

a**e****p****s**[®]**3**

VOLUME

Assessment

EDITED BY

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JoAnn (JJ) Johnson

VOLUME 2

Assessment

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Paul H. Brookes Publishing Co.
Post Office Box 10624
Baltimore, Maryland 21285-0624
USA
www.brookespublishing.com

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Typeset by Progressive Publishing Services, York, Pennsylvania.
Manufactured in the United States of America by
Sheridan Books, Inc., Chelsea, Michigan.

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Please see Recommended Citations at the beginning of this book for a list of AEPS-3 volumes. Printable masters
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P.O. Box 10624, Baltimore, Maryland 21285-0624 (800-638-3775 or 410-337-9580).

To find out more about AEPS-3, please visit www.aepsinteractive.com.

Library of Congress Cataloging-in-Publication Data

Names: Bricker, Diane D., editor. | Johnson, JoAnn, editor. | Grisham, Jennifer, editor. |
Slentz, Kristine, editor.
Title: Assessment, evaluation, and programming system for infants and children / edited by
Diane Bricker, JoAnn (JJ) Johnson.
Other titles: At head of title: AEPS-3
Description: Third edition. | Baltimore, Maryland: Paul H. Brookes Publishing Co., [2022] |
Includes bibliographical references and index.
Contents: v. 1. User’s guide / edited by Diane Bricker, JoAnn (JJ) Johnson—v. 2. Assessment / edited by
Diane Bricker, JoAnn (JJ) Johnson—v. 3. Curriculum-beginning / edited by Jennifer Grisham and
Kristine Slentz—v. 4. Curriculum-growing / edited by Jennifer Grisham and Kristine Slentz—v. 5.
Curriculum-ready edited by Jennifer Grisham and Kristine Slentz.
Identifiers: LCCN 2021022790 | ISBN 9781681255194 (v. 1; paperback) | ISBN 9781681255200
(v. 2; paperback) | ISBN 9781681255217 (v. 3; paperback) | ISBN 9781681255224 (v. 4; paperback) |
ISBN 9781681255231 (v. 5; paperback)
Subjects: LCSH: Assessment, Evaluation, and Programming System. | Child development—Testing. |
Child development deviations—Diagnosis.
Classification: LCC RJ51.D48 A87 2022 | DDC 618.92/0075—dc23
LC record available at <https://lccn.loc.gov/2021022790>

British Library Cataloguing in Publication data are available from the British Library.

2025 2024 2023 2022 2021
10 9 8 7 6 5 4 3 2 1

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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.

Jennifer Grisham, Ed.D., Professor, Interdisciplinary Early Childhood Education Program, and Director, Early Childhood Laboratory School, Department of Early Childhood, Special Education, and Counselor Education, College of Education, University of Kentucky, Lexington

Dr. Grisham is Professor in the Interdisciplinary Early Childhood Education program at the University of Kentucky, Lexington. She received her doctorate in education from the University of Kentucky. She is also Faculty Director of the Early Childhood Laboratory at the University of Kentucky, an inclusive early childhood program for children from birth to 5 years of age.

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.

JoAnn (JJ) Johnson, Ph.D., Professor and Department Chair, Department of Child and Family Studies, College of Education, St. Cloud State University, Minnesota

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 Test Overview

An effective linked system is possible only if it has a measurement instrument designed to collect children's performance data that can be used across all of its elements. Without a reliable, valid measure that yields information for developing functional goals/outcomes and teaching/intervention content, the system will likely produce poor outcomes. The measure should also provide a valid, reliable means of monitoring progress over time.

To be appropriate for use with infants and young children, an assessment and progress monitoring measure should meet the following criteria:

- Focus on use by the people who interact regularly with the child (teachers, assistants, interventionists, parents) in familiar settings (home, classroom, child care)
- Reflect the curricular content of intervention efforts
- Provide a logical developmental sequence of items that can be used as intervention guidelines
- Accommodate a range of children
- Specify performance criteria that indicate whether a child has a particular skill and whether the skill is a functional part of the child's repertoire
- Have reliability and validity data that support the measure's use

The AEPS-3 Test is a *curriculum-based assessment* developed for use by service delivery personnel and specialists to assess and evaluate the skills and abilities of infants and young children. Examples of service delivery personnel include center-based interventionists, child care providers, home visitors, and teachers; specialists include communication specialists, occupational therapists, physical therapists, and psychologists. The AEPS-3 Test is designed to yield appropriate information for developing individualized family service plan (IFSP) and individualized education program (IEP) goals/outcomes and teaching/intervention content, and for monitoring progress.

This chapter discusses the target population of children for whom the AEPS-3 Test was designed, the content and organization of the test, the value of team collaboration in administering the test, and the use of test outcomes to help select goals and objectives, design teaching/intervention efforts, and monitor progress.

TARGET POPULATION

AEPS-3 Test items cover the developmental range from birth to 6 years. Items focus on determining a child's skill level across eight important early developmental areas: Fine Motor, Gross Motor, Adaptive, Social-Communication, Social-Emotional, Cognitive, Literacy, and Math. The AEPS-3 Test is generally appropriate for children whose chronological age falls between 3 months and 6 years.

The test may be appropriate for older children with moderate to severe disabilities, although for a child chronologically older than 6 years of age, significant modifications may be necessary to ensure appropriate wording of items, criteria, and suggested testing procedures. The test is designed for use with children who are developing typically, children who are at risk, and children who have disabilities. Chapter 6 in Volume 1 provides information about using AEPS-3 with children and families who have diverse needs, such as children who have motor and sensory problems and children who are dual language learners.

CONTENT AND ORGANIZATION OF THE AEPS-3 TEST

Using the AEPS-3 Test for assessment and progress monitoring allows teachers, interventionists, and specialists to generate a comprehensive profile of a child's behavior in familiar environments, as opposed to a narrow description of one aspect of the child's behavior. Each of the test's eight areas collects a wide range of information on children's developmental status, with each area encompassing a particular set of skills, behaviors, or information traditionally considered to be related developmental phenomena. In the test, these are called *strands*—for example, the Gross Motor area's Movement and Coordination strand groups behaviors related to movement while standing and walking. Table 1.1 presents an overview of the eight areas and their associated strands. As shown, the number of strands varies by area.

Table 1.1. Overview of the AEPS-3 Test areas and strands

Areas	Strands
Fine Motor	A. Reach, Grasp, and Release B. Functional Skill Use C. Mechanics of Writing D. Use of Electronic Devices
Gross Motor	A. Body Control and Weight Transfer B. Movement and Coordination C. Active Play
Adaptive	A. Eating and Drinking B. Personal Care Routines C. Dressing and Undressing D. Personal Safety
Social-Emotional	A. Interactions with Adults B. Social-Emotional Expression and Regulation C. Interactions with Peers D. Independent and Group Participation E. Meeting Social Expectations
Social-Communication	A. Early Social Communication B. Communicative Understanding C. Communicative Expression D. Social Use of Language
Cognitive	A. Sensory Exploration B. Imitation and Memory C. Conceptual Knowledge D. Reasoning E. Scientific Discovery
Literacy	A. Awareness of Print Concepts B. Phonological Awareness C. Alphabet Knowledge D. Vocabulary and Story Comprehension E. Writing
Math	A. Counting B. Quantitative Relations C. Reading and Writing Numbers D. Addition and Subtraction

In some cases, test items assess skills related to more than one area of development—for example, a smile can be both a social skill and a motor skill. Where such items occur in the test, each item is assigned to only one area—that is, the item is not duplicated in any other area it might also legitimately be used to assess.

AEPS-3 Test items are arranged to make it as efficient as possible to assess a child’s ability to perform a particular behavior within a developmental sequence of skills. Each strand contains a series of test items referred to as *goals* and *objectives*. These items can be used to write IFSPs and IEPs. Goals target important skills, such as walking without support or producing multiple-word sentences. Objectives are components of or precursor skills that lead to the associated goals—they are easier, discrete component skills that enable the person administering the test to accurately pinpoint a child’s level within a developmental sequence. AEPS-3 Test goals and objectives can be used to develop goals and objectives on IEPs, and AEPS-3 Test goals can serve as outcomes on IFSPs.

Whenever possible, strands and goals are arranged from easier or developmentally earlier skills to more difficult or developmentally more advanced skills. The objectives under each goal are listed in descending order of difficulty, with the most difficult items first and the less difficult items following sequentially. Figure 1.1 shows the hierarchical arrangement of strands, goals, and objectives from easy to more difficult.

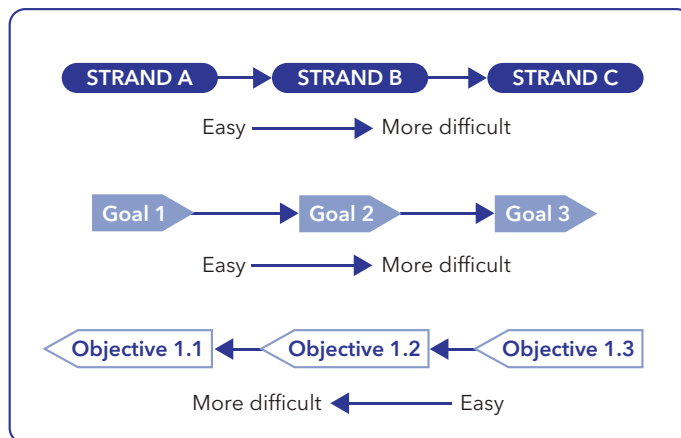


Figure 1.1. Hierarchical organization of AEPS-3 into strands, goals, and objectives. Notice the direction of arrows indicating levels of difficulty. The identification system associated with the strands (A, B, and C), goals (1, 2, and 3), and objectives (1.1, 1.2, 1.3) can assist in locating and referring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

This intentional arrangement of easy to more difficult facilitates test administration—because if a child performs a more advanced objective within a sequence of objectives, such as jumping up and down in place within the Movement and Coordination strand’s developmental sequence, then it is generally not necessary to assess the earlier objectives within that sequence, such as jumping down from a low structure or jumping down with support. This procedure typically suffices unless the child’s behavioral repertoire appears to be uneven or splintered, as when the child performs a skill inconsistently, showing a variety of splinter skills, in which case it is necessary to assess a broader range of items.

For some strands, objectives associated with a particular goal may occur concurrently rather than hierarchically—in which case, all objectives should be assessed. For example, if a child can prepare food for eating, then the person administering the test may also need to assess the child’s ability to pour liquids and serve food with utensils.

The sequential arrangement from easy to more difficult is also present in the strands (which are denoted A, B, C, etc.), the goals (numbered 1, 2, 3, etc.), and the objectives (numbered 1.1, 1.2, 1.3, etc.). This overall sequential arrangement is designed to help the person administering the test locate and refer to items. Figure 1.2 shows the organizational structure of the strands, goals, and objectives.

Chapter 2 provides detailed instructions for administering and scoring the AEPS-3 Test.

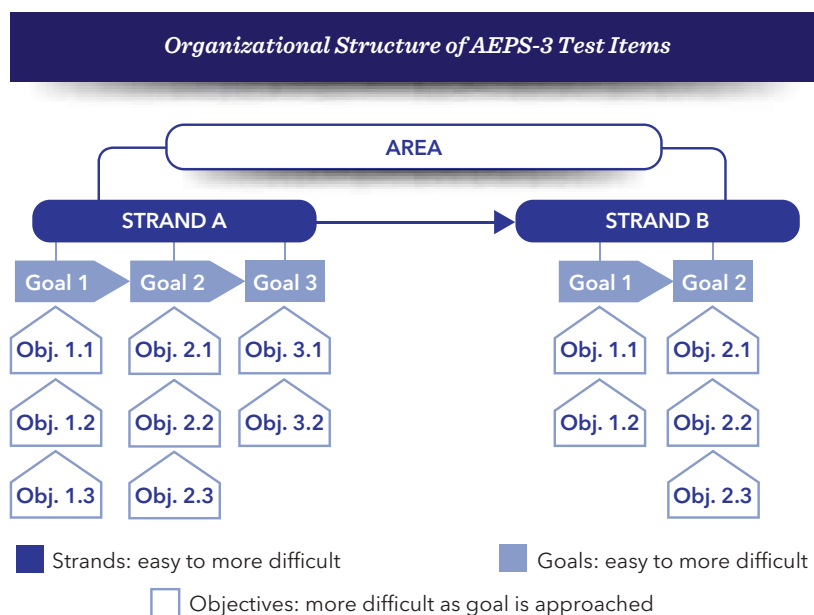


Figure 1.2. Organizational structure of AEPS-3 Test items. This figure shows how the AEPS-3 Test is organized into areas, strands, goals, and objectives. Areas are composed of strands (functional groups of related skills). In turn, each strand is made up of goals and objectives. Strands and goals proceed 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.

COLLABORATIVE TEAM ASSESSMENT

Programs that provide services and care to young children have a variety of staffing patterns. Many programs have more than one interdisciplinary team specialist who is regularly available to children and families. These specialists are encouraged to participate in administering curriculum-based assessments such as the AEPS-3 Test because including them on the assessment team helps ensure that children are assessed appropriately and comprehensively. In center-based assessments of groups of children, the team members may choose to participate by observing and interacting with the children at particular times. For example, the communication specialist might record a language sample for the Social-Communication portion of the Child Observation Data Form (CODF) during snack time, whereas the physical or occupational therapist might complete the Fine Motor and Gross Motor portions of the CODF during free play. Another alternative is for the specialist to observe and score the items in their own area of expertise while a child care provider moves children through a series of assessment activities.

Results should be compiled and shared among team members to increase awareness of the children's strengths and needs across developmental areas. Sharing results also helps eliminate the redundancy and inconsistency that occur when professionals complete separate assessments. Incorporating the specialists' and interventionists' observations into one assessment protocol leads to more efficient and functional intervention planning. Chapter 5 in Volume 1 provides details on team collaboration in using AEPS-3.

USES OF TEST OUTCOMES

AEPS-3 Test results can be used for the following purposes:

- Assess the current developmental status of children from birth to 6 years of age
- Select target goals and objectives/outcomes for IFSPs and IEPs
- Guide teaching and intervention activities

- Monitor progress over time toward targeted goals and objectives
- Determine eligibility for early intervention and early childhood special education (EI/ECSE) services

More detail on each of these uses follows.

Assessing Developmental Status

Combining results across the AEPS-3 Test's eight important developmental areas makes it possible to construct a comprehensive picture of the skills children can perform and the information they have and can use. Test results do not address age norms but rather provide the necessary data to determine what children currently can do. This information is essential to providing a baseline from which to view subsequent changes in children (progress monitoring).

Selecting Target Goals and Objectives or Outcomes

Because AEPS-3 Test results provide a detailed picture of a child's current repertoire, it becomes a straightforward matter to select subsequent teaching/intervention targets. Test results provide a comprehensive picture of each child's developmental skill level, and the test content that remains lays out the subsequent developmental sequence to help the child improve their skills and increase their information base. Users of the AEPS-3 Test can rely on the test's content to offer the information they need to help them select goals and objectives for their next teaching/intervention targets.

Determining Teaching/Intervention Content

AEPS-3 Test results link directly with AEPS-3 Curriculum content. Using the goals and objectives selected as their next targets, professionals can go directly to the AEPS-3 Skills Matrix in Appendix B of Volumes 3, 4, or 5 to select appropriate routines and activities and related curriculum content. Section I of Volumes 3–5 describes how to locate the appropriate sections of the curriculum to address selected goals and objectives.

Monitoring Progress Over Time

Because initial test results allow test users to determine a child's developmental status at a particular point in time, readministering the test provides information on changes in the child over time. For example, if a toddler is not walking at the time of the initial test and that skill becomes one of the targeted outcomes, subsequent administrations of the test can provide information about the child's progress toward walking.

Determining Eligibility for Services

Test results can also be used to help determine a child's eligibility for publicly funded services—for example, by comparing information about the child's developmental status from the test results to age-expected cutoff scores. Such a comparison will reveal whether the child is performing as expected for their age. State regulations determine children's eligibility for services, and AEPS-3 Test results can be used to determine whether children qualify for those services. Chapter 8 provides details about using test results to determine eligibility. (For more about the empirical evidence on using AEPS cutoff scores, see Volume 1, Chapter 7, and the relevant peer-reviewed articles cited.)

VOLUME 2 **Assessment**

A criterion-referenced, curriculum-based measure, the AEPS®-3 Test evaluates the developmental and early academic skills that children need to function independently and succeed in kindergarten. Spanning birth to 6 years in one continuous, seamless test, this assessment volume covers eight curricular areas—Fine Motor, Gross Motor, Adaptive, Social-Emotional, Social-Communication, Cognitive, Literacy, and Math. Fully linked with the tiered AEPS-3 Curriculum, AEPS-3 Test results can be used to determine a child's level of performance, develop meaningful learning goals and outcomes, plan effective instruction/intervention, and monitor progress over time.

In this volume, professionals will find

- administration and scoring guidelines for the test
- test items and criteria for 407 goals and objectives
- tips on how to use the AEPS-3 assessment activities with individual children or groups of children
- tips on how to score all test items efficiently
- instructions on using the family materials and Ready-Set assessment
- guidance on using test results to write IFSPs/IEPs and determine eligibility for services

A valid and reliable way to gather assessment data in home- or center-based settings, this volume is an essential part of the linked AEPS-3 system. Visit 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

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