

**Overview of
Early Screening Inventory-
Revised** (2008)

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Agenda

- Describe uses of the ESI-R.
- Describe tasks and administration of the ESI-R.
- Describe interpretation of ESI-R results.

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What is The ESI-R?

- Brief developmental screening instrument.
- Individually administered
- Ages 3 years through 5 years.
- Samples performance in
 - speech
 - language,
 - cognition,
 - perception, and
 - motor coordination.

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Purpose of ESI-R?

Identify children who may need further evaluation to determine if they have a condition that may place them at risk for school failure.

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ESI-R Has a Broad Focus

- Sample domain of developmental tasks, rather than the domain of specific accomplishments that indicate academic readiness.
- Survey a child's ability to acquire skills rather than child's current level of skill achievement and performance.

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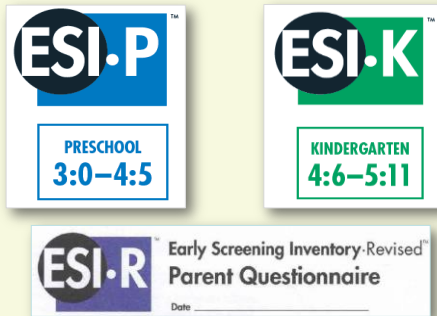
Development

Year	Activity
1975	Introduced Eliot-Pearson Screening Inventory for 4- and 5-year olds.
1986 thru 1990	<ul style="list-style-type: none"> Restandardized ESI with national sample. Collected new validity and reliability data. Developed version for 3-year olds and for Spanish speaking children.
1993	<ul style="list-style-type: none"> Revised the 3-year-old and 4- to 5-year-old versions of the ESI. Extended the age range of the 3-year-old version to include children in the first half of age 4.

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Components of ESI-R



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ESI-P or ESI-K?

Date of Screening:	2014	5	17
	YEAR	MONTH	DAY
Date of Birth:	2009	6	26
	YEAR	MONTH	DAY
Current Age:	4	10	19
	YEAR	MONTH	DAY
Rounded Age:	4	11	
	YEAR	MONTH	

If number of days is 16 or more, add one month to child's age.

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Materials

- Examiner's Manual
- Score Sheets
- Parent Questionnaires
- Screening Manipulatives
- Tote Bag



Available in English and Spanish

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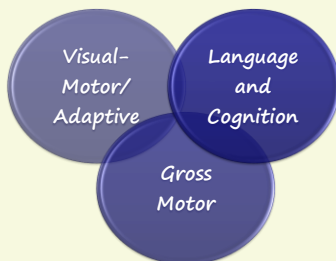
Administration

- Administration time: 15 - 20 Minutes
- Administered by those with a formal background in early childhood development (those who have studied the manual, observed an experienced examiner giving the screener, and/or observed the training video and received supervised practice)
- Most materials are included. Examiner provides unlined drawing paper, file folder to be used as a screen, and pencil WITHOUT eraser.

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Three Key Areas of Screening



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Visual Motor/Adaptive

Block building, drawing tasks (Copy Forms, Draw a Person), and a visual memory game (Visual Sequential Memory) are used to assess

- fine motor skills,
- eye-hand coordination,
- short-term memory, and
- ability to reproduce two- and three-dimensional forms and structures.

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Language and Cognition

This section includes four tasks (Block Counting, Verbal Expression, Verbal Reasoning, Auditory Sequential Memory) that assess

- language comprehension
- verbal expression
- ability to reason and count
- ability to remember and repeat auditory sequences

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Gross Motor/Body Awareness

This section includes three tasks (Balance, Hop, Skip) that assess

- gross motor coordination, and
- ability to imitate body positions from visual cues.

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Other Information

The Other Information section includes questions related to

- A. Speech Development.
- B. Concerns about Speech or Language.
- C. Overall Impressions about Screening Experience and Additional Comments.

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Parent Questionnaire

Consists of five sections:

- 1. Child information
- 2. Family information
- 3. School history
- 4. Medical history
- 5. Child development

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Interpretation

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Screening Decision

ESI-P Cutoff Scores				ESI-K Cutoff Scores			
Age Range	Refer	Rescreen	OK	Age Range	Refer	Rescreen	OK
3:0-3:5	8 or less	9-13	14 or more	4:6-4:11	9 or less	10-13	14 or more
3:6-3:11	13 or less	14-15	16 or more	5:0-5:5	13 or less	14-17	18 or more
4:0-4:5	18 or less	19-20	21 or more	5:6-5:11	15 or less	16-20	21 or more

Circle Screening Decision

REFER RESCREEN OK

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Results

<i>OK</i>	Score is in the acceptable range for the child's chronological age. Children who score in this range are presumed to be developing normally and are not in need of further assessment.
<i>Rescreen</i>	Score is marginal. Student should be rescreened 8-10 weeks later. If the score is still in the Rescreen range, the student may benefit from additional classroom instruction.
<i>Refer</i>	Score is below the acceptable range and student should be evaluated by an assessment team.

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Suggestions for Interpreting Results

Factors that should be considered when interpreting score:

- Did the child just barely miss or earn points?
- Were most points lost in one section or domain?
- Do points lost across sections fall into a pattern?
- Did the child just move into the next older age group? (Pre-K to K level).

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Suggestions for Interpreting Results

Making decisions about follow-up:

- Does information from various sources suggest a consistent interpretation and recommendation? (Teacher, Parent)
- Have you consulted with the child's teacher about the child's competence with classroom activities and behavior in a group?
- Is additional information needed in an area not specifically measured on the instrument?

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Behavioral Observations

Vision and Hearing:

- rubbing eyes.
- holding head near paper.
- saying "what?"
- turning or tilting head to hear.

Social and Emotional Behavior:

- extreme shyness.
- unusually willful behavior.
- refusal or withdrawal.
- crying when separating from parent.

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Behavioral Observations

Information processing:

- needs instructions repeated.
- distractible or unable to move to the next task.
- doesn't monitor own performance.
- examines work overly carefully.

Language development:

- mispronounces sounds.
- speech is unintelligible overall.
- uses immature syntax or impoverished or rambling expressive language.

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Behavioral Observations

Fine motor:

- grips pencil awkwardly.
- makes jerky movements.
- switches hands during pencil tasks.

Gross motor:

- peculiar gait--stiff or jerky.
- toe walks.
- waves hands during balancing.

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Other Sources of Information

- Ask the parent if the child's performance was unusual or as expected.
- Analyze the parent questionnaire information about prenatal and perinatal history, illness, and opinions of child's temperament and abilities.

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Standardization

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Standardization Sample & Reliability

- The ESI-R was initially standardized on a total of 6,031 children. The results were corroborated with a standardization sample of 1,200 cases that was carefully matched to 2006 US Census data.
- The findings for local reliability, inter-rater reliability, and test-retest reliability show that scores on both forms of the ESI-R are accurate, stable, and consistent.

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Sensitivity and Specificity

- Both ESI-P and ESI-K have sensitivity at or above .92 and specificity of .80.
- Nine of 10 children who were at risk were correctly identified. Conversely, 4 out of 5 who were not at risk were correctly identified as not needing further evaluation. Thus, the majority of children who are screened with the ESI-R are correctly identified.

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In Summary . . .

ESI-R can be used with confidence for identifying young children who are at risk for developmental problems and school failure.

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Questions

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