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American Team Evaluators

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I. SUMMARY OF EVALUATION

The Denver Developmental Screening Test (Version 2) was administered to all children ages 3-6 residing at the Hospital for Handicapped Children located in Videle, Romania. All children residing on the first floor of the institution had previously been diagnosed as handicapped children. Evaluation occurred from July 3 through July 12. Thirty-seven (37) children ranging in ages from 3 years, 9 months to 6 years, 4 months participated in the evaluation. Sixteen (16) males [43%] and twenty-one (21) females [57%] were evaluated.

Items on the test which were inappropriate for this population were scored as no opportunity (for example, helps in the house). Highest level of functioning was determined by a "pass" which was followed by three or more failures on specific items. In cases where a child was blind or visually impaired or non-ambulatory the evaluation may have underestimated their abilities.

Figure 1 presents the overall results in pictorial form. While the average age of the children was 58 months (4.9 years), the children on average were functioning at a 15 month (1.3 years) level in personal-social skills, 14 months (1.2 years) for fine motor skills, 9 months (.7 years) for language skills and 17 months (1.4 years) for gross motor skills. These results suggest that children, on average, are over 3 years behind in the areas examined, with language skills evidencing the greatest deficit.

Figure 2 presents results by gender of the child in pictorial form. Overall, female children score higher in areas of personal-social skills, language and gross motor skills than do male children. These results are consistent with child development research which indicates that females develop at a faster pace than males.

While all results were scored as abnormal and children are functioning below their chronological age, several children who scored above average in comparison to their cohort merit attention. While we believe there are many problems diagnosing children age 3 and under as Grade III Handicapped, several children merit a re-examination of their diagnosis. These children are: Nicolae Ancuta, Daniela Lepadatescu, Mahail Memetel, Florin Nitu, Alina Stan and Florin Ionita. In addition to these six children, five (5) other children scored above average in 3 of the areas re-examined: Luciano Popa, Victoria Dinescu, Sorin Dicu, Joanna Natasa and Mihai Olgota. While all these children have serious gaps in their language development, there is a great deal of potential in all these children if given the appropriate programming and care.

2. IMPLICATIONS FOR PROGRAMMING AT VIDELE

The most pronounced deficit apparent from the data (see Figure 1) is language development. Programming to assist children in developing verbal skills is warranted. This skill cannot be appropriately developed by international teams - already we witnessed children using English words such as "up" and "outside" rather than Romanian words. A program that includes talking to children, reading stories, singing and nursery rhymes in their native language as well as some assistance from a speech and language therapist or professional would be an asset.

While language skills are the most obvious deficit, due to the children's overall developmental lags, programming in early child development activities is warranted. This would include physical programming such as touching, walking, standing, rolling, jumping, going up and down stairs, etc. It could also include a social program such as structured play activities with blocks, puzzles and other developmental toys as appropriate.

3. EVALUATING THE USE OF THE DENVER II

The Denver II is "not recommended as a predictor of later development" (see manual, page 2). The test was designed to "... screen asymptomatic children for possible problems" (see manual, page 1). As a screening tool for recommending further evaluation, it is inappropriate to diagnose or develop therapy plans on the basis of the screening alone. It is also biased towards English-speaking children who reside in families (in America). This made the administration of the test precarious when the population was children who have been institutionalized most of their life. Some of the problems are noted below:

- children had never seen or eaten a raisin, so they didn't know what to do with it; some rolled it + others would not touch it;
- many children threw things; having a glass bottle in a nursery with metal cribs + hard floors would have resulted in broken bottles;
- the children were over-stimulated by bright colors (Tennis balls) and were distracted from the test;
- the doll's head was easily pulled from the body + ended up in children's mouths

In addition to these difficulties, specific items on the test were not part of the narrative experience for these children (helping with housework, eating with a spoon or fork). These difficulties represented some problems for administration + scoring of the test.

However, the Denver II can (in conjunction with other

evaluations from other disciplines) determine a baseline of development and areas of functioning that need attention. In addition, it can be used if children are re-tested at 6 month intervals to monitor growth & development in the four areas examined.

4. RECOMMENDATIONS FOR FUTURE PROJECTS

A copy of each Denver II has been given to the Director for placement in each child's file. Re-assessment using the same instrument should occur in January 1992 and July 1992 in order to get a profile of each child's growth & development. In addition, the instrument should also be used on nonhandicapped children in orphanages, children in training schools and children in families to get a better understanding of its utility with Romanian children.

In addition, the Irish team has developed a program of comprehensive assessment utilizing several disciplines such as occupational therapy, physical therapy and nursing. They have medical personnel, psychologist and social workers on their teams. Their work could be viewed as a model for other Romanian Institutions. Romanian staff should be involved in a training program so they can continue this system of evaluation and treatment once the Irish team leaves the country.

5. CONCLUSION

We want to acknowledge the commitment and assistance of Adrian Cornelia, the Director at Videle, the Romanian staff and the Irish + French ~~team~~ teams for their assistance on this project. We also want to acknowledge the helpfulness and support of our translators, Cherbon Menu + Raluca, who were invaluable. The cooperation from the staff and teams assisted us in being able to quickly accomplish our tasks. We thank Dom Vlad Popovici and the Ministry for the Handicapped for this opportunity. We hope to be of service again in the future.