

Results in Brief:

Case Studies of the Early Implementation of Kindergarten Entry Assessments

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States increasingly are incorporating Kindergarten Entry Assessments (KEAs) into their comprehensive assessment systems with the goal of helping educators identify gaps in children's competencies, target instruction to children's individual needs, engage parents to better support their child's learning, and identify needs for expanding and improving early learning opportunities. In 2010, seven states collected KEA data for the purposes of aggregating data at the state level. By 2014, 29 states were engaged in development and use of KEAs with support from federal programs such as Race To the Top-Early Learning Challenge (RTT-ELC) grants and Enhanced Assessment Grants (EAG). This descriptive study examines the development and early implementation of KEAs in 12 districts across four RTT-ELC states (Maryland, Oregon, Pennsylvania, and Washington) in the 2014–15 school year. This was the first year of KEA implementation in Maryland and Pennsylvania, the second year of implementation in Oregon, and the third year of KEA implementation in Washington, so findings reflect the early implementation of these assessments.

STUDY QUESTIONS

1. How did the four case study states develop or adopt KEAs?
2. How did the four states train teachers to administer KEAs and to what extent did teachers feel prepared to do so?
3. What were the KEA implementation experiences of the 12 case study districts?
4. To what extent did the states, districts, and schools in the study use KEA results to inform policy and practice?
5. What challenges did the case study sites experience with KEAs, and what strategies did sites use or suggest using to address these challenges?

STUDY DESIGN AND LIMITATIONS

The study consisted of document reviews, telephone interviews with state agency respondents and local preschool directors, and in-person interviews with district administrators, principals, kindergarten teachers, and other KEA assessors. Data were collected in 12 districts and 23 schools in Maryland, Oregon, Pennsylvania, and Washington between January and June 2015 and include information from a total of 201 interviews.

The case study findings in this report are based on a small sample and are not generalizable to all districts and schools. Additionally, this report is not intended to suggest that the practices observed constitute "best practices." The report findings reflect a snapshot in time, specifically early implementation of KEAs, and activities, challenges, and solutions may have changed since then. Results from this report can be used, however, to inform state and district efforts to develop and implement their own KEAs and to use KEAs to improve instruction and learning.

HIGHLIGHTS

- State officials and stakeholders considered multiple criteria when developing or adopting KEA measures: reliability and validity, appropriateness for all students, usefulness for informing classroom instruction, usefulness for informing early learning policies and program improvement, feasibility of administration by teachers, and cost.
- The four states trained teachers on KEA administration through self-paced webinars, in-person presentations, and train-the-trainer models. A majority of the interviewed teachers said the training prepared them to administer the KEA to students, though many teachers reported that they had difficulty in determining what were appropriate accommodations for English learner (EL) students and students with disabilities and indicated that they needed further assistance.
- District officials reported working to reduce the burden associated with KEA data collection and entry by purchasing new technology, providing staffing assistance to teachers with KEA administration, and omitting or delaying other assessments.
- Although the majority of interviewed teachers reported that they had not yet used formal KEA reports to inform their instructional practices, a few teachers said that the impressions they gained while administering the KEA helped them to understand their students' strengths and needs and to assign students to instructional groups.
- District administrators and teachers identified challenges with administering KEAs with EL students and students with disabilities, using KEA results to inform instruction, and sharing KEA data with parents; they suggested that state officials could address these challenges by providing explicit training on these topics, on-site coaching, and tailored reports to help educators use and share the data.

DEVELOPMENT AND ADOPTION

State officials and stakeholders considered multiple criteria when developing or adopting KEA measures: reliability and validity, appropriateness for all students, usefulness for informing classroom instruction, usefulness for informing early learning policies and program improvement, and feasibility of administration by teachers, and cost. Recognizing that a single assessment tool may not fully meet all of the desired criteria, decision-makers in all four case study states focused on developing or selecting instruments that were psychometrically sound, aligned with state standards, affordable, and not too burdensome for teachers to administer.

In all four case study states, KEA development or adoption began with pilot tests of the selected KEAs to assess the reliability and validity of assessment items, implementation feasibility, and teacher training needs; these studies resulted in revisions of KEA instruments and in modifications to training protocols, procedures, and resources. At a minimum, the pilot studies involved teachers assessing students using the selected KEA and providing feedback through surveys, focus groups, or interviews. These studies resulted in revisions to KEA instruments and procedures and in modifications to training protocols and resources.

STATE SUPPORT FOR TEACHER TRAINING AND PREPARATION

The majority of teachers reported that state-provided online and in-person trainings prepared them to administer the KEA to students, though many teachers reported that they had difficulty in determining what were appropriate accommodations for EL students and students with disabilities and indicated that they needed further assistance. The state-developed trainings for teachers on KEA implementation took different forms—from online self-paced webinars to in-person presentations. These trainings addressed various topics—from detailed administration procedures to data reporting guidelines, but typically included more focus on administration and data entry than on data use.

DISTRICT EXPERIENCES WITH EARLY KEA IMPLEMENTATION

District officials reported working to reduce the burden associated with KEA data collection and entry by purchasing new technology, providing staffing assistance to teachers with KEA administration, and omitting or delaying other assessments. Teachers across districts in all four case study states reported that having an extra pair of hands in the classroom during administration of the KEA—a teacher's aide or substitute teacher—helped facilitate KEA implementation.

KEA participation varied across states. Maryland and Oregon, states that required KEA administration for all kindergarten students, achieved KEA participation rates of 98 percent and 95 percent, respectively. In Washington, where the KEA was required only in state-funded full-day kindergarten classrooms, 52 percent of kindergarten students participated. In Pennsylvania, where participation was optional, except for students in Title I schools identified for improvement under ESEA flexibility, 13 percent of the state's kindergarten students participated.

KEA DATA USE BY STATES, DISTRICTS, AND SCHOOLS

Although the majority of interviewed teachers reported that they had not yet used formal KEA reports to inform their instructional practices, a few teachers said that the impressions they gained while administering the KEA helped them to understand their students' strengths and needs and to assign students to instructional groups. The majority of teachers reported obstacles to using KEA results to inform policy and practice, including difficulty accessing and understanding KEA score reports.

Most official communications about KEAs mentioned the explicit intention of sharing KEA results with parents and preschool programs, but district officials and teachers reported delays in receiving results, concerns about data sharing, and a lack of meaningful and usable reports to share with these stakeholders.

CHALLENGES AND SOLUTIONS

District administrators and teachers identified challenges with administering KEAs to EL students and students with disabilities, using KEA results to inform instruction, and sharing KEA data with parents; they suggested that state officials could address these challenges by providing explicit training on these topics, on-site coaching, and tailored reports to help educators use and share the data. For example, teachers in three states reported feeling unsure about whether and how to provide accommodations during KEA administration to students with disabilities.

Several district and school respondents expressed uncertainty about the usefulness of the KEA to serve all of its intended purposes; they suggested simplifying and strengthening the messages about the purpose of KEAs to build buy-in for statewide administration and use of data by districts, schools, preschools, and parents. For example, some respondents said teachers need to understand that a KEA is not a high-stakes assessment or a teacher evaluation.

¹ The study did not assess whether state, district, and school practices described in this report are consistent with laws administered or enforced by the U.S. Department of Education (ED) including, but not limited to, the *Elementary and Secondary Education Act*, the *Individuals with Disabilities Education Act*, Title VI of the *Civil Rights Act*, Section 504 of the *Rehabilitation Act*, Title II of the *Americans with Disabilities Act*, and the *Family Educational Rights and Privacy Act*. The inclusion of a practice in the report does not necessarily mean the practice complies with these laws or that ED has approved the practice.