by Diane Bricker, Ph.D., Kristie Pretti-Frontczak, Ph.D., JoAnn Johnson, Ph.D., & Elizabeth Straka, Ph.D., CCC-SLP

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**VOLUME 3**

AEPS Curriculum for Birth to Three Years
by Diane Bricker, Ph.D., and Misti Waddell, M.S., with Betty Capt, Ph.D., OTR, JoAnn (JJ) Johnson, Ph.D., Kristie Pretti-Frontczak, Ph.D., Kristine Slentz, Ph.D., and Elizabeth Straka, Ph.D., CCC-SLP

**VOLUME 4**

AEPS Curriculum for Three to Six Years
by Diane Bricker, Ph.D., and Misti Waddell, M.S., with Betty Capt, Ph.D., OTR, JoAnn (JJ) Johnson, Ph.D., Kristie Pretti-Frontczak, Ph.D., Kristine Slentz, Ph.D., and Elizabeth Straka, Ph.D., CCC-SLP

Accompanying web-based management system
AEPSinteractive™ (AEPSi ™) www.aepsi.com
The following AEPS forms, found in Appendixes C, D, and E, can be purchased separately in packs:
Child Observation Data Recording Form I: Birth to Three Years, and II: Three to Six Years
Family Report I: Birth to Three Years, and II: Three to Six Years
Child Progress Record I: Birth to Three Years, and II: Three to Six Years

A CD-ROM of printable masters of the AEPS forms is also available, and also includes a Child Observation Data Recording Form with Criteria for Birth to Three Years and Three to Six Years not found in any of the volumes. To order, contact Paul H. Brookes Publishing Co.

Please see page ii for a listing of the other volumes in the AEPS series. All AEPS materials are available from Paul H. Brookes Publishing Co., Post Office Box 10624, Baltimore, Maryland 21285-0624 (800-638-3775 or 410-337-9580). Find out more about AEPS on www.brookespublishing.com/aeps.

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The Assessment, Evaluation, and Programming System for Infants and Children (AEPS) is the culmination of years of work by an array of thinkers, developers, users, and evaluators. One strength of this curriculum-based measure has been the multiple theories, perspectives, frameworks, and needs that have shaped its continuing evolution since its inception in 1974. Trying to organize this multiplicity of perspectives into a conceptually cohesive approach and manageable test and curriculum has been a significant challenge that has admittedly resulted in uneven success. From the beginning, the actualization of the ideals that underlie the AEPS (i.e., the development of a reliable and valid measure that yields results directly applicable to the development of functional and appropriate goals and intervention content and that can monitor child progress) has outstripped our collective abilities to reach these ideals. However, a comparison between where we began in 1974 and where we are today with this second edition of the AEPS offers solid proof of important progress toward reaching those ideals. The thousands of hours that have been spent in the refinements of the AEPS Test and associated curricular materials have produced important modifications, expansions, and changes in the second edition of the AEPS. The “perfect” test and teaching materials still beckon far beyond our collective reach; however, we believe that the second edition of the AEPS moves us closer to actualizing those original ideals. We believe that using the second edition of the AEPS will yield accurate, valid, and reliable test outcomes; will produce appropriate, timely, functional, generalizable and measurable goals; will support effective intervention efforts; and will enable the efficient monitoring of child progress.

The various changes incorporated into the second edition of the AEPS are the result of a collective effort of the seven authors who brought their own experience and knowledge to the discussions, as well as feedback they received from hundreds of other professionals and caregivers who have used the first edition of the AEPS. Users’ suggestions and noted deficiencies served as powerful instigators of the changes made in the second edition, and we are grateful to the many individuals who have provided their perspectives, feedback, and thoughtful ideas about improving the AEPS. We are particularly indebted to our colleagues Jane Squires, David Allen, Jantina Clifford, Alise Carter, Naomi Rahn, and Natalya McComas for providing insightful observations, helping with material development, and generally keeping us centered on the task.

The size, complexity, and interrelated nature of the AEPS Test and curricular materials have required iterative reviews, readings, and editing. Dave Allen, James Jacobson, Kate Ray, Renata Smith, and Erika Hinds helped with these tasks. This multilevel and nested project has been like assembling a jigsaw puzzle. Karen Lawrence has been extraordinary in checking the content of each piece and getting the pieces assembled and sequenced in the right order. Her attention to detail has been enormously helpful. We are grateful to her for
her ongoing assistance in completing this truly challenging work. In addition, the staff of Paul H. Brookes Publishing Co. has been of great assistance by their commitment to this large and complex project, their openness to change, their responsiveness to requests, and their positive and supportive feedback. The AEPS began as a collective effort, continues as a collective effort, and likely will continue to evolve as a collective effort.
The importance of early experience to young children’s development has long been recognized and has served as the foundation for early intervention programs designed for young children who have or are at risk for disabilities. Beginning with unclear expectations and a narrow focus, early intervention programs have evolved into comprehensive approaches that produce positive changes in the lives of participating children and their families. In large measure, the increasingly positive outcomes engendered by early intervention programs have occurred because of the growing sophistication of personnel, curricular materials, and assessment/evaluation tools. The assessment, goal development, intervention, and evaluation system described in this set of volumes is an example of this growing sophistication, which will, in turn, enhance future intervention efforts with young children in need of services.

This introduction sets the stage for the second edition of the Assessment, Evaluation, and Programming System for Infants and Children (AEPS®) four-volume series and provides the reader with a historical context. Specifically, the material in this introduction addresses three areas: 1) history of the AEPS’s development, 2) description of the first edition of the AEPS, and 3) description of the second edition of the AEPS.

HISTORY OF THE AEPS’S DEVELOPMENT

At the October, 1974, organizational meeting of the American Association for the Education of the Severely and Profoundly Handicapped (now called TASH), a group of frustrated people convened. The meeting was not planned but occurred spontaneously in a dining room over breakfast. The topic of conversation was the need for a functional and accurate measurement tool for young children with severe disabilities. The conversation was a magnet that drew people from adjoining tables as well as passers-by. It seemed that everyone within earshot who worked with young children was feeling a strong and urgent need for some alternative to using standardized norm-referenced tests or...
homemade tests with questionable validity and reliability. The interest was intense then and has remained so for many of us into the new millennium.

From 1974 to 1976, conversations continued periodically among a group of people who were highly motivated to address this pressing measurement need. In the spring of 1976, professionals from six universities met in New Orleans to discuss the possibility of developing a tool that was specifically designed for children who ranged from birth to 2 years of age (developmentally) and that would yield educationally relevant outcomes. In addition, the group discussed the possibility of developing this tool through a consortium effort. Personnel from five of the six universities agreed to work toward a collaborative effort to fill this measurement gap. The initial participants included Diane Bricker, then at the University of Miami; Dale Gentry, Owen White, and Robin Beck, then at the University of Washington; Lizbeth Vincent, then at the University of Wisconsin; Verna Hart, then at the University of Pittsburgh; and Evelyn Lynch, then at Indiana University.

A second official meeting was held in Madison, Wisconsin, in June, 1976, when the group, whose constellation had changed slightly, formalized responsibilities and adopted the name of Consortium on Adaptive Performance Evaluation. Two other meetings were held in 1976, one in Kansas City in October and one in Pittsburgh in November. During these meetings, plans were formulated to write an application to be submitted to the Research Branch of the Division of Innovation and Development, Bureau of Education for the Handicapped, now the Office of Special Education Programs. The grant application, written primarily by Dale Gentry and Owen White, was submitted in December, 1976, with the American Association for the Education of the Severely and Profoundly Handicapped as the sponsoring agency.

The application was approved and funded, permitting formal continuation of the work begun by the consortium members. During the 3-year period of the grant, a number of individuals from the five participating universities shared in the development of the instrument. The major players during this period were Dale Gentry, Diane Bricker, Owen White, Lizbeth Vincent, Evelyn Lynch, and Verna Hart.

During this period, conceptual as well as empirical work was undertaken. The principles underlying the tool were refined, and the first data collection on the preliminary instrument was conducted. It was perhaps at this time that members of the consortium began to realize the magnitude of their task. Owen White argued that one area be developed, tested, and modified before tackling the other test areas. Although outvoted, hindsight suggests he was probably correct, and development might have proceeded more rapidly had the group followed his suggestion. The size of the task was particularly intimidating because other commitments prevented those involved from allotting sufficient time to the project. In addition, although the consortium participants could agree on the need for a tool, compromise between developmentalists and behavior analysts was time consuming and exhausting and often led to contentious meetings; however, much of the strength of the ensuing instrument was the result of these divergent views.

In 1980, under the leadership of Dale Gentry and with the assistance of Katie McCarton, a supplemental award to the Handicapped Children’s Early Education Project grant of the University of Idaho provided support for the
project. (By this time, Gentry had moved to the University of Idaho and Bricker to the University of Oregon.) During this period, the first complete and usable assessment/evaluation tool became available for comprehensive field testing. The tool was called the Adaptive Performance Instrument (API). The data and informal feedback on the API were extremely interesting but troublesome. The tool had more than 600 items for the developmental range of birth to 2 years. This depth of coverage provided detailed and useful descriptions of children's behavioral repertoires but also took 8–10 hours to administer. Thus, the tool's strength—generation of detailed behavioral profiles—was also its weakness—excessive administration time.

After completion of the federal supplemental grant, consortium members considered seeking a commercial publisher to disseminate the API. Several consortium members believed, however, that adequate psychometric data had not been collected on the test and, thus, continued study was in order. Also, there was a nagging problem of administration time. A complete copy of the API was sent to the Bureau of Education for the Handicapped as part of the final project report. In addition, copies of the API that had been made during the granting period were distributed to interested parties as long as the supply lasted.

Between 1983 and 1984, the Idaho and Oregon group found creative ways to maintain support for work on the instrument. The API was modified considerably by reducing the number of test items from more than 600 to less than 300 and extending the developmental range to 36 months. Most items were rewritten and the presentation format changed. The modifications were so extensive that the measure was renamed the Comprehensive Early Evaluation and Programming System. A dissertation conducted by E.J. Bailey (Ayers) at the University of Oregon examined the psychometric properties of the modified instrument and was completed in August, 1983.

Using the Bailey (Ayers) dissertation data as a base, a research grant was written and submitted to the field-initiated research program of the Division of Innovation and Development, Office of Special Education Programs. In October, 1984, a 3-year grant was awarded to the University of Oregon. During the ensuing 3 years, another extensive revision was conducted on the instrument and the name was changed to the Evaluation and Programming System: For Infants and Young Children (EPS). In addition, an associated curriculum was developed and field tested.

From 1984 to 1989, extensive data were collected and published on the EPS Birth to Three Years [Bailey & Bricker, 1986; Bricker, Bailey, & Slentz, 1990; Cripe, 1990; Notari & Bricker, 1990]. In 1993, the EPS Test for Birth to Three Years and its associated curriculum were published by Paul H. Brookes Publishing Co., and the name was changed to the Assessment, Evaluation, and Programming System (AEPS) for Infants and Children to reflect accurately its purpose and use. In the first edition, the AEPS for Birth to Three Years was composed of a test (AEPS Measurement for Birth to Three Years) and an associated curriculum (AEPS Curriculum for Birth to Three Years). The success of the AEPS Test and Curriculum for the developmental range from birth to 3 years served as the major impetus for expanding the AEPS to cover the developmental range from 3 to 6 years.

From the time of the first field testing of the AEPS for Birth to Three Years, there was pressure to expand the system to cover the entire preschool
age range. In 1985, work was begun on the development of a test and associated curriculum to address the developmental range from 3 to 6 years. The first version was field tested by Slentz [1986]. The results from this study served as a basis for extensive revisions of the test. The revised test was called the Evaluation and Programming System for Young Children—Assessment Level II: Developmentally 3 Years to 6 Years [Bricker, Janko, Cripe, Bailey, & Kaminski, 1989]. Selected psychometric properties of the revised test were examined by Hsia [1993]. The findings from this study were encouraging and suggested only minor modifications in test items were needed. The revised test was titled the Assessment, Evaluation, and Programming System Test for Three to Six Years [Bricker, Ayers, Slentz, & Kaminski, 1992].

Between 1992 and 1995, a curriculum linked to the 3–6 years test was developed. In 1996, Volumes 3 and 4 of the AEPS series were published by Paul H. Brookes Publishing Co. Volume 3 was titled AEPS Measurement for Three to Six Years [Bricker & Pretti-Frontczak, 1996] and Volume 4 was titled AEPS Curriculum for Three to Six Years [Bricker & Waddell, 1996].

As the AEPS became commercially available, requests for training on its use became frequent. AEPS training efforts have been extensive and have been supported through four outreach grants from the U.S. Department of Education, Office of Special Education Programs. The first outreach project was funded in 1988 and addressed the needs of personnel in individual programs. Training was provided to more than 1,000 participants in 50 sites across 19 states. The second outreach project, from 1991 to 1994, also provided training to more than 1,000 participants in 54 sites across 16 states. The third outreach project, initiated in 1996, changed the focus of training from individual programs to a train-the-trainer model. This change was instituted in an effort to 1) meet the growing requests for AEPS training and 2) produce systematic change throughout states. Training on the AEPS has been done by a cadre of experts located across the country and includes Kristie Pretti-Frontczak at Kent State University, Kent, Ohio; JJ Johnson at the University of Nevada, Reno; Kristine Slentz at Western Washington University, Bellingham; Elizabeth Straka of New England Early Intervention Consulting, Wells, Maine; and Betty Capt and Misti Waddell at the University of Oregon, Eugene. The fourth outreach project began in 1999 and also employs a train-the-trainer model. Individuals trained by these last two outreach projects have provided services to approximately 1,500 individuals in 50 sites across 13 states.

In addition to providing training to hundreds of AEPS users, Kristie Pretti-Frontczak, JJ Johnson, Kristine Slentz, Elizabeth Straka, Betty Capt, and Misti Waddell met at the University of Oregon, Eugene, during the summers of 1999 and 2000 and, led by Diane Bricker, discussed changes in the AEPS. In addition, Jane Squires, Natalya McComas, and doctoral students enrolled in the Early Intervention Program, College of Education, University of Oregon, provided additional insight and expertise. At the first meeting in 1999, data gathered on the AEPS Test and information garnered from outreach training sessions were studied and discussed. Based on these discussions, a series of changes and modifications to the AEPS were proposed. Each of the participants left the meeting with a set of assigned tasks. During the ensuing year, the group completed changes and circulated them to other participants. At the second meeting held in the summer of 2000, additional changes and refine-
ments were discussed and participants left again with a set of tasks to be completed for the second edition of the AEPS. The results of those discussions and their crystallization are contained in this second edition of the AEPS.

A DESCRIPTION OF THE FIRST EDITION OF THE AEPS

The AEPS is an assessment/evaluation system with associated curricula. The AEPS is more than an assessment measure; it is a comprehensive and linked system that includes assessment/evaluation, curricular, and family participation components. As shown in Figure 1, the first edition of the AEPS was divided into two developmental ranges: birth to 3 years (Volumes I and II) and 3–6 years (Volumes III and IV). Each developmental range was covered by two volumes, one that contained measurement information and a second that contained associated curricular information. The test and associated measurement materials were contained in Volumes I and III, whereas the curriculum materials were contained in Volumes II and IV.

Volume I, AEPS Measurement for Birth to Three Years, was divided into three sections. Section I provided a comprehensive description of the AEPS. Section II presented the AEPS Test items, which were divided into six areas that covered the developmental period from 1 month to 3 years. Section III described how to involve families in the assessment/evaluation process as well as how to provide specific strategies and guidelines for doing so.

Volume II, AEPS Curriculum for Birth to Three Years, was also composed of three sections. Section I described the relationship between the AEPS Test described in Volume I and the Curriculum. The numbering system for the AEPS Test and Curriculum permitted efficient movement between the two volumes. Procedures for general use of the AEPS Curriculum were also described in Section I. Section II explained in detail how to use the AEPS Curriculum separately or in conjunction with the AEPS Test. Section III presented the AEPS curricular activities, covering the Fine Motor, Gross Motor, Adaptive, Cognitive, Social-Communication, and Social Domains. For each item on the AEPS Test, an associated set of curricular activities was described, including cross-references to the AEPS Test, the item’s importance to a child’s development, procedures for using an activity-based intervention approach, as well as more structured approaches, cautions, and teaching suggestions.

Volume III, AEPS Measurement for Three to Six Years, was divided into three sections. Section I provided a comprehensive description of the AEPS. Section II presented the AEPS Test items organized into six areas that covered the developmental period from 3 to 6 years. Section III described how to involve families in the assessment/evaluation process as well as specific strategies and guidelines for doing so. The content of Volume III was focused on assisting interventionists and caregivers in assessment/evaluation activities. It described a program-relevant assessment and evaluation system designed for interventionists to use on a regular basis. Use of this system ensured the accurate assessment and ongoing monitoring of infants and children at risk for or who have disabilities and their families.

Volume IV, AEPS Curriculum for Three to Six Years, was composed of five sections. Section I described the relationship between the AEPS Test for Three
to Six Years and the Curriculum. The numbering system for the AEPS Test and Curriculum permitted efficient movement between the two volumes. Section II explained how to use the AEPS Curriculum separately or in conjunction with the AEPS Test. Section III described the use of the AEPS Curriculum in the context of an activity-based intervention approach. Section IV presented the AEPS curricular activities, covering the Fine Motor, Gross Motor, Adaptive, Cognitive, Social-Communication, and Social Domains. For each item on the AEPS Test, an associated set of curricular activities was described, including cross-references to the AEPS Test, procedures for using an activity-based intervention approach, as well as more structured approaches, cautions, teaching suggestions, and cross-references to other early childhood curricula with similar goals/objectives. Finally, Section V presented a series of planned activities appropriate for young children that could be used to embed individual children’s goals/objectives.
A DESCRIPTION OF THE SECOND EDITION OF THE AEPS

Since the publication of the first edition of the AEPS Test and Curriculum for Birth to Three Years in 1993 and the AEPS Test and Curriculum for Three to Six Years in 1996, data and information on the usefulness of the AEPS system to professionals and caregivers have been collected. Studying this information has led to a number of changes in the second edition of the AEPS. These changes are of three types—organization, content, and format—and are described next. The two most significant changes for the second edition were 1) combining the Birth to Three Years and Three to Six Years Administration materials into one volume and 2) combining the Birth to Three Years and Three to Six Years Test items into one volume. These changes occurred for reasons of efficiency (i.e., elimination of redundancy) and ease of use. A combined administration guide permitted the deletion of significant redundancy because the guidelines are the same for both test levels. Combining the Birth to Three Years and Three to Six Years Test items into one volume permits test users to easily move across tests when children’s repertoires cut across both levels. It is important to note that the basic purpose and content of the AEPS remain the same; that is, the AEPS remains a curriculum-based measurement system linked to intervention. Figure 2 presents the four volumes that compose the second edition of the AEPS.

A review of Figure 2 highlights the second edition organizational changes. To reduce redundancy, the foundational information for understanding and using the AEPS has been combined into one volume. Volume 1, AEPS Administration Guide, presents information on the conceptual and organizational structure of the AEPS, how to get started using the system, components of a linked system, interpretation of test outcomes, family involvement in the assessment/evaluation process, and team collaboration when using the system. This volume also contains a description of the Psychometric Properties of the AEPS Test (Appendix A); IFSP/IEP Goal and Objective Examples (Appendix B); Child Observation Data Recording Form (Appendix C); Family Report (Appendix D); Child Progress Record (Appendix E); and Determining and Corroborating Eligibility Decisions, Revised (Appendix F). Appendix F was revised in 2007, with the fourth printing of this book, to describe an improved system for determining eligibility that uses each of the six developmental Area Goal Scores and precludes the use of Total Goal Scores. Tables in Appendix F now include cutoff scores by area.

Volume 2, AEPS Test, contains the test items for Birth to Three Years and Three to Six Years, divided into six developmental areas: Fine Motor, Gross Motor, Adaptive, Cognitive, Social-Communication, and Social. The majority of AEPS Test items have remained unchanged from the first editions; however, a few items were subjected to minor rewrites to improve their clarity. A few items were eliminated because of redundancy, and a few items were added to eliminate important developmental content gaps (e.g., emergent literacy). Finally, the content in the Cognitive Area for Three to Six Years was combined to significantly reduce the number of items. Volume 2 also contains general administration guidelines as well as Assessment Activities (Appendix A). The assessment activities are simple scripts that guide the assessment of a range of AEPS Test items during specific activities.
Volume 3, *AEPS Curriculum for Birth to Three Years,* and Volume 4, *AEPS Curriculum for Three to Six Years,* of the second edition contain the curricular material for the developmental range birth to 3 years and 3 to 6 years, respectively. In these volumes, the major changes were in formatting and the addition of intervention strategies and activities.

In late 2006, additional functionality was introduced to the AEPS system with the launch of *AEPSinteractive™ (AEPSi™).* This web-based management system (www.aepsi.com) streamlines AEPS administration, provides new reporting features, and includes sets of activities that allow users to assess multiple children at the same time.
Chapter 1 provides important contextual information to users or potential users of the Assessment, Evaluation, and Programming System for Infants and Children (AEPS®). In particular, the what, why, and who of using the AEPS is addressed. In addition, a Quick Start section on how to use the AEPS is offered to assist new users of the AEPS. The AEPS has a number of components, and new users of the system may experience difficulty in deciding where to begin and how to orchestrate the many pieces into a cohesive approach. Previous users of the AEPS will find few procedural changes.

WHAT IS THE AEPS?

The AEPS is more than an assessment/evaluation measure and more than a curriculum. The approach of the AEPS is counter to the use of standardized and normed measures, which yield scores or outcomes that do not provide information that can be used to develop educational goals or outcomes and intervention content. In contrast to standardized norm-based tests, the AEPS is a comprehensive system that ties together assessment, goal development, intervention, and ongoing monitoring and evaluation. The test components of the AEPS yield educationally relevant, meaningful, and functional information that can be used to formulate developmentally appropriate goals/outcomes and objectives/benchmarks for children. These goals and objectives, in turn, link directly to intervention content and procedures offered in the curricular components of the AEPS. The test and curricular components of the AEPS form a comprehensive and linked system that permits using assessment results to develop intervention content and to monitor child progress.

The AEPS is not a screening tool nor is it a norm-referenced measure that yields a developmental age or IQ score. The primary purpose of the AEPS is to assist professionals and parents/caregivers in identifying and monitoring children’s developmentally appropriate educational targets and planning individualized intervention; for this reason, the AEPS can be of enormous assistance in
assessing children's functional repertoires, developing quality goals, formulating intervention content, and monitoring child progress over time.

**WHY USE THE AEPS?**

There are four essential reasons to use a linked assessment, goal development, intervention, and evaluation system such as the AEPS:

1. The test portions of the AEPS yield functional and educationally relevant developmental information that can be used effectively and efficiently to develop individualized plans and intervention content.
2. The AEPS Test results make the formulation of goals/outcomes and objectives/benchmarks and intervention activities straightforward and accurate.
3. The AEPS provides materials that permit and encourage the active input and participation of family members in the assessment, goal development, intervention, and evaluation processes for their children.
4. The AEPS supports placement of children in inclusive environments and fosters collaboration among teachers, specialists, family members, and other caregivers.

Ms. Jones, the teacher, and Mr. Robart, the county early intervention specialist, jointly completed an AEPS Test on 4-year-old Michael upon his entry into the Acme Child Care Program by observing him across several days and many classroom activities. In addition, Ms. Martinez, the speech-language pathologist, assisted with the completion of the Social-Communication Area of the AEPS. Soon after Michael’s entry in the child care program, Michael’s parents were asked to complete the Family Report while observing Michael at home. Ms. Jones, Mr. Robart, Ms. Martinez, and Michael’s parents did not have to ask Michael to engage in activities that were meaningless for him, nor did they have to use irrelevant and unhelpful information to formulate his individualized education program (IEP). The information gathered during typical daily routines provided information about Michael’s skills and abilities in important developmental areas, and, therefore, formulating appropriate and functional IEP goals/objectives for Michael was straightforward. In addition, Michael’s parents were able to actively contribute to the selection of goals/objectives. Because the AEPS permits a direct link between the selected goals and curricular content, Ms. Jones had significant help in choosing daily intervention activities and procedures that would appeal to Michael and target his IEP goals/objectives.

By using the AEPS, members of Michael’s IEP team (i.e., Ms. Jones, Mr. Robart, Ms. Martinez, Michael’s parents) saved valuable time because they were able to select appropriate and functional goals and intervention content for Michael without having to remove him from his usual daily activities. The selection of developmen-
tally appropriate and meaningful IEP goals and intervention content helped ensure that Michael will make timely developmental progress.

WHO SHOULD USE THE AEPS?

The previous vignette makes clear that the AEPS was designed to be used by teachers, specialists, and caregivers. The caregiver\(^1\) components of the AEPS are written in straightforward language that avoids jargon and complicated descriptions. Caregivers are asked to observe the children as they engage in daily activities and then indicate the children's ability to perform important behaviors.

Using the AEPS enhances interventionist and caregiver understanding of development in young children. The layout of the AEPS provides basic information about developmental milestones and the general sequence in which they appear. The AEPS, however, does require that some members of each professional team have adequate training in child development and child learning to correctly interpret child performance in critical areas.

The AEPS is designed to be used by specialists as well as early childhood, early intervention, or special education teachers and interventionists. Items and curricular activities are divided into six areas so that, for example, a communication specialist can assist in completing the Social-Communication Area and a physical or occupational therapist can assist in completing the Fine and Gross Motor Areas. Division into areas permits efficient test completion by team members, whereas commonalities across areas and cross-referencing provide a solid basis for collaboration.

A QUICK START ON HOW TO USE THE AEPS TEST

At first glance, the AEPS may seem to contain an overwhelming amount of material because there are hundreds of items across six developmental areas in two age ranges of assessment and curriculum, as well as family components. Once you begin using the AEPS, however, its advantages will quickly become evident and the structure of the system will provide a clear and systematic framework for initial and ongoing assessment, intervention planning, and evaluation. Taking the time to learn the AEPS can, in fact, stimulate and organize major improvements in existing assessment procedures, team roles, and service delivery environments.

The following suggestions provide directions for a quick start to the AEPS system for first time users. There are separate sections for home- and center-based settings that provide a stepwise summary of AEPS Test administration procedures for regular users of the test and should be considered a supplement, rather than a replacement, for the detailed AEPS Test administration guidelines contained in subsequent chapters of this volume.

\(^1\)The term caregiver is preferred over parent because young children may interact with a variety of caregivers.
Specific Steps for AEPS Test Administration:  
Center-Based Settings

- **Identify the child or children to be assessed.** Review existing information to familiarize yourself with each child's age, developmental performance across areas, medical history, family concerns, and behavioral characteristics.

- **Review AEPS Test items for the areas that you plan to address.** Read through the specific goals/objectives in Volume 2 to clarify the content and criteria for each skill that you plan to assess. Some users find it useful to make notations about criteria.

- **Organize the testing environment.** Determine if you will be using the AEPS Test to observe one or more children during play, planned activities, and/or regular routines such as opening circle or snack time in the classroom. Use the Assessment Activities in Volume 2, Appendix A to develop a list of necessary materials and to schedule time and set up space for assessment in the classroom accordingly.

- **Select the data recording form that matches your assessment procedure.** The AEPS provides a variety of recording forms to meet individual users' needs. After organizing the environment, identify and reproduce the form that matches your situation; for example, if you have decided to observe a single child in a single area of development, then you may want to use the Child Observation Data Recording Form found in Appendix C of this volume. If you have decided to assess a group of children, then you may want to use the Assessment Activities found in Appendix A of Volume 2.

- **Prepare for data collection.** Designate someone to monitor play or facilitate the assessment activity and someone else to record data. Complete the Child Observation Data Recording Form cover sheet for each child, and bracket the child's performance level by eliminating goals that are clearly too easy or difficult. Score items that are developmentally below the child's current level of performance as 2R and items that are demonstrably too difficult as 0R. The R, which stands for Report, is found in the Notes section of the Child Observation Data Recording Form.

- **Record assessment data using the three-point scoring options (2 = consistently meets criterion; 1 = inconsistently meets criterion; 0 = does not meet criterion).** Observation is the preferred method of data collection. Score each goal, and then score all associated objectives for goals scored 1 or 0. Add notes and comments to qualify and explain scores.

- **Summarize child's performance across areas.** Users may summarize AEPS information numerically, narratively, or visually. Be sure that enough information has been collected to make sound decisions, and look for patterns in how a child demonstrates various skills. Many teams working in center-based programs generate narratives that can be used as the child's present level of performance or as quarterly progress reports.
Specific Steps for AEPS Test Administration:  
Home-Based Settings

- **Review existing information about the child to be assessed.** Familiarize yourself with each child's age, medical history, family concerns, and behavioral characteristics. Explain the importance of caregiver input in the assessment process, assist caregivers in completing the Family Report, and review developmental performance across AEPS assessment areas.

- **Review AEPS Test items for the areas that you plan to address.** Read through the specific goals/objectives in Volume 2 to clarify the content and criteria for each skill that you plan to assess. Discuss the content of assessment items with the parents or other caregivers, and answer any questions that they might have.

- **Organize the testing environment.** Talk with the caregivers to determine the best time of day to gather assessment information during a home visit and to clarify the role that they would like to take in the process. Use the Assessment Activities in Volume 2, Appendix A, and plan to identify materials and events with the caregivers for the assessment home visit(s) accordingly.

- **Select the data recording form that matches your assessment procedure.** The AEPS provides a variety of recording forms to help meet individual users’ needs. The forms can be purchased separately from Paul H. Brookes Publishing Co. The CD-ROM containing these forms includes a Child Observation Form with Criteria for Birth to Three Years and Three to Six Years. After organizing the environment, identify and reproduce the form that matches your situation; for example, if you are observing a single child in his or her home environment, then you may want to begin with the Family Report and then complete the Child Observation Data Recording Form found in Appendix C of this volume.

- **Prepare for data collection.** Complete the cover sheet for the child's Observation Data Recording Form, and use results of the Family Report to bracket the child's performance level. Eliminate goals that are too easy or difficult by scoring items that are clearly below the child's current level of performance as 2R and items that are demonstrably too difficult as 0R. Discuss with the participating caregivers how they will be interacting with the child during the various assessment activities. Encourage caregivers to facilitate activities as much as possible. The R, which stands for Report, is found in the Notes section of the Child Observation Data Recording Form.

- **Record assessment data using the three-point scoring options (2 = consistently meets criterion; 1 = inconsistently meets criterion; 0 = does not meet criterion).** Observation is the preferred method of data collection. Score each goal, and then score all associated objectives for goals scored 1 or 0. Use notes and comments to qualify and explain scores. Encourage caregivers to add explanatory comments. Review and discuss the child's performance with the caregivers as you assess.
• **Summarize child’s performance across areas.** Users may summarize AEPS information numerically, narratively, or visually. Be sure that enough information has been collected to make sound decisions, and look for patterns in how a child demonstrates various skills. Teams working in home-based programs may summarize the child’s performance visually by completing the Child Progress Record found in Appendix E of this volume.

### Optional Strategies for Using the AEPS Test

- **Start with a single activity or center that is designed specifically for exploring use of the AEPS Test.** Select a few assessment activities from Volume 2, Appendix A for use in either home or classroom settings; for example, set up the Washing Babies activity in the dramatic play area or at home. Use the assessment activities to experiment with administering the AEPS Test. Identify the specific goals/objectives associated with each activity and practice embedding opportunities for children to perform the skills during the activity. Once you are comfortable and confident with facilitating the activities, begin collecting data on children’s performance of the skills using the Child Observation Data Recording Form in this volume, Appendix C.

- **Identify a single child for whom existing assessment information is inadequate, and use a portion of the AEPS Test to gather additional information.** Select one or two areas of the AEPS Test that seem to address specific areas of interest to caregivers and professionals; for instance, both the Cognitive and Social-Communication Areas will provide detailed information for a child with identified delays in language. Read the section on scoring in Chapter 3 of this volume. Read through the test items in Volume 2 for each selected area, and observe the child engaging in activities where he or she will have opportunities to perform the skills (e.g., during free play with peers, during parent–child interactions). Use the Child Observation Data Recording Form from Appendix C in this volume to record your observations of specific skills in each area using the three-point scoring options and notes. Refer to Volume 2 for detailed information on test items (e.g., specific item criteria) and consult the assessment activities in Volume 2, Appendix A for ideas on activities that can be used to observe target skills.

- **Use the AEPS Test to assess a child who enters the program in the middle of the year.** Give the child time to acclimate to the home visitor or the classroom setting, and then arrange to observe during the next few consecutive home visits or classroom activities. Use the Child Observation Data Recording Form from Appendix C in this volume to record your observations of specific skills across all areas using the three-point scoring options and notes. Ask caregivers to complete the Family Report to gather additional information on the child’s performance, and compare your observations with their ratings. Refer to Volume 2 for detailed information on individual items and to the Assessment Activities (Appendix A) for assessment activity ideas.
Optional Strategies for Curriculum Implementation

- Start with a single activity or center that is designed specifically for using the AEPS Curriculum. Use the Routine and Planned Intervention Activities from Volumes 3 or 4 to design intervention activities for use in either home or classroom settings that may provide an opportunity to address a number of existing IFSP/IEP goals for children in your program. Facilitate each activity several times to practice embedding a range of specific goals/objectives within a single activity. Once you are comfortable with facilitating the activities, try using the Child Observation Data Recording Form from Appendix C in this volume to record observations of children’s performance on specific IFSP/IEP goals/objectives.

- Use the AEPS Curriculum items to address existing IFSP/IEP goals/objectives within daily activities. Compare existing IFSP/IEP goals/objectives for children in your program with the IFSP/IEP Goal and Objective Examples in Appendix B of this volume; for example, review the Balance and Mobility strands in the Gross Motor Area of Birth to Three Years to find functional skills associated with goals such as “Walks without support,” or “Runs.” Select AEPS skills that match existing goals/objectives, and use the curriculum items to identify teaching strategies in the context of daily activities. Use the Routine and Planned Intervention Activities from Volumes 3 or 4 to design intervention activities at home or in the classroom.

SUMMARY

This chapter has presented a range of overview information designed to assist the user or potential user of the AEPS in understanding what the system is, who might use it, and why. This information addresses the essential issues that potential users of any curriculum-based measure should address prior to adopting an approach. A final section lays out step-by-step procedures for beginning users of the AEPS. For additional information about using the AEPS, please see http://www.brookespublishing.com/tools.