* (Brookes Publishing Co., 2002, 2022) and has been involved with the system since her days as a graduate student at the University of Oregon. In her spare time, Dr. Johnson likes to read, work on home projects, observe and interact with young children, and support human and animal rights.

**Marisa Macy, Ph.D.**, Cille and Ron Williams Endowed Community Chair for Early Childhood Education and Associate Professor, Early Childhood Education, College of Education, University of Nebraska at Kearney

Dr. Macy teaches early childhood classes at the University of Nebraska at Kearney. She does research related to young children with disabilities. Dr. Macy engages in research and outreach with the Buffett Early Childhood Institute. As the Community Chair, Dr. Macy adopts an integrated approach to early childhood education and development through theory, research, and practice that links empirical research with the creation of programs, ideas, and tools for practitioners and community members. She received master's and doctoral degrees in special education from the University of Oregon with an emphasis on early intervention and early childhood special education. Her research interests include assessment of children from birth to age 8 with delays, developmental screening, play, and personnel preparation.

**Kristine Slentz, Ph.D.**, Professor Emerita, Department of Special Education and Education Leadership, Woodring College of Education, Western Washington University, Bellingham

Dr. Slentz began her career in early intervention and early childhood special education with home visiting and classroom teaching with infants, toddlers, and preschoolers and progressed to directing a regional home-based early intervention program in Montana. For decades, she was involved in pre-service preparation of early interventionists and early childhood special educators at the University of Oregon and Western Washington University. She also provided technical assistance and program development for Part C in Washington. She is currently Professor Emeritus in the Department of Special Education at Western Washington University.

Dr. Slentz's involvement with AEPS began with the earliest versions of the system and continues today, including development, consultation, research, and training. Her particular areas of interest and expertise are assessment and evaluation, infant development, early intervention, and working within family contexts across cultures. She has been fortunate to combine her love of travel with international training and consultation opportunities in Canada, United Arab Emirates, Singapore, and Kenya.

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Misti Waddell is Senior Research Assistant/Project Coordinator at the Early Intervention Program at the University of Oregon. She used the *Assessment, Evaluation, and Programming System for Infants and Children (AEPS)* in classroom settings early in her career and, since the early 1990s, contributed to the development and research of the second edition of AEPS (2002), including project coordination for several field-initiated research and outreach training projects. Most recently, Ms. Waddell served as coordinator for the field testing of AEPS-3. Her professional activities in curriculum-based assessment also focus on the social-emotional development of young children. She coordinated the research study Project SEAM: Preventing Behavior Disorders and Improving Social Emotional Competence in Infants and Toddlers with Disabilities to examine the psychometric properties of the *Social-Emotional Assessment/Evaluation Measure, Research Edition (SEAM™)* (with J. Squires, D. Bricker, K. Funk, J. Clifford, & R. Hoselton; Brookes Publishing Co., 2014). She is currently part of the development team and serves as project coordinator for Project SELECT: Social-Emotional Learning in Early Childhood for Infants and Toddlers, a federally funded project to develop the curricular component of SEAM. Ms. Waddell provides training for early childhood teachers, interventionists, and parents in developmental and social-emotional screening, assessment, and intervention, including *AEPS*, *SEAM*, *Ages & Stages Questionnaires®*, *Third Edition (ASQ®-3)*, and *Ages & Stages Questionnaires®: Social-Emotional, Second Edition (ASQ®:SE-2)*.

## About the Contributors

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Dr. Rahn is Assistant Professor of Special Education at the University of Wisconsin-Whitewater. She completed her undergraduate degree in communicative disorders at the University of Wisconsin-Madison, her master's degree in early intervention at the University of Oregon, and her doctoral degree in special education at the University of Minnesota under the advisement of Dr. Scott McConnell. She has worked as a preschool special education teacher with children having a range of needs, including children with significant disabilities, and as an early interventionist providing services to infants and toddlers with special needs and their families. Dr. Rahn is author of *An Activity-Based Approach to Early Intervention, Fourth Edition* (with J. Johnson & D. Bricker; Brookes Publishing Co., 2015). While at the University of Oregon, she provided training on AEPS and earlier editions of *An Activity-Based Approach to Early Intervention* to programs around the country as part of an outreach training grant. Her areas of interest include naturalistic intervention strategies, early language and literacy interventions, multi-tiered systems of support, and personnel preparation. Dr. Rahn's research focuses on embedded vocabulary and language interventions for young children with disabilities and at risk for disabilities.

# 1

## AEPS®-3 Framework

This chapter provides important contextual information for users of the *Assessment, Evaluation, and Programming System for Infants and Children, Third Edition (AEPS®-3)*. In particular, the chapter addresses the what, why, and who of using AEPS-3 and offers an overview of the AEPS *linked system* approach.

### WHAT IS AEPS-3?

AEPS-3 is more than an assessment/evaluation measure and also more than a *curriculum*—it is a comprehensive linked system. This linked system ties together *assessment, goal/outcome development, teaching/intervention, and progress monitoring* for individual children and groups of children. The AEPS-3 Test yields relevant, meaningful, and functional information that can be used to formulate *developmentally appropriate* outcomes and goals for infants and young children. Assessment results, in turn, link directly to daily routines and activities in the AEPS-3 Curriculum. The four primary purposes of AEPS-3 are to assist professionals in

- Assessing children’s developmental skill level
- Developing quality goals and outcomes
- Formulating teaching and intervention strategies
- Monitoring child progress over time

The system is designed to ensure that parents and caregivers are meaningfully involved in assessment, goal/outcome development, teaching/intervention, and progress monitoring activities. Users can access an online data management program (AEPSi) as well as support materials that help make using the test and curriculum more efficient. A variety of online and face-to-face training materials are available for different audiences in different formats. Training materials are designed to enhance user understanding and application of the various AEPS-3 system components.

Throughout AEPS-3, the term *caregiver* is used to refer to any adult who provides guidance or care for a young child. AEPS-3 materials for caregivers are written in straightforward language that avoids jargon and complicated descriptions. AEPS-3 is designed to engage families in their children’s development and learning. Caregiver input on children’s ability to demonstrate important behaviors during daily routines and activities provides critical information for programs working to support children’s learning outcomes.

Although the AEPS-3 Test is neither a screening tool nor a *norm-referenced assessment* that yields a developmental age or IQ score, scores can be used to determine or corroborate eligibility for early intervention and early childhood special education (EI/ECSE) programs and services. (See Volume 2, Chapter 8, for more information about using AEPS-3 Test results for eligibility determination.)

## WHY USE AEPS-3?

There are six essential reasons to use the AEPS-3 linked system of assessment, goal/outcome development, teaching/intervention, and progress monitoring:

1. AEPS-3 Test results yield functional and educationally relevant developmental information that can be used to develop appropriate goals and learning outcomes for infants and young children, as well as individualized intervention plans.
2. AEPS-3 Test results can be used as baseline information for progress monitoring and reassessment to provide evidence of child change and program effectiveness.
3. The design of AEPS-3 enhances and promotes linkage between test outcomes and subsequent *curriculum routines and activities*.
4. AEPS-3 provides materials that encourage active input and participation of caregivers in child assessment, goal/outcome development, teaching/intervention, and progress monitoring.
5. AEPS-3 supports placement of children in inclusive environments and fosters *collaboration* among teachers, specialists, family members, and other caregivers.
6. AEPS-3 can be used with children from birth to 6 years of age by offering developmental content that spans infancy through kindergarten.

## WHO SHOULD USE AEPS-3?

AEPS-3 can be used by the wide range of professionals who work with young children. It is used by early childhood, early intervention, and special education teachers along with specialists, such as speech-language pathologists, occupational therapists, physical therapists, behavior specialists, and psychologists. Appropriate use requires that members of the professional team have adequate training in child development and knowledge about child learning to correctly interpret child performance across developmental areas. It would be inappropriate to ask a parent to complete the AEPS-3 Test and interpret the results. Professionals should be available to assist with caregiver completion and interpretation of the family support materials.

Using AEPS-3 enhances professional and family understanding of development in young children. AEPS-3 provides basic information about developmental milestones and the general sequence in which they appear from birth to 6 six years in most children. Test items are divided into eight developmental *areas*, and the curriculum organizes all test items for teaching within the context of routines and activities. For example, a communication specialist can assist in completing the *Social-Communication area* and plan activities and interventions that encourage use of targeted skills; a physical therapist can assist in completing the *Gross Motor area* and plan active and outdoor play activities to practice motor skills. Division of the test into areas can allow professionals to complete it efficiently, and commonalities across areas and cross-referencing can provide a solid basis for team collaboration. The routines-based curriculum supports teaching/intervention during preferred activities and daily routines, allowing team members to support children's acquisition of developmental skills across settings, people, and materials.

Since its inception in the 1970s, AEPS has been used most frequently by EI/ECSE professionals. However, the increasing pressure on preschool teachers, child care providers, and kindergarten teachers to assess all children and monitor their progress makes it important and necessary to adopt formal strategies for these purposes. Many early childhood programs that serve *typically developing* children alongside children at risk and children with delays or disabilities may not have the resources to administer a comprehensive assessment like the AEPS-3 Test with every child. The flexible nature of AEPS-3 permits use in ways that are appropriate for all ages covered across a range of program types. For example, users may choose to assess goals only or to assess specific developmental areas that a program wants to emphasize for supporting children in their program. *Ready-Set* may assist professionals who want to examine more advanced school readiness skills but is not appropriate for assessing earlier developmental skills. Its results provide useful information on children's skills and progress over time and can streamline completing a full assessment using AEPS-3 if needed. (See Volume 2, Chapter 6, for more information about Ready-Set.)

## WHICH CHILDREN BENEFIT FROM AEPS-3?

AEPS-3 is appropriate for use with all young children, including children who are developing typically, who are learning English, who are at risk of developmental and early academic delays (such as those with adolescent parents or in foster care), and who have documented disabilities. The AEPS-3 Test has been used successfully with children who have a wide range of specific diagnoses or conditions, including Down syndrome, cerebral palsy, autism spectrum disorder, seizure disorders, sensory impairments, and general developmental delays. Three key reasons why this test and curriculum are appropriate to use with all children are the system's

1. Breadth of developmental content
2. Capacity to accommodate individual and cultural differences
3. Alignment with recommended practices and standards

### Breadth of Developmental Content

AEPS-3 spans the developmental age range from birth to 6 years. AEPS-3 Test and Curriculum content addresses eight developmental areas:

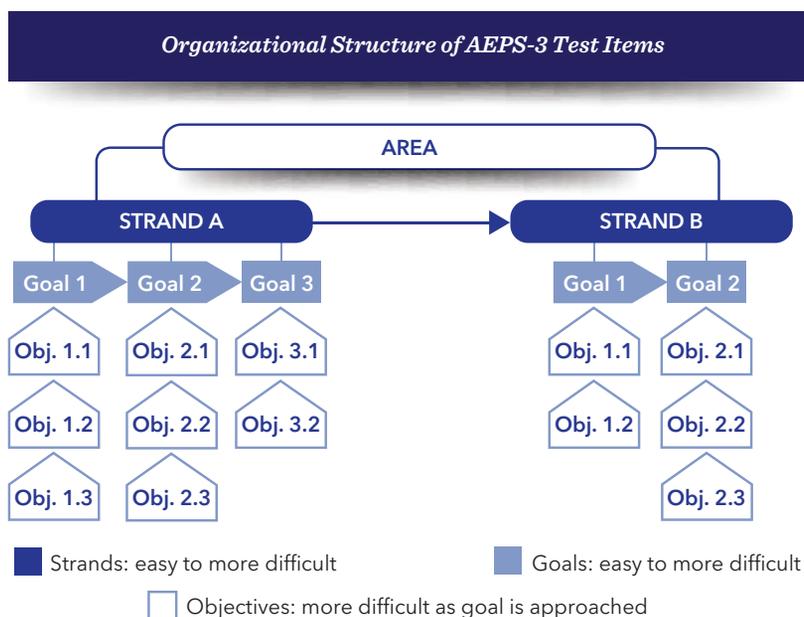
1. Fine Motor
2. Gross Motor
3. Adaptive
4. Social-Emotional
5. Social-Communication
6. Cognitive
7. Literacy
8. Math

Figure 1.1 illustrates how AEPS-3 Test items are organized into *areas, strands, goals, and objectives*. Each area is composed of strands that organize behaviors and skills into functional groupings of related skills. Strands, in turn, are composed of a series of goals and objectives that are arranged hierarchically, when possible, from most basic to increasingly more difficult and complex behaviors. Each area's goals and objectives provide comprehensive coverage of that developmental area, making it possible to assess children from the very earliest stages of development to those with the skills of typical 5- and 6-year-olds. This broad developmental coverage permits accurate assessment of each child's skills and abilities from birth to age 6, whether the child is developing typically or has delays or disabilities. Importantly, **the focus is on determining the developmental status of each child rather than on chronological age.**

### Accommodation of Individual and Cultural Differences

AEPS-3 users are encouraged to modify content to ensure its relevance and appropriateness for each individual child to better match cultural, language, sensory, and physical characteristics. For example, items in the Social-Communication area can be modified for children who speak a language other than English at home or for children who use sign language, augmentative and alternative communication, or assistive devices. Likewise, items in the Gross Motor area can be modified for children who use wheelchairs and other equipment to assist motor functioning. This flexibility makes AEPS-3 usable across the entire range of young children.

AEPS-3 also is appropriate for use with all children because its content can be adapted to accommodate family diversity. The AEPS-3 Test and Curriculum content was chosen to be culturally neutral. To the extent possible, all content is designed to address broad, generic responses and behaviors that children need to be successful. For example, in the content that targets the child's grasp response, the item addresses the form of the grasp used; the types of objects to be picked up can vary to accommodate



**Figure 1.1.** Organizational structure of AEPS-3 Test items. This figure shows how the AEPS-3 Test is organized into areas, strands, goals, and objectives. Areas are composed of strands (functional groups of related skills). In turn, each strand is made up of goals and objectives. Strands and goals proceed in increasing order of difficulty, from easiest to most difficult (Strand A is easier than Strand B, Goal 1 is easier than Goal 2, and so on). In contrast, objectives are numbered in decreasing order of difficulty (Objective 1.1 is the most difficult, Objective 1.2 is slightly easier, and so on). As shown, the closer the objective to the goal, the more difficult it is.

family diversity. If certain content is not appropriate for a particular child or family, that content can be adapted to ensure it is culturally appropriate. For a family that uses chapati bread to scoop food, a different form of grasping could be substituted for the cylindrical grasp used with an eating utensil. The generic nature of AEPS-3 items makes it possible to modify them to ensure that all items will be appropriate for families and children across a wide range of values and cultures.

The AEPS-3 Curriculum is organized into typical routines and activities common to young children, such as mealtime, naps and sleep, dressing, toileting, art, dramatic play, arrival and departure, active and outdoor play, and field trips. For home-based programs, curriculum routines and activities can be adapted to accommodate each child's daily schedule and family cultural context and values. The curriculum is divided into three levels (Beginning, Growing, and Ready) so that children with different developmental needs can participate in the same activity or routine.

## Alignment with Recommended Practices

Another reason AEPS-3 is appropriate for use with all children is that the system's content aligns with standards and best practices put forth by national organizations such as the National Association for the Education of Young Children (NAEYC; Copple & Bredekamp, 2009) and the Division for Early Childhood (DEC; Division for Early Childhood, 2014). AEPS-3 supports these recommended practices by being

- Focused on developmentally appropriate practice (addresses all major milestones for the developmental age range from birth to age 6)
- Sensitive to cultural differences and able to be adapted as needed
- Authentic (assessment, teaching/intervention, and progress monitoring are conducted in the child's natural environment)
- Appropriate for interdisciplinary use
- Available for use by generalists (such as teachers) and specialists (such as speech-language pathologists and social workers)

## AEPS-3 LINKED SYSTEM APPROACH

Using the AEPS-3 Test or a similar curriculum-based measure is a fundamental part of adopting a model that links assessment, goal/outcome development, teaching/intervention, and progress monitoring. Linked models are the most appropriate and effective approaches available to EI/ECSE and early childhood personnel (Bagnato et al., 2010). This chapter describes the framework of the AEPS-3 linked system and its strengths.

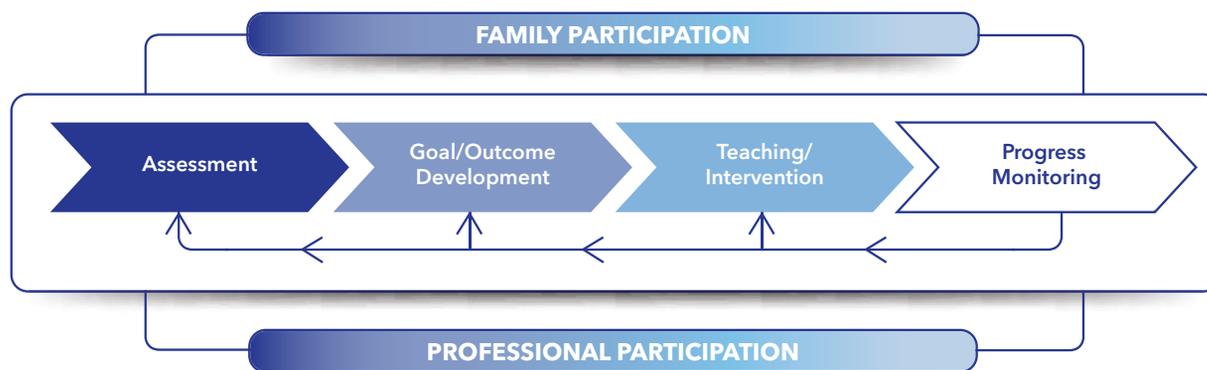
It is important to understand the linked assessment–goal/outcome development–teaching/intervention–progress monitoring system for at least three reasons:

1. Many early childhood professionals have not received adequate preparation on topics such as assessment nor on effective methods to link assessment, goal/outcome development, teaching/intervention, and progress monitoring.
2. Professional literature seldom offers descriptions of linked systems. With few exceptions, descriptions focus on one element, such as assessment or intervention, and fail to address the importance of linkage at the theoretical level or to provide practical ideas for linking assessment, goal/outcome development, teaching/intervention, and progress monitoring activities. (Notable exceptions in the literature are Bagnato et al., 2010; Bricker, 1989; Grisham-Brown & Hemmeter, 2017; Grisham-Brown & Pretti-Frontczak, 2011; Guralnick, 2005; Johnson et al., 2015; Macy, Bagnato et al., 2015; Squires & Bricker, 2007.)
3. Many standardized norm-referenced instruments yield results that are not helpful in program planning and teaching young children (de Sam Lazaro, 2017; Slentz & Hyatt, 2008). Items are selected because they distinguish among children at different developmental levels, not for their educational relevance or functional importance. In addition, these instruments yield outcomes consisting of numerical scores or a developmental/cognitive age, neither of which helps target important skills for future teaching/intervention goals. Finally, test items themselves may be narrow in focus (“Child can stack three 1-inch cubes”), making it challenging for professionals to develop meaningful targets and content with a variety of materials.

The AEPS-3 linked system is composed of four basic processes—assessment, goal/outcome development, teaching/intervention, and progress monitoring:

- *Assessment* refers to the process of establishing a baseline, or entry-level, measurement of the child’s skills and desired family outcomes. The goal of the assessment process is to produce the necessary information for appropriate and relevant goal/outcome development.
- *Goal/outcome development* refers to the process of selecting or targeting the skills and behaviors that will direct teaching/intervention activities. The goal/outcome development process should be completed by a team.
- *Teaching/intervention* refers to the process of arranging and individualizing the physical and social environment to produce the desired growth and development specified in a plan for intervention formulated for the child and family.
- *Progress monitoring* refers to the process of comparing the child’s performance on selected developmental or learning objectives both before and after teaching/intervention, as well as the family’s progress toward selected family outcomes. Progress monitoring can also examine the effects of teaching/intervention on groups of children.

Figure 1.2 illustrates the conceptual framework of the linked system approach that underlies AEPS-3. The four main components of the linked system are assessment, goals/outcomes development, teaching/intervention, and progress monitoring. As the figure shows, each major component links with the next component, and the left-to-right arrows indicate the linear way in which the process typically proceeds. Each of the linked system’s four essential components also requires participation and input from both professionals and family. Family participation always should be tailored to meet the individual family’s values, priorities, and needs. The more a family is involved in the processes of assessment, goal/outcome development, teaching/intervention, and progress monitoring, the greater the likelihood of improved outcomes for the children.



**Figure 1.2.** Conceptual framework of the AEPS-3 linked system. The arrow shapes represent the four main components of the AEPS-3 linked system framework: assessment, goal/outcome development, teaching/intervention, and progress monitoring. As the direction of the arrows illustrates, assessment informs goal/outcome development, goal/outcome development influences teaching/intervention, teaching/intervention informs progress monitoring, and progress monitoring then influences all three of the other parts. Participation of the family and professionals is essential throughout.

## Assessment

The major aim of assessment is to determine what to teach infants and young children in the settings in which they spend time (home, child care, educational, community). Assessment information collected using the AEPS-3 Test supports the selection of specific goals and objectives for all young children. AEPS-3 focuses on using authentic assessment practices to implement a *data driven decision making (DDDM)* process for making instructional decisions based on assessment information. This process consists of gathering, documenting, summarizing, analyzing, and interpreting assessment information for program planning purposes.

AEPS-3 data can be **gathered** using one of three assessment methods: *observation*, *interview*, and *direct testing* (more information about each of these methods can be found in Volume 2, Chapter 2). Observing children in their natural environments is the preferred method for gathering information to score AEPS-3 items. Assessment information can also be gathered by interviewing children's families using the AEPS-3 *Family Report* or *Family Assessment of Child Skills (FACS)*. Finally, assessment information can be gathered using direct testing in circumstances when information cannot be obtained via observation and interview.

As assessment data are gathered to score AEPS-3 items, the information must be **documented** in some way. Observers may use anecdotal notes, running records, checklists, or work samples to document children's performance as evidence of their demonstration of skills on AEPS-3. Interview data collected through the Family Report or FACS also may be used as documentation of children's skill level.

Data gathered and documented are used to determine the AEPS-3 score (2, 1, 0) that matches the child's performance on each test item. After AEPS-3 items are scored, scores are tallied and data are **summarized** numerically, visually, or narratively. AEPS-3 allows users to generate raw numerical scores for each area and for the entire test, and to use those numerical scores to determine children's performance in relation to *cutoff scores* for the child's age group (see Volume 2, Chapter 8, for details). Users can summarize AEPS-3 assessment data visually using bar graphs on the final results page of the CODF or on the Child Progress Record (see Volume 2, Chapter 5, for further explanation). Finally, users can summarize data by writing a narrative summary of what the child can do independently, which skills are emerging, and those the child has yet to develop.

Summarized data can then be analyzed and interpreted to make teaching/intervention decisions. Data analysis involves looking for relevant patterns and trends in the child's performance (assistance required while performing most tasks, behavior that is interfering with development). Once data have been analyzed, the team **interprets** the data to make decisions about children's relative strengths and needs in order to determine teaching/intervention priorities.

## Goal/Outcome Development

Goals and outcomes for young children are critical for determining how programs will address teaching to state standards and developing *individualized family service plans* or *individualized education programs (IFSPs/IEPs)* for eligible children. Teachers and interventionists should continue with the data

collection process by using initial assessment data to select goals/outcomes for individual children and, in doing so, addressing the range of teaching and learning needs across all participating children. The initial selection of goals/outcomes for infants and children should be based primarily on information accumulated during the initial assessment period. The AEPS-3 linked system provides a direct connection between assessment results and selection of goals/outcomes. Relevant information should be obtained not only from professional observation and testing but also from caregivers' knowledge of their children.

Data driven decisions are especially important in the selection of goals/outcomes for young children. If selected goals/outcomes are too easy and reflect skills the child is already able to perform, it is unnecessary for professionals and family members to devote teaching time and is likely boring for children. If selected goals/outcomes are too difficult and the child needs to first learn easier component skills, time devoted to teaching/intervention is likely to be frustrating for professionals, families, and children alike. Precisely selected goals/outcomes not only maximize teaching/intervention time and avoid wasting valuable program resources but also can support children's ongoing motivation for learning. AEPS-3 suggests *universal goals/outcomes* appropriate for all young children, *targeted goals/outcomes* for children who may need extra help learning specific skills or when first learning skills in a new area, and *specialized goals/outcomes* for children whose learning needs require intensive, individualized, and intentional interventions (see Volume 3, Chapter 3, for additional information about goals/outcomes).

Whether AEPS-3 assessment data are gathered using the AEPS-3 Test or Ready-Set, teams of professionals and parents can analyze and interpret assessment results to determine the skills and behaviors each child

- Knows and is able to perform independently (score 2)
- Is beginning to learn and perform independently (score 1)
- Is not yet learning or demonstrating (score 0)

The AEPS-3 3-point scoring system provides a structure for professionals to make reliable data driven decisions to select those goals/outcomes that are most developmentally appropriate for a child (those skills scored 0 or 1). Data gathered from the Family Report or FACS provide essential information about each child's preferences and family priorities for increasing participation in daily routines and activities. As with assessment, the combination of professional and family analyses and interpretation supports data driven decisions in selecting individual goals/outcomes.

Many children who are at risk for developmental problems or have disabilities exhibit challenges that affect their performance in more than one developmental area. Consequently, assessment may reveal delays or impairments in several skill areas. If a child has a variety of needs, it is most appropriate to prioritize goals and objectives rather than try to address all deficit areas. For each child, the team should select the two to four goals or outcomes that will increase participation in the most important routines and activities of the child's day at home and/or at school.

## Teaching/Intervention

Once appropriate goals/outcomes have been developed for individual children, professionals have a road map for making teaching/intervention decisions to meet the needs of every infant and child, and families have a clear idea of which skills their infants and young children need to learn. Teaching/intervention activities can be developed for large and small groups of children who share similar goals. Individualized teaching interactions can be planned during routine activities at home or school. The ultimate goal of the AEPS-3 Curriculum is to teach those skills that increase each child's independent participation in the routines and activities that are foundational in the lives of infants and young children at home, at school, and in the community.

AEPS-3 provides an activity-based curriculum where specific learning goals/outcomes are linked to 18 daily routines and activities of typical home and school schedules. Each routine or activity lists specific AEPS-3 *concurrent skills* that link to the test, with associated examples of opportunities for embedding those skills in home and classroom settings.

Multi-tiered teaching/intervention strategies are detailed within each routine at universal, focused, and specialized levels. Universal teaching strategies are those that benefit all young children and reflect best practices in early childhood education (ECE). The AEPS-3 Curriculum includes *universal strategies* for improving organization, setup, presentation, and sequencing of the 18 daily routines and activities, at home and in center-based programs for infants, toddlers, and preschoolers. Programs serving children

with and without identified developmental problems can use the universal strategies to optimize home and classroom interactions, materials, general environment, schedule, and overall function.

Each AEPS-3 Curriculum routine and activity lists specific AEPS-3 skills that contribute to active participation, linking to targeted and individualized goals/outcomes for children who are falling behind and need more intentional and intensive teaching interactions. Teaching/intervention at the focused level provides accommodations and adaptations for those children who need extra help learning new skills. *Focused strategies* include ways to group children and modify teaching/intervention to provide additional teaching support and opportunities for enhanced learning. *Specialized strategies* are generally individualized to match the greatest or most intensive intervention needs of children who require significant support to learn new skills, and these strategies may include prompts, cues, and strategies aligned with learning needs related to specific disabilities and diagnoses.

## Progress Monitoring

DDDM extends from assessment to goal/outcome selection, through teaching/intervention, and into the progress monitoring component of the AEPS-3 linked system. Progress monitoring refers to data on children's performance collected over time and provides professionals and caregivers the information they need to determine whether teaching/intervention efforts are effective by comparing a child's performance over time. The same variety of methods may be used for documenting observations of children's progress: anecdotal notes, running records, checklists, or work samples. In some cases, trial-by-trial data may be useful. The monitoring methods selected should be based on the specific goals/outcomes, program resources, and frequency of monitoring required for feedback to keep teaching/intervention efforts on track.

A useful guideline for gathering progress monitoring data is that the more intensive the teaching/intervention, the more frequent the progress monitoring should be. Children whose development is progressing rapidly and following a typical pattern need monitoring less often than those who make more incremental progress or have a significant deficit in one or more areas. Quarterly and annual evaluations, such as by readministering the AEPS-3 Test, may suffice for the former group, although ongoing weekly monitoring may make it easier to demonstrate both individual children's improvements and the program's effectiveness. Children receiving focused instruction should have progress monitoring data gathered frequently to make sure progress is steady and document when goals/outcomes are achieved.

When children receive specialized instruction on individual goals/outcomes, more regular data collection is necessary to determine the need for a change in teaching/intervention. State and federal requirements dictate progress monitoring requirements for eligible children with IFSPs/IEPs who require the most frequent monitoring. In addition, the IFSP requires that caregivers and professionals should mutually agree on procedures for monitoring progress toward child and family outcomes. Because family priorities and interests may change, the routines, activities, and skills designated as high priority should be monitored and updated periodically. (See Volumes 3, 4, or 5, Chapter 5 for more information about progress monitoring strategies and frequency.)

Progress monitoring is the one component of the linked system that connects directly to every other component, as reflected in Figure 1.2. Progress data gathered over time updates initial assessment results to document changes in developmental status. Progress monitoring documents when goals/outcomes are mastered, allowing professionals to pinpoint when children have mastered a skill and can progress to learning new and more advanced skills. And progress monitoring connects directly to the teaching/intervention component by providing data to detect and remedy teaching/intervention strategies that are ineffective.

## LOOKING AHEAD

AEPS-3's linked system approach to early education demonstrates the value of integrating the assessment, goal/outcome development, teaching/intervention, and progress monitoring processes for all children. Using a linked system allows effort and resources to be used efficiently, program impact over time to be measured in terms of accountability, and program design to be individualized to meet children's and families' specific needs.

Fundamental to the operation of the linked system is an assessment tool that yields the information necessary to set appropriate goals/outcomes, create teaching/intervention plans, and carry out ongoing progress monitoring. The next chapter describes the components of the AEPS-3 linked system.

# AEPS<sup>®</sup>-3 Components

Using a comprehensive system such as AEPS<sup>®</sup>-3 is key to effective teaching and intervention for young children and their families. AEPS-3 is composed of assessment, curricular, and support materials, all essential to the delivery of targeted intervention and appropriate teaching efforts.

This chapter describes each of these components and how they work together to form a strong linked, unified system. The first two sections of the chapter focus on the AEPS-3 Test and Curriculum. The third section describes essential supports that are part of the system:

- Family involvement materials, including the Family Report, Family Assessment of Child Skills (FACS), and *Child Progress Record*
- Ready-Set
- AEPSi web-based system
- Training materials

Details about each of these components follow, including advantages and suggestions for putting them to best use.

## AEPS-3 TEST

The AEPS-3 Test is an assessment and evaluation measure that can be used to

1. Determine a child's present level of performance
2. Develop meaningful learning goals/outcomes
3. Plan effective teaching/intervention
4. Monitor a child's performance over time
5. Determine or corroborate eligibility for services

Teams and specialists can use the AEPS-3 Test to accurately assess and evaluate the skills of infants and young children. The AEPS-3 Test then links to the other components of the system.

## Content and Organization

The AEPS-3 Test covers eight broad curricular areas: Fine Motor, Gross Motor, Adaptive, Social-Emotional, Social-Communication, Cognitive, Literacy, and Math. Test items span the developmental period from birth to 6 years. For more detail on the populations for whom the test was designed, see Chapter 6 in this volume.

Using the AEPS-3 Test allows teams to generate a comprehensive profile of children's skills and behaviors in familiar environments. To collect comprehensive information on developmental status, each of the eight areas encompasses a particular set of skills, behaviors, and information traditionally seen as relevant developmental or early academic readiness content. Categorizing this content into areas sometimes results in arbitrary placement of skills in one area rather than another. For example, skills for the mechanics of writing are in the *Fine Motor area*, while skills for the process involved in putting thoughts into print are in the *Literacy area*.

Each AEPS-3 Test area is divided into *strands* of related groups of behaviors or skills organized within a common category. For example, behaviors relating to large muscle movements used in play are grouped in the Gross Motor area's Active Play strand. Table 2.1 provides an overview of the eight areas along with associated strands.

**Table 2.1.** Developmental content of AEPS-3

AEPS-3 area	Associated strands
Fine Motor	<ul style="list-style-type: none"> <li>A. Reach, Grasp, and Release</li> <li>B. Functional Skill Use</li> <li>C. Mechanics of Writing</li> <li>D. Use of Electronic Devices</li> </ul>
Gross Motor	<ul style="list-style-type: none"> <li>A. Body Control and Weight Transfer</li> <li>B. Movement and Coordination</li> <li>C. Active Play</li> </ul>
Adaptive	<ul style="list-style-type: none"> <li>A. Eating and Drinking</li> <li>B. Personal Care Routines</li> <li>C. Dressing and Undressing</li> <li>D. Personal Safety</li> </ul>
Social-Emotional	<ul style="list-style-type: none"> <li>A. Interactions with Adults</li> <li>B. Social-Emotional Expression and Regulation</li> <li>C. Interactions with Peers</li> <li>D. Independent and Group Participation</li> <li>E. Meeting Social Expectations</li> </ul>
Social-Communication	<ul style="list-style-type: none"> <li>A. Early Social Communication</li> <li>B. Communicative Understanding</li> <li>C. Communicative Expression</li> <li>D. Social Use of Language</li> </ul>
Cognitive	<ul style="list-style-type: none"> <li>A. Sensory Exploration</li> <li>B. Imitation and Memory</li> <li>C. Conceptual Knowledge</li> <li>D. Reasoning</li> <li>E. Scientific Discovery</li> </ul>
Literacy	<ul style="list-style-type: none"> <li>A. Awareness of Print Concepts</li> <li>B. Phonological Awareness</li> <li>C. Alphabet Knowledge</li> <li>D. Vocabulary and Story Comprehension</li> <li>E. Writing</li> </ul>
Math	<ul style="list-style-type: none"> <li>A. Counting</li> <li>B. Quantitative Relations</li> <li>C. Reading and Writing Numbers</li> <li>D. Addition and Subtraction</li> </ul>

Each AEPS-3 Test strand of related skills contains a series of test items organized into goals and objectives. These items can be used to develop individual learning outcomes for young children in a wide range of early childhood education programs. Goals identify functional skills young children use throughout their daily environments, routines, and activities. Objectives represent the associated component skills of each goal that are simpler, more discrete skills. Objectives enable users to accurately pinpoint a child's developmental level within specific skill sequences. The order of test items within a given strand facilitates assessing a child's ability to perform a particular behavior within a sequence of developmental and early academic skills. Following are two examples of goals and their associated objectives.

## AEPS-3 FINE MOTOR

**Strand** Reach, Grasp, and Release**GOAL 1** Makes directed batting or swiping movements with each hand

Objective 1.1 Brings hands together near midline

Objective 1.2 Makes directed movements with arms

**GOAL 2** Grasps pea-size object

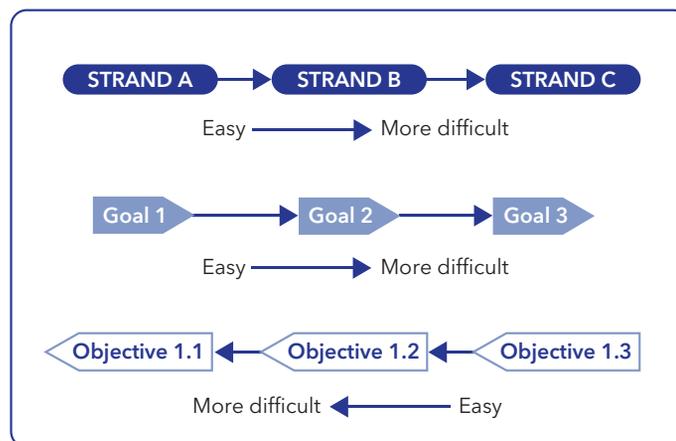
Objective 2.1 Grasps hand-size object

Objective 2.2 Grasps small cylindrical object

Objective 2.3 Grasps pea-size object using fingers in raking or scratching movement

Objective 2.4 Grasps hand-size object using whole hand

Figure 2.1 is a visual representation of AEPS-3's structure that shows the hierarchical nature of strands, goals, and objectives. Whenever possible, AEPS-3 Test strands and goals are arranged from easier or developmentally earlier skills to more difficult or developmentally more advanced skills (notice the direction of horizontal arrows between Strands A, B, and C and Goals 1, 2, and 3 in the figure). However, the objectives associated with each goal are arranged in reverse order, illustrating how the sequence of learning or development builds to produce the goal. Each goal-objective sequence thus reads from the most difficult skills (on the figure, Objective 1.1) to the easiest (on the figure, Objective 1.3); notice the arrows indicating order of difficulty. This structure facilitates efficient assessment of a child's most sophisticated skills. For example, when a child performs a more difficult objective within a sequence of objectives, then assessing earlier objectives within that same sequence is generally unnecessary. This structure also provides a framework for determining individual performance profiles of skills the child has mastered, skills that are emerging or are not completely mastered, and skills that typically emerge next.



**Figure 2.1.** Hierarchical organization of AEPS-3 into strands, goals, and objectives. Notice the direction of arrows indicating levels of difficulty. The identification system associated with the strands (A, B, and C), goals (1, 2, and 3), and objectives (1.1, 1.2, 1.3) can assist in locating and referring to items.

The guideline for using objectives within each goal is “Test down; teach up.” In other words, for testing, you start by assessing the goal and then proceed down the list of objectives to assess the next most difficult objective until you find the child’s point of mastery. For teaching, the process is reversed: you start with the first objective in the sequence the child has not mastered and proceed successively to teach each increasingly difficult objective, culminating with mastery of the goal skill. An exception to

this guideline is when the objectives associated with a goal are of equal difficulty and do not represent a developmental sequence from easier to more difficult. For example, in the Social-Communication area in Strand D, Social Use of Language, Goal 3, Objectives 3.3, 3.4, and 3.5 are likely acquired at the same time rather than hierarchically. This occurs in AEPS-3 because, although each skill is often acquired simultaneously, each is also considered important to acquire. Another exception occurs when a child's behavioral repertoire appears to be scattered unevenly across the usual developmental sequence, with the child performing a variety of splinter skills. In this case, assessing a broader range of items is recommended.

It is helpful to become familiar with the AEPS-3 Test administration guidelines before assessing a child (see Volume 2, Chapter 2). Test administrations that do not follow the guidelines are likely to be inefficient and more time-consuming, and they may also yield inaccurate child performance outcomes.

## Advantages of the AEPS-3 Test

Professionals who work with infants, toddlers, and young children often are frustrated when using traditional normative-based instruments, or *norm-referenced assessments*, to assess development and measure progress. There are several reasons for this. First, outcomes from standardized early childhood assessment measures frequently do not reflect a child's typical performance and thus are inappropriate for establishing suitable learning goals. These standardized assessment measures were constructed to compare children with a normative sample rather than to develop instructional plans for individual children. Second, many standardized assessment items require children to use specialized and unfamiliar materials, and often there are too few items to adequately assess what a child knows and is able to do. Third, administration guidelines for early childhood standardized assessments tend to be either very brief or too detailed to allow flexible administration across children. Finally, the sequence of test items typically offers little guidance for effectively teaching developmental sequences.

To address these problems, the AEPS-3 Test's approach offers several advantages over many other instruments:

- **AEPS-3 measures core functional skills and abilities that help the child gain independence.** The AEPS-3 Test measures the functional skills and abilities that are essential for young children to function independently and cope with environmental demands. Focusing on functional skills and abilities ensures that each test item is potentially an appropriate teaching or intervention target.
- **AEPS-3 results clearly show children's current developmental status and target next steps in teaching/intervention.** AEPS-3 content includes developmental and early academic skills and sequences to help professionals understand children's present skills and select appropriate targets for teaching or intervention.
- **AEPS-3 offers coverage of early development and academic skills.** The AEPS-3 Test comprehensively and thoroughly covers the key areas of development and early academics: Fine Motor, Gross Motor, Adaptive, Social-Emotional, Social-Communication, Cognitive, Literacy, and Math. Its comprehensive developmental and academic content makes AEPS-3 valuable as both an initial assessment tool and a means of monitoring children's progress over time.
- **AEPS-3 relies on authentic assessment accomplished by observing children engaged in play or routine activities.** The primary and preferred method of obtaining assessment and progress monitoring information for children is through observing them in familiar environments, interacting with familiar adults and peers, and using familiar toys and materials. The AEPS-3 Test is built around this method. It thus provides critical, accurate information about not only which skills a child uses functionally but also when and how the child uses them.
- **AEPS-3 supports collection of useful information about children from their caregivers to ensure accurate assessment results.** AEPS-3 family support materials engage families in the assessment process and facilitate gathering accurate, complete assessment data, while helping address family needs and interests and promoting clear communication.
- **AEPS-3's flexible administration lets you tailor it to accommodate all children.** Administration of the AEPS-3 Test is flexible, allowing users to adapt or modify either the items' presentation format or the stated criteria to maximize each child's functional performance. For example, users are encouraged to use sign language to assess children who have hearing impairments and to allow children who have motor impairments to use their usual adaptive materials (suction bowl, cut-out

cup, weighted utensil) to complete items such as eating independently. Flexibility is acceptable in both how test items are presented and how children respond to them, because test results are used primarily to generate appropriate learning and intervention targets for individual children and to monitor their subsequent progress—not to compare children with their chronological age mates.

- **AEPS-3 scoring gives children credit for emerging skills.** AEPS-3 uses a 3-point scoring system that recognizes emerging skills, rather than assigning a simple “pass” or “fail” score (for either mastering or not meeting criteria).
- **AEPS-3 Test items target important, generalizable, and meaningful skills.** AEPS-3 Test items are written to reflect general response classes, such as use of descriptive words, rather than the singular, specific items within them (words like *red*, *big*, and *smooth*). For example, rather than narrowly testing a child’s ability to insert pegs into a pegboard, AEPS-3 items ask whether a child can grasp items that have different sizes and configurations.
- **AEPS-3 items are clear and can be measured reliably.** Each test item includes specific descriptive criteria and examples to illustrate *mastery performance*, with explanatory or descriptive information accompanying each item to ensure clarity and reliability in scoring.
- **The AEPS-3 Test is fully integrated and linked with a tiered curriculum.** The AEPS-3 Test and Curriculum are linked to allow professionals to use them together to improve child outcomes. Assessment results from the AEPS-3 Test can be used to select teaching/intervention targets from the associated area in the AEPS-3 Curriculum. The curriculum is designed to address children’s skills in general teaching activities, with successive levels of support for children who need it.
- **AEPS-3 results can be used to write goals and outcomes for young children in a range of programs.** For children who have identified delays and disabilities, a set of written individualized education program and individualized family service plan (IFSP/IEP) goal and outcome examples is available in Volume 2, Appendix 7A. These can be used as guides, models, or examples of goals for children.
- **AEPS-3 has psychometric support for its *validity, reliability, and utility*.** These three technical aspects of AEPS-3 have been examined using more than 800 children birth to age 6. Evidence collected since 1984 speaks to the test’s validity and reliability and the significant help it offers users. Volume 1, Chapter 7 (AEPS-3 Research), offers an overview of these investigations and their major findings.
- **AEPS-3 can be used to determine eligibility for services.** Administration guidelines for the AEPS-3 Test allow users to assess goal-level skills to determine eligibility for publicly funded educational or therapeutic services. Studies report that AEPS Test results can be used to accurately qualify children for Individuals with Disabilities Education Improvement Act (IDEIA) of 2004 (PL 108-446) services. See Volume 2, Chapter 8 (Using AEPS-3 Test Results to Determine Eligibility), for more information.

All of these advantages make AEPS-3 an appropriate choice for users who want to

- Obtain comprehensive information about children’s skills and behavioral repertoires
- Implement an efficient, effective approach that links assessment, goal/outcome development, teaching/intervention, and progress monitoring
- Use a measure with documented reliability and validity

## Keys to Success Using the AEPS-3 Test

The AEPS-3 Test is a *criterion-referenced measure* and *curriculum-based assessment*, rather than a *norm-referenced assessment*. Criterion-referenced refers to test items focused on functional skills that are important for children to learn, unlike normative-based tests, which focus on skills that help distinguish among different age groups. Normative-based tests are appropriate to use for comparative purposes, but they reveal little about what a child can do and what a child is ready to learn. For children with significant discrepancies between their chronological age and developmental level—like many at-risk children and children with disabilities—using age norms to select intervention content is inappropriate (Bricker, 1996; Bagnato et al., 2010).

In contrast, the AEPS-3 Test generates assessment results that are appropriate and useful for selecting teaching and intervention content—results that support efforts to improve child outcomes and help all children make progress. The test makes it possible to target individual goals/outcomes for teaching by comparing children's current skill repertoires to the next appropriate developmental and early academic skills.

Here are some overall guidelines that will help you get the most out of the AEPS-3 Test:

- The more familiar you are with the test, the more efficiently you can complete an assessment.
- The more familiar you are with a child's behavioral repertoire, the less time it will take to administer the test.
- A child's age and developmental level affect how long it takes to administer the test—for example, children with more advanced behavioral repertoires may take longer to assess. These variations can make it difficult to predict a precise administration time.

More detailed guidelines follow:

**Familiarize yourself with the test and the children being assessed.** The AEPS-3 Test yields comprehensive information and takes time to administer—it is more than a simple checklist that can be reviewed quickly and then used. Before starting your observations, get acquainted with the test's content and organization. Test items with criteria and examples appear in Volume 2, Chapter 3. Read each item and make sure you understand the associated criteria and examples before assessing a child. Investing time at the outset in understanding and becoming comfortable with the test items, criteria, and scoring form—before you use the test for the first time—will pay great dividends later, as subsequent assessments will take less time. Professionals who are not familiar with the AEPS-3 Test and the children being assessed report that an initial assessment may take several hours to observe and score all areas, whereas subsequent assessments usually take about a quarter of that time. Insufficient preparation, hastily completed assessments, or evaluations that do not include a comprehensive view of the child will yield results that are incomplete and often inaccurate. Many first-time users benefit from accessing training options that include formal in-service training, webinars, and online training options. For more information, see <https://aepsinteractive.com/training/>.

**Monitor and assess as a continuous process.** Ongoing assessment and progress monitoring should be a continuous process that occurs across time and situations, creating a dynamic, comprehensive developmental profile for each child. Comprehensive, detailed assessments with regular progress monitoring are a fundamental part of developing appropriate learning plans for all young children and using that information to provide ongoing appropriate practice opportunities between assessment periods for continued progress.

**Seek family input.** Obtaining the family's input and other information about a child's performance across time, activities, materials, people, and settings helps develop a complete, accurate assessment. It is essential to obtain information from parents and other caregivers who know the child well. Caregiver participation and input during the assessment process support an accurate picture of the child's skills that is not possible otherwise (Campbell, 2011). At a minimum, use caregivers' input about how the child participates in home routines and activities to help you complete both the initial assessment and follow-up progress monitoring. For more information on involving families, see Chapter 4.

**Involve specialists as appropriate for the children's needs.** For typically developing children or those at risk for delays, individual teachers or interventionists can complete the AEPS-3 Test on their own. However, for children with disabilities, involving communication specialists, occupational therapists, physical therapists, and others in the assessment process greatly enhances the outcomes' accuracy and quality. Teachers in blended classrooms and those who work primarily with typically developing children may wish to use selected developmental areas of the AEPS-3 Test that match the characteristics and needs of the children they serve.

## AEPS-3 CURRICULUM

The AEPS-3 Curriculum links directly to the AEPS-3 Test and is designed to help teams determine learning outcomes and teaching/intervention activities for young children individually and for small groups, based on AEPS-3 assessment results. Like the AEPS-3 Test, the AEPS-3 Curriculum is designed for young children from birth to 6 years of age, and it targets the same set of skills as the AEPS-3 Test.

## Content and Organization

Items from the eight developmental areas (Fine Motor, Gross Motor, Adaptive, Social-Emotional, Social-Communication, Cognitive, Literacy, and Math) are contained in three separate curriculum books (Volumes 3–5) that are organized around children’s chronological and/or developmental ages and aligned with the difficulty level of AEPS-3 skills:

- Volume 3—Beginning addresses the earliest developmental skills for infants and children who are working to master foundational skills such as interacting, walking, and using single words.
- Volume 4—Growing addresses expanded skills for toddlers and other children who are working to build on and combine foundational skills during daily activities such as communicating, social and object play, dressing, eating, and using early concepts.
- Volume 5—Ready addresses more complex and coordinated skills for preschoolers and other children who have mastered skills at the Growing level and are working to develop cooperative social interactions and play, independence in self-care, and early academic skills in preparation for school entry.

The curriculum volumes are designed for use by a variety of early childhood professionals who work with children of all ability levels. The three-volume structure allows AEPS-3 users to select curriculum content based on the developmental levels and learning needs of children in their care.

Each AEPS-3 Curriculum volume presents a set of early childhood routines and activities that are appropriate for a particular skill level. Specific AEPS-3 Test items link with routines and activities where the skills are likely to be used. A consistent set of curriculum routines and activities appears across volumes, with variations based on the demands of each developmental level:

- *Routines* associated with meals, dressing, play, sleeping, active play, and books are equally applicable across all skill levels, at home, and in community settings.
- *Activities* such as art, block play, music, science, and those that use technology are relevant in most early childhood programs and may happen in many but not all home settings, depending on the activities a family prefers.

The intent of this arrangement is to enable early childhood professionals to select among commonly occurring routines as a context for teaching the specific skills each child needs to participate successfully in home and community activities. The AEPS-3 Skills Matrix by area (Appendix B in Volumes 3–5) helps identify which routines and activities address specific skills at each level.

Young children need varying levels of support to learn specific skills and become successful participants in home and community activities. For this reason, teaching/intervention strategies appear in a tiered framework within each AEPS-3 Curriculum routine and activity:

- *Universal strategies* are those that reflect best parenting and teaching practices for ALL children. Careful attention to social interactions, physical environments and materials, and individual differences among children helps ensure that every child is engaged in developmentally appropriate teaching and learning interactions.
- *Focused strategies* are those that involve minor, and often temporary, modifications and adaptations of universal strategies that some children need to keep up with learning expectations. Focused strategies supplement, rather than replace, universal strategies by incorporating more targeted outcomes, more directed interactions, more frequent instructional guidance, and additional opportunities to practice skills. The AEPS-3 Curriculum presents numerous, specific suggestions within every routine and activity for modifications to help children acquire targeted skills with increased efficiency and effectiveness.
- *Specialized strategies* are those that include intensive and individualized teaching/intervention techniques. These strategies are appropriate for children with disabilities or learning difficulties who are taking longer than their peers to learn or master skills. Specialized strategies include more specific learning goals and outcomes, intensive teaching/intervention interactions, scaffolding, and assistive technology. At the specialized level, the AEPS-3 Curriculum provides information about using explicit teaching strategies, specialized materials, and disability-specific adaptations for each routine and activity.

In addition to the three tiers of teaching/intervention strategies, the AEPS-3 Curriculum offers a set of *Foundation Steps*—basic skills that may be appropriate targets for children who have more severe impairments. Foundation Steps represent smaller skills in finer increments that are nested between existing AEPS-3 items to support teaching and intervention planning. Foundation Steps appear with their associated AEPS-3 items in the AEPS-3 Skills Matrix in Volumes 3–5. Foundation Steps are located below the associated goal or objective to indicate that the skill is a prerequisite to a more difficult skill. Foundation Steps are designated FS in the curriculum and are numbered FS 1.2a, FS 2a, FS 2.1a, and so on, to correspond with the same-numbered AEPS-3 goal or objective.

## Advantages of the AEPS-3 Curriculum

There are several advantages to using a system in which the curriculum links directly with the test:

- **Developing goals/outcomes and teaching/intervention content after assessment is a seamless process.** The fact that the AEPS-3 Test's assessment results link directly with related curriculum content makes the task of developing goals/outcomes and teaching/intervention content more straightforward and efficient. Teaching and intervention efforts can focus on the same skills identified during assessment and are embedded in a variety of home and community routines and activities.
- **AEPS-3 Curriculum focuses on skills that enhance children's independence.** The curriculum covers a comprehensive set of skills and abilities that are essential for young children to function independently, participate successfully, and cope with the environmental demands of home and community settings.
- **AEPS-3 Curriculum is comprehensive.** The curriculum covers the major developmental and early academic areas: Fine Motor, Gross Motor, Adaptive, Social-Emotional, Social-Communication, Cognitive, Literacy, and Math. AEPS-3 Test items can be fully integrated into AEPS-3 Curriculum routines and activities because test items are written as broad generic targets, with each skill relevant for successful performance within multiple routines and activities in the home and community.
- **AEPS-3 Curriculum is flexible and efficient.** The curriculum is divided into three universally recognized skill levels, with tiered teaching suggestions fully integrated into regularly occurring early childhood routines and activities. Most young children can receive effective teaching/intervention while participating in ongoing interactions and activities. Every routine outlines best practices at home and in classrooms for all children, strategies for providing extra help when needed, and individualized suggestions for infants and young children who need specially designed, intensive teaching/intervention and support.
- **AEPS-3 Curriculum outlines universal teaching strategies that can improve the quality of early childhood experiences in any setting.** Strategies support high-quality instruction, whether at home, in classrooms, or in the community. The focus on specific strategies for establishing high-quality routines and activities may be especially beneficial for home visits and classrooms with limited curriculum resources.
- **AEPS-3 Curriculum meets recommended standards.** The curriculum reflects standards and guidelines for early childhood curriculum design and content as identified by professional groups (Bagnato et al., 2010; Division for Early Childhood [DEC], 2014). The tiered approach to teaching and intervention is also consistent with the *multi-tiered system of support (MTSS)* methodology used widely in public schools.

These advantages make the AEPS-3 Curriculum an appealing choice for professionals to develop both effective, meaningful teaching/intervention content and tailored teaching strategies. In particular, it is important to emphasize the congruence between the AEPS-3 Curriculum and the curriculum recommendations of the Division for Early Childhood (DEC)'s Council for Exceptional Children, with curriculum defined as a

... complex idea containing multiple components including goals, content, pedagogy, and instructional practices. Curriculum should serve as a comprehensive guide for instruction and day-to-day interactions with young children. ... (2003, p. 3)

The DEC position statement indicates that it is essential for a curriculum framework to ensure full participation by all children, adhere to program goals, meet individual children's needs, and provide

**Table 2.2.** Comparison of AEPS-3 Curriculum with DEC curricular framework standards

DEC standard	How AEPS-3 addresses standard
Full participation by all children	Curriculum content designed to represent development of children from birth to 6 years with and without special needs Teaching practices that meet the needs of all children
Adherence to program goals	Content reflects general goals for early childhood education, early intervention, and early childhood special education Programs focus on enhancing early development
Individual child needs are met	Goals and intervention strategies are individualized for each child, at universal, focused, and specialized levels
Accountability	Progress monitoring is integral to the system
Feedback spirals that allow ongoing data collection, analysis, and adjustment	Monitoring of each child ensures timely adjustments and modifications to ensure progress

Source: DEC standards from Division for Early Childhood (2007).

accountability. The position statement also emphasizes the need for a general curriculum framework that creates feedback spirals to allow ongoing data collection, analysis, and revision or modification of intervention efforts as warranted.

Recommended practice indicates that a curriculum framework should be comprehensive and that the content should guide the daily teaching/intervention activities designed to help children meet their developmental goals over time. Within this broad rubric, the term *curriculum* refers to an overall approach to intervention in which content, teaching/intervention procedures, and feedback are essential elements. Table 2.2 shows how the AEPS-3 Curriculum aligns with the DEC standards for a curriculum framework.

## Keys to Success Using the AEPS-3 Curriculum

AEPS-3 is a comprehensive, linked system, and its curriculum is best used with the system's other components. Here are some helpful tips and other information for using the curriculum in your program:

**Focus on routines and activities where children need the most support.** Like the AEPS-3 Test, the AEPS-3 Curriculum focuses on important functional skills that are arranged as far as possible in developmental sequence—an organizational format that also suggests a logical teaching sequence of goals and objectives within daily routines and activities of early childhood. Thus, selecting AEPS-3 goals is based on a child's performance of skills rather than on the child's chronological age. Focus your teaching and intervention on

- The most important routines and activities at home and in classrooms
- The routines and activities where the child needs to learn skills in order to participate more fully
- The specific AEPS-3 skills those routines and activities involve
- The suggested teaching/intervention strategies at the level(s) of support appropriate for the child

**Familiarize yourself with the AEPS-3 Curriculum content and organization and how they link with the test.** As with the AEPS-3 Test, it takes time and effort to learn and apply AEPS-3 Curriculum materials. To help ensure that you use the curriculum effectively and appropriately, spend some time at the outset getting familiar with the curriculum's framework, how to link test outcomes to its content, and how to monitor child progress. As mentioned, the AEPS-3 Curriculum volumes are organized in three levels—Beginning, Growing, and Ready—with chapters that direct different groups of AEPS-3 users (home visitors, teachers, specialists) on how to make efficient, effective connections among AEPS-3 assessment results, curriculum placement, and progress monitoring.

**Use the curriculum's Foundation Steps if a child has significant disabilities.** The AEPS-3 Curriculum's strategies are beneficial for teaching all children, including those with significant disabilities. When a child's progress is more incremental than the items in a developmental area will accommodate, use the Foundation Steps described previously to help bridge the gaps. As mentioned, these skills represent smaller steps that are easier and more basic between some goals and objectives.

Take the time to become familiar with the Foundation Steps (for a full list, see the AEPS-3 Skills Matrix—Appendix B in Volumes 3–5). As with each of AEPS-3's support materials, the time you invest up front will help ensure the most effective outcomes.

## AEPS-3 SUPPORT MATERIALS

The support materials for AEPS-3 are designed to help you use the system effectively and achieve important results for children and families. The sections that follow provide details about the different support materials AEPS-3 includes:

- Family involvement components (AEPS-3 Family Report, FACS, and Child Progress Record)
- AEPS-3 Ready-Set
- AEPSi web-based system
- Training materials

## Family Involvement Components

Caregiver and family input and participation are important to assessment, goal/outcome selection, teaching/intervention, and progress monitoring of young children. Caregiver involvement greatly enhances the likelihood of successful outcomes for children and their families. AEPS-3 offers family handouts and forms to support work with families, including three tools for gathering input from and sharing information with families: Family Report, FACS, and Child Progress Record. The family support materials are available in English and Spanish and can be found in AEPSi and on the Forms USB. Volume 2, Chapter 5, focuses on the family forms and their use.

**Family Report** The Family Report is a critical part of the system because it provides a formal mechanism to obtain important information about the child from parents or other caregivers. The first section gathers general information about the child and family and allows caregivers to indicate their preferences for interacting with program staff. Items include the following:

- Tell us about your child.
- What do you think we need to know about your family's traditions and values?

The second section gathers information from caregivers about a child's participation in child, family, community, and transition activities. Activities include eating, sleeping, dressing and toileting, bathing, traveling, playing, communicating, making changes from one activity to another, and participating in community activities.

**Family Assessment of Child Skills** The FACS offers a second formal mechanism to gather important information about the child from parents or other caregivers. Its purpose is to collect detailed input about a child's developmental skills as assessed by a familiar adult. FACS items parallel the AEPS-3 Test's developmental content and are written in user-friendly language that most caregivers can understand. The easy-to-answer questions about a child's skills are organized within the same developmental areas as AEPS-3: Fine Motor, Gross Motor, Adaptive, Social-Emotional, Social-Communication, Cognitive, Literacy, and Math. Items correspond with AEPS-3 Test goals, with the goal number in parentheses beside each FACS item. Figure 2.2 shows a sample item.

Caregivers can complete the FACS independently, jointly with other team members, or by interview. This form can be completed at any point during a child's participation in a program. The information it provides will be highly useful when the child first enters the program. For children with disabilities, it may be especially helpful for caregivers to complete the FACS before an IFSP/IEP is developed.

**Advantages of the Family Report and FACS** Here are some advantages of using the Family Report and FACS:

- **Using a specific tool for caregiver input helps focus efforts on the most appropriate teaching/intervention targets.** The Family Report and FACS offer two concrete ways to gather essential information to help choose appropriate goals and objectives and design and implement effective

FAMILY ASSESSMENT OF CHILD SKILLS

# Literacy



Literacy skills are those that involve prereading and reading skills. These skills include page and book orientation, matching sounds with letters, recognizing letters and words, and writing letters and words.

Name: Ahmad S.

**DIRECTIONS:** Mark Y for yes, S for sometimes, and N for not yet.

	DATE 1: <i>August 24, 2020</i>	DATE 2: <i>December 21, 2020</i>	DATE 3: <i>April 20, 2021</i>
1. Does your child pay attention and seem to enjoy shared reading time with another child or group? For example, your child looks at pictures and listens or makes comments when an adult reads a book during storytime at the library or on a playdate. (LIA1)	Y S <b>(N)</b>	Y <b>(S)</b> N	<b>(Y)</b> S N

**Figure 2.2.** Sample Family Assessment of Child Skills (FACS) item. Shown here is FACS Goal 1 in the Literacy area, Strand A (1. Does your child pay attention and seem to enjoy shared reading time with another child or group? For example, your child looks at pictures and listens or makes comments when an adult reads a book during storytime at the library or on a playdate).

teaching/intervention strategies. Program staff rely on caregivers' perceptions of their children's skills and participation in family and community activities to inform teaching targets and direct intervention efforts.

- **Professionals can compare their assessment results with information from caregivers.** This not only helps highlight differences in children's performance and participation across settings but also alerts professionals to family factors that may affect teaching/intervention efforts.
- **The flexible format offers choices in how families complete these measures.** The flexible procedures and format of the Family Report and FACS give program staff choices in how to use them with different caregivers. For example, families can complete them independently or in an interview format, and both program staff and caregivers can choose specific sections of the tools to complete.

**Keys to Success Using the Family Report and FACS** Keep the considerations that follow in mind when preparing to use the Family Report and FACS.

**Explain the purpose and how information will be used.** Before you ask caregivers to complete the Family Report or FACS, emphasize why information from the family is important—they know the child better than anyone else does. Explain that the information will help give program staff a comprehensive, balanced picture of children's behaviors across different settings.

**Make sure caregivers are comfortable providing information.** Emphasize that caregivers can choose what information to share about family routines and child behavior. Whether caregivers complete the Family Report and FACS independently or through an interview, make sure they are comfortable providing this information before you proceed.

**Take advantage of the measures' flexibility to accommodate family diversity.** After talking with caregivers, you may become aware of changes you need to make in the format or items (or both) on the Family Report and FACS to accommodate families with diverse backgrounds and needs. Feel free to do so—these tools are designed with diversity in mind and to be used in ways acceptable to families.

**Child Progress Record** The AEPS-3 Child Progress Record displays initial assessment and subsequent progress monitoring information in a family-friendly way, with an accessible visual format that families and team members alike appreciate.

The items on the Child Progress Record parallel those on the AEPS-3 Test. As Figure 2.3 shows, for each area and strand, arrows indicate the sequence of objectives (items) that lead to each goal on the test, from left to right across the page. In addition, the sequence of difficulty for goals within each strand, from easy to more difficult, is shown clearly from top to bottom of the page. This format lets caregivers easily track changes in a child over time by providing an easy-to-understand record coded at each test point.

CHILD PROGRESS RECORD		aeps <sup>3</sup>	
Gross Motor			
Child's name: <u>Riley Turner</u>		Child's date of birth: <u>June 2, 2021</u>	
Strand A: Body Control and Weight Transfer			
Objective 1.3 Turns head side to side	Objective 1.2 Waves arms	Objective 1.1 Kicks legs	<b>GOAL 1</b> Turns head, moves arms, and kicks legs independently of each other
Objective 2.2 Remains propped on nonextended forearms with head lifted	Objective 2.1 Remains propped on extended arms with head lifted		<b>GOAL 2</b> Puts weight on one hand or arm while reaching with opposite hand
Objective 3.2 Rolls from back or stomach to side	Objective 3.1 Rolls from stomach to back		<b>GOAL 3</b> Rolls from back to stomach
Objective 4.6 Holds head in midline when sitting supported	Objective 4.5 Sits balanced using hands for support	Objective 4.4 Sits balanced without support	
Objective 4.3 Regains balanced, upright sitting position after leaning left, right, and forward	Objective 4.2 Regains balanced, upright sitting position after reaching across body	Objective 4.1 Assumes hands-and-knees position from sitting	<b>GOAL 4</b> Assumes balanced sitting position
Objective 5.2 Maintains sitting position in chair	Objective 5.1 Sits down in chair		<b>GOAL 5</b> Gets out of chair

**Figure 2.3.** Sample Child Progress Record section. This illustration shows a sample from the Child Progress Record. Arrows from left to right across the form show the sequence of objectives that lead to each goal. Goals within each strand proceed from easy to more difficult (from top to bottom of the form). The visual format makes it possible to track child change over time.

**Advantages of the Child Progress Record** The Child Progress Record helps caregivers understand and appreciate their children's progress over time. Here are some other advantages:

- **Caregivers can track children's progress toward goals and objectives.** Because the content of the Child Progress Record parallels that of the AEPS-3 Test, caregivers can easily see assessment and progress monitoring data entered on the form and track their children's progress toward targeted goals and objectives.
- **The format helps caregivers understand how their children are developing and ways to help them progress.** The Child Progress Record's format can help caregivers understand developmental sequences, visualize paths their child may follow to reach targeted goals and objectives, and recognize next skills in the sequence.
- **The form is designed to promote information sharing and collaboration.** The Child Progress Record makes it easy for you to enter data and share it with families—promoting an atmosphere of collaboration that helps ensure the best outcomes possible for children.
- **The form facilitates an emphasis on specific skills instruction for young children who require individualized and intense support to achieve learning outcomes.** The Child Progress Record efficiently pinpoints key skills that will increase participation and independence across routines and activities.

**Keys to Success Using the Child Progress Record** Keep in mind the important considerations that follow before you share the Child Progress Record with caregivers:

**Make sure the caregiver understands the Child Progress Record’s purpose, format, and function.**

Before having families review the form, explain the Child Progress Record’s purpose and layout. Make sure you address how it records and shows child change.

**Adjust the form as needed to accommodate family diversity.** Like the other AEPS-3 family tools, the Child Progress Record is designed for working with diverse families. Feel free to adjust the way you use it to accommodate families with diverse backgrounds and values.

**Identify individualized skills for intense instruction.** Review the form with families and team members to determine which skills will best support participation and independence in important daily routines and activities.

### AEPS-3 Ready-Set

AEPS-3 Ready-Set is a brief assessment and progress monitoring measure that targets skills children need to be successful in kindergarten and first grade. Ready-Set items were taken from the AEPS-3 Test and represent the more developmentally and academically challenging goals that are useful for measuring school readiness.

Like the AEPS-3 Test, Ready-Set offers items in eight developmental areas (see Table 2.3 for a breakdown of Ready-Set items by area). This tool is designed for use with typical and at-risk 4- and 5-year-olds as well as older preschool children with mild disabilities. Volume 2, Chapter 6, offers more detail on its content and use as well as a copy of Ready-Set in Appendix 6A.

**Advantages of Ready-Set** Many programs lack the staff and resources to conduct a comprehensive initial assessment and perform subsequent comprehensive progress monitoring. Increasingly, though, programs are required to conduct assessments to determine appropriate teaching targets and to monitor changes in children over time. Ready-Set lets programs with limited resources assess children and carry out progress monitoring while also meeting program evaluation requirements.

- **Ready-Set emphasizes skills essential for school success.** Items focus on skills that are key to school entry and success. Items are intended for 4- and 5-year-olds.
- **Ready-Set is brief.** Because Ready-Set is much shorter than the full AEPS-3 Test, it takes less time to administer.
- **Ready-Set is designed for efficient progress monitoring.** Ready-Set’s length makes monitoring children’s progress an efficient undertaking, allowing programs to make the most of their resources.
- **Ready-Set links with the AEPS-3 Curriculum.** Because Ready-Set results link directly with the AEPS-3 Curriculum, users have immediate access to a resource to help them develop teaching content and strategies.

**Keys to Success Using Ready-Set** Like the AEPS-3 Test, Ready-Set is not a normed-referenced assessment. Because Ready-Set focuses on important functional skills for school readiness and success

**Table 2.3.** Ready-Set items by AEPS-3 developmental area

AEPS-3 developmental area	Number of Ready-Set items
Fine Motor	2
Gross Motor	3
Adaptive	2
Social-Emotional	8
Social-Communication	3
Cognitive	6
Literacy	10
Math	6

in school, program staff can use Ready-Set results to help them select teaching/intervention content and compare a child's current repertoire against the next goals in the sequence.

**Familiarize yourself with Ready-Set's content and organization before you first use it.** Even though Ready-Set is much shorter than the AEPS-3 Test, using it to gather data requires an initial time investment. Read each item, study its associated criteria and notes, and get to know the form at the outset.

**Remember that Ready-Set is appropriate for use with a range of children.** Use Ready-Set with 4- and 5-year-old children who are typically developing, who are at risk for disabilities (such as children in Head Start), and who have mild disabilities such as those at the upper end of autism spectrum disorder. We recommend that children who qualify for IDEA services be assessed with a more comprehensive measure such as the AEPS-3 Test.

## AEPSi Web-Based System

AEPSi is a secure web-based companion to AEPS-3 that facilitates data entry, scoring, management, storage, and reporting. Once assessment data are entered, AEPSi automatically scores, tracks, aggregates, archives, and reports children's progress over time. AEPSi assists in generating a range of reports—in particular, progress reports that meet requirements for the Office of Special Education Programs (OSEP) Child Outcomes reporting. More information is available at <https://aepsinteractive.com>.

**Advantages of AEPSi** AEPSi offers a range of advantages:

- **Easy data entry** for both initial assessment and follow-up
- **A secure web site** that protects child and family information and follows the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and Family Educational Rights and Privacy Act of 1974 (FERPA) guidelines
- **Easy coordination** of AEPSi data entry with other AEPS materials
- **Automatic scoring** of the AEPS-3 Test and generation of the Child Progress Record and graphed score reports (Summary of AEPS-3 Results on the CODF) once data are entered
- **Customizable forms** to match program or state needs
- **Customizable reports.** You can create a range of useful one-click reports, such as
  - Score summaries and graphs of children's progress over time
  - Reports on all skills in each developmental area mastered (2), emerging (1), and not yet seen (0)
  - Child Progress Record and individual and group progress reports
  - OSEP reports for individual children and for programs in the same district, region, or state
  - Eligibility reports
  - IFSP/IEP reports and lists of targets
  - Roll-up reports for states
  - Reports to meet state requirements
- **Customized data fields** for child records to collect required program information
- **Reminders to users** about scheduled reassessment dates for each child
- **Tools for working as a team**, including a discussion board, team calendar, and child journals
- **Free technical support** for all AEPSi users

**Keys to Success Using AEPSi** Because AEPSi is a web-based system, program staff can use it to help them customize content, meet reporting requirements, and complete other AEPS-related tasks quickly and efficiently. Following are some tips to help users make the most of the system:

**Familiarize yourself with the online system's arrangement and its features.** As with the other components of the AEPS-3 linked system, time spent initially in familiarizing yourself with the overall organization of the online system and its features will help you use it most efficiently.

**Use AEPSi to increase efficiency and accuracy.** Using the web-based system offers several time-saving advantages that can help increase efficiency and accuracy. For example, users can score the test automatically to ensure accurate, error-free scoring; shorten assessment time by using the online assessment activities for groups of children; and access curriculum content online to help plan teaching/intervention.

**Generate and customize reports and other components to meet specific needs.** The online system makes it possible to generate reports that not only inform teaching and intervention planning but also help programs meet state and federal reporting requirements. Users can generate reports that show trends, patterns, and progress over time; generate reports at the child, class, program, district, and state levels; create custom fields to track vital data and enhance reporting; and create customized forms to easily target specific skills based on test area, a child's previous test scores, and IEP/IFSP targets.

**Use AEPSi to enhance teamwork and family participation.** As mentioned throughout these volumes, team *collaboration* is a key part of the AEPS linked system's success, and family members are an essential part of the team. Using AEPSi not only facilitates the team approach among program staff but also makes it easier to involve and inform the family. AEPSi users can easily share family-friendly reports with caregivers to give them a visual picture of their child's progress over time. Users can also use the system to help obtain information from parents and other caregivers about their children's skills and abilities across major areas of development.

## Training Options

AEPS-3 offers a full range of support materials to address the needs of current and future users. Options include both print and video, online modules, and in-person training.

**Print Materials** The AEPS-3 five-volume series contains most core instructional materials for using the system:

- Volume 1 addresses AEPS-3 overall structure and components and how the system works.
- Volume 2 contains the full AEPS-3 Test, administration guidelines, and accompanying support materials.
- Volumes 3, 4, and 5 contain the AEPS-3 Curriculum by level.

**Video and Online Modules** Find out about support materials for learning about AEPS-3, building observation skills, and practicing scoring, and more at <https://aepsinteractive.com>. A self-paced online course provides a basic overview of AEPS-3 that orients professionals to the materials, logistics, scoring, and use of the linked system. In addition, the AEPS-3 Interrater Reliability Certification allows users to demonstrate competence in observation and scoring.

**Live Training** AEPS-3 experts provide live, in-person training sessions on-site and virtually in a variety of formats:

- **Introductory sessions:** We strongly recommend that first-time AEPS-3 users attend an introductory seminar, which covers AEPS development, content, organization, scoring, and how to summarize and interpret results. It also includes a tour of the print materials and opportunities to practice skills.
- **Advanced sessions:** Advanced training seminars build on the foundation of the introductory sessions and can be specialized and tailored to meet specific program and staff participant needs. More intensive training sessions provide additional information to support novice and experience users alike and can be used to extend knowledge and proficiency across areas such as authentic assessment, curriculum implementation, intervention approaches, family engagement, and progress monitoring and accountability.

More information on AEPS-3 training and train-the-trainer, coaching, and consultation options can be found at <https://aepsinteractive.com/training/>.

# VOLUME 1 User's Guide

Comprehensive and reader-friendly, this User's Guide gives early childhood professionals the practical knowledge they need to use **AEPS®-3** accurately and effectively.

In this volume, professionals will find

- a complete overview of the AEPS-3 linked system approach
- an introduction to each AEPS-3 component and how they work together
- clear and detailed guidelines on using AEPS-3 for assessment, goal/outcome development, teaching/intervention, and progress monitoring
- strategies for encouraging family engagement and fostering team collaboration
- guidance on using AEPS-3 with children and families who have diverse needs
- a summary of the research behind AEPS-3, including data on the utility, validity, and reliability of the AEPS-3 Test

An in-depth guide to the foundations and administration of AEPS-3, this volume is an essential part of the linked AEPS-3 system. Visit [www.aepsinteractive.com](http://www.aepsinteractive.com) to learn more.



## Assessment, Evaluation, and Programming System for Infants and Children, Third Edition (AEPS®-3)

By Diane Bricker, Ph.D., Carmen Dionne, Ph.D., Jennifer Grisham, Ed.D., JoAnn (JJ) Johnson, Ph.D., Marisa Macy, Ph.D., Kristine Slentz, Ph.D., & Misti Waddell, M.S., with Ching-I Chen, Ph.D., & Naomi Rahn, Ph.D.

Streamlined and enhanced with user-requested updates, AEPS®-3 gives your early childhood program the **most accurate, useful child data** and a **proven way to turn data into action** across everything you do, from goal setting to teaching to progress monitoring. Use this highly effective and efficient linked system to assess, develop goals, implement instruction/intervention, and monitor progress for every child you work with, from the first months of life through kindergarten.

### AEPS-3 HELPS YOU:

- **Collect the assessment data you need** with a continuous, seamless test for birth to 6 years
- **Link assessment data to a tiered curriculum** organized around 18 routines and activities
- **Track and support emerging skills**, where real growth and development happen
- **Strengthen preacademic skills**, including the critical areas of early literacy and math
- **Check for school readiness** with a shorter new measure called Ready-Set
- **Actively involve families** with handouts to support engagement, forms to collect information about child skills, and reports to share results
- **Streamline reporting and data management with AEPSi**, the user-friendly web-based system

Is your **aeps3** system complete? Here's everything you'll need:

