



Early Development Index (EDI)

Background and Research Profile



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I. WHAT IS THE EARLY DEVELOPMENT INDEX (EDI)?

The Early Development Instrument (EDI) was developed by Dan Offord and Magdalena Janus at the Offord Centre for Child Studies at McMaster University in Canada.¹ The UCLA Center for Healthier Children, Families and Communities holds a license with the EDI Publishers at McMaster University to implement the EDI with sites in the US, including with First 5 Orange County. The EDI is an observational checklist with 103 core items. Teachers complete a checklist online for each child in their class based on recall, typically during the second half of the school year. The EDI requires approximately 10-15 minutes per child to complete. Information collected using the EDI is reported at a group level (e.g., for a census tract, neighborhood, city, etc.) and is never reported on individual children or used as a screening or diagnostic tool.

The five core developmental areas measured by the EDI are described in the table below, along with a count of the number of items included in each area. These areas are further explained and divided into subareas in *Section III: Detailed Description of EDI Areas and Subareas*.

Table 1. Description of EDI Developmental Areas

DEVELOPMENTAL AREA	DESCRIPTION	# OF ITEMS
 Physical Health & Well-being	Absence of disease or impairment, access to adequate and appropriate nutrition, and gross and fine motor skills. Necessary gross and fine motor abilities to complete common kindergarten and first grade tasks, including items such as controlling a pencil or turning pages without tearing the pages.	13
 Social Competence	Children need to meet general standards of acceptable behavior in public places, control their behavior, cooperate with others, show respect for adult authority, and communicate feelings and needs in a socially acceptable manner.	26
 Emotional Maturity	Emotional maturity is characterized by a balance between a child's curiosity about the world, an eagerness to try new experiences, and some ability to reflect before acting. A child who is fearful and reluctant to engage in new activities misses learning opportunities that are seized upon by a child with a positive approach to life.	30
 Language & Cognitive Development	Language skills refer to vocabulary size and a child's ability to name letters and attend to the component sounds within words. Cognitive skills involve the ways in which children perceive, organize, and analyze information.	26
 Communication Skills & General Knowledge	Children must be able to understand verbal communications with other adults and children and to verbally communicate experiences, ideas, wishes, and feelings in a way that can be understood by others.	8

II. UNDERSTANDING EDI MEASURES AND RESULTS

The EDI data file includes a number of measures to depict the developmental status of children. The key measures used are the percentage of children “on track”, “at risk (for becoming vulnerable),” and

¹ In Orange County, the Early Development Instrument is referred to as the Early Development Index.

“vulnerable,” by neighborhood for each of the five developmental areas.² To calculate these percentages, the following four analytic steps are carried out: 1) Determine which EDI student records are valid for analysis; 2) Calculate the average score per record on each of the five developmental areas; 3) Compare the scores of each valid record to the normative population cutoff scores (established in 2009-2010); and 4) Based on this comparison, categorize each child’s developmental status (i.e., on track, at risk, or vulnerable) by area. These steps and other considerations are explained further in the paragraphs below.

Determining which EDI records are valid for analysis. The following two criteria are applied: a) the child must have been in the classroom for more than one month; and b) the EDI checklist must have at least four of the five developmental areas completed by the teacher.

Scoring each record. For each child’s record, an average score on each of the five developmental areas is calculated by adding up the scores for all of the core items in that area and dividing by the total number of core items comprising the area. This average score then allows each record to be compared to the normative population cutoffs, specifically the “on track,” “at risk” and “vulnerable” cutoffs, which are described below.

Establishing normative population cutoffs. The normative population cutoffs were determined using school year 2009-2010 EDI data to set a representative benchmark, which helps to compare how children are doing developmentally both across and within communities and over time. To establish these cutoffs, an average score for each area was first developed per child with data valid for analysis (N=10,244). The averages for all records valid for analysis were then sorted from lowest to highest to determine the 10th and the 25th percentile population cutoff scores for each developmental area.

- The 10th percentile cutoff is the EDI score below which 10 percent of the children are found.
- The 25th percentile cutoff is the EDI score below which 25 percent of the children are found.

Categorizing children’s developmental status.

- Children are categorized as “on track” in an area if the mean of their EDI items for that area falls above the 25th percentile cutoff.
- Children are categorized as “at risk (for becoming vulnerable)” in an area if the mean of their EDI items for that area is above the 10th percentile cutoff but falls at or below the 25th percentile cutoff.
- Children are categorized as “vulnerable” in an area if the mean score of their EDI items for that area falls at or below the 10th percentile population cutoff.²

It is at the discretion of the researcher(s) to decide which cut off to use in any given analysis, and this will typically depend on the need and audience. The three cut off categories are all valid and reliable and have a basis for predictive validity.

Using the “vulnerable” category provides a glimpse into the groups of children who are vulnerable for problems in later childhood by casting a wide net that includes all children who may benefit from universal programs. It captures the children who are struggling, but not only those who are doing so visibly to have already been identified.³ The “vulnerability” group represents children for whom cost-effective, universal preventive programs are likely to make a difference. Reporting on these children

² First 5 Orange County uses the term “vulnerable” and “not on track” interchangeably to refer to children in the lowest 10th percentile.

³ For further discussion, see: <https://edi.offordcentre.com/researchers/how-to-interpret-edi-results/>

reflects the fundamental premise on which the EDI's concept has been built. It reflects the population that we are most likely to shift without costly and intensive interventions.

Understanding data to use in analysis. For reasons of confidentiality, neighborhoods with fewer than ten valid EDI records are suppressed (i.e., not reported). Neighborhoods may have less than ten records when there is a very small population of young children living in the area or when there was a low EDI participation rate among the teachers at the schools serving children living in the neighborhood.

Thoughtful interpretation of results. In order to use the EDI data for effective local planning and improvement efforts, it is important to consider a variety of factors that will further the understanding about what is working in neighborhoods for young children. For instance, it is important to consider EDI data in light of other important indicators that can help explain the potential reasons for the observed outcomes in child development. To do this, community characteristics should also be considered, such as the percentage of families living in poverty or the degree of linguistic isolation. Community assets such as investments made by the region that are dedicated to young children and the quantity, quality, and accessibility of services should also be considered. This information can provide insight into how service inputs in a community relate to the developmental outcomes observed for children and to identify potential service gaps as well as the areas where investments appear to be working. Additionally, it is important to consider EDI data in the context of both the percentage vulnerable *and* the actual number of children in a community. A high percentage of vulnerability in one community may, in fact, represent a smaller number of vulnerable children as compared to a lower percentage of vulnerability in a larger community.

Overview of Subareas. Four of the five EDI areas are divided into multiple subareas and one area, Communication Skills and General Knowledge, is treated as a single subarea. Together, the five developmental areas consist of a total of 16 subareas. For the subarea analysis, children are categorized as either "ready," "somewhat ready," or "not ready" for school, based on how they compare to a criterion-referenced cutoff value that has been determined by the publisher's team of experts at the Offord Centre. The criterion-referenced method for calculating subarea results is different from the norm-reference method used to calculate the developmental area level results. Therefore, there will **not be a one-to-one match** between any of the percentages reported in the subarea categories ("ready," "somewhat ready," or "not ready") and the percentages reported in the area level categories ("on track," "at risk," and "vulnerable").

Children who fall in the "not ready for school" category are considered to have developmental challenges in that area. Each subarea represents one aspect of a child's development. While some subareas represent skills that a child in kindergarten is expected to have already mastered based on his/her developmental age (e.g., physical independence), others represent areas of development that are still emerging (e.g., prosocial behavior).

For more information, see *Section III: Detailed Description of EDI Area and Subareas*.

III. DETAILED DESCRIPTION OF EDI AREA AND SUBAREAS

The EDI measures children's developmental health across five core areas (see Table 1 for details). The EDI is further broken out into 16 subareas. For the subarea analysis, children are categorized as either "ready," "somewhat ready," or "not ready" for school, based on how they compare to a criterion-referenced cutoff value that has been determined by the publisher's team of experts at the Offord Centre. Table 2 below lays out the subareas, as well as what "ready" and "not ready" for school looks like.

Table 2. EDI Developmental Subarea Details

AREA	SUB-AREA	EDI QUESTIONS CONTRIBUTING TO SUB-AREA	WHAT “READY FOR SCHOOL” LOOKS LIKE	WHAT “NOT READY FOR SCHOOL” LOOKS LIKE
Physical Health and Well-being	Physical readiness for school day	• Over- or underdressed for school-related activities • Too tired/sick to do school work • Late • Hungry	Children who never or almost never experienced being dressed inappropriately for school activities, coming to school late, hungry, or tired.	Children have at least sometimes experienced coming unprepared for the school day by being dressed inappropriately, coming to school late, hungry, or tired.
	Physical independence	• Independent in bathroom habits most of the time • Shows an established hand preference • Well-coordinated • Sucks a thumb/finger	Children who are independent looking after their needs, have an established hand preference, are well coordinated, and do not suck a thumb/finger.	Children range from those who have not developed one of the three skills (independence, handedness, coordination) and/or suck a thumb to those who have not developed any of the skills and suck a thumb.
	Gross and fine motor skills	• Proficient at holding a pen, crayons, or a paintbrush • Ability to manipulate objects • Ability to climb stairs • Level of energy throughout the school day • Overall physical development	Children who have an excellent ability to physically tackle the school day and have excellent or good gross and fine motor skills.	Children range from those who have an average ability to perform skills requiring gross and fine motor competence and good or average overall energy levels, to those who have poor fine and gross motor skills, overall energy levels, and physical skills.
Social Competence	Overall social competence	• Overall social/emotional development • Ability to get along with peers • Plays and works cooperatively with other children • Able to play with other children • Shows self-confidence	Children with excellent/good overall social development, very good ability to get along with other children and play with various children, usually cooperative and self-confident.	Children who have average to poor overall social skills, low self-confidence and are rarely able to play with various children and interact cooperatively.
	Responsibility and respect	• Follows rules and instructions • Respects the property of others • Demonstrates self-control • Demonstrates respect for adults • Demonstrates respect for other children • Accepts responsibility for actions • Takes care of school materials • Shows tolerance to someone who made mistake	Children who always or most of the time show respect for others and for property, follow rules and take care of materials, accept responsibility for actions, and show self-control.	Children who only sometimes or never accept responsibility for actions, show respect for others and for property, demonstrate self-control, and are rarely able to follow rules and take care of materials.
	Approaches to learning	• Listens attentively • Follows directions • Completes work on time • Works independently • Works neatly and carefully • Able to solve day-to-day problems by him/herself • Able to follow one-step instructions • Able to follow class routines without reminders • Able to adjust to changes in routines	Children who always or most of the time work neatly, independently, and solve problems, follow instructions and class routines, easily adjust to changes.	Children who only sometimes or never work neatly, independently, are rarely able to solve problems, follow class routines and do not easily adjust to changes in routines.

AREA	SUB-AREA	EDI QUESTIONS CONTRIBUTING TO SUB-AREA	WHAT “READY FOR SCHOOL” LOOKS LIKE	WHAT “NOT READY FOR SCHOOL” LOOKS LIKE
	Readiness to explore new things	• Curious about the world • Eager to play with a new toy • Eager to play a new game • Eager to play with/read a new book	Children who are curious about the surrounding world, and are eager to explore new books, toys and games.	Children who only sometimes or never show curiosity about the world, and are eager to explore new books, toys and games.
Emotional Maturity	Prosocial and helping behavior	• Tries to help someone who is hurt • Volunteers to help clear up a mess someone else has made • Will try to stop a quarrel or dispute • Offers to help other children who have difficulty with a task • Comforts a child who is crying or upset • Spontaneously helps to pick up objects which another child has dropped • Invites bystanders to join a game • Helps other children who are feeling sick	Children who often show most of the helping behaviors: helping someone hurt, sick or upset, offering to help spontaneously, and invite bystanders to join in.	Children who never or almost never show most of the helping behaviors; they do not help someone hurt, sick or upset, do not spontaneously offer to help, or invite bystanders to join in.
	Anxious and fearful behavior	• Is upset when left by a parent/guardian • Seems to be unhappy, sad, or depressed • Appears fearful or anxious • Appears worried • Cries a lot • Nervous, high-strung, or tense • Incapable of making decisions • Shy	Children who rarely or never show most of the anxious behaviors, they are happy and able to enjoy school, and are comfortable being left at school by caregivers.	Children who often show most of the anxious behaviors; they could be worried, unhappy, nervous, sad or excessively shy, indecisive; and they can be upset when left at school.
	Aggressive behavior	• Gets into physical fights • Bullies or is mean to others • Kicks, bites, hits other children or adults • Takes things that do not belong to him/her • Laughs at other children’s discomfort • Disobedient • Has temper tantrums	Children who rarely or never show most of the aggressive behaviors; they do not use aggression as means of solving conflict, do not have temper tantrums, and are not mean to others.	Children who often show most of the aggressive behaviors; they get into physical fights, kick or bite others, take other people’s things, are disobedient or have temper tantrums.
	Hyperactive and inattentive behavior	• Can’t sit still, restless • Distractible, has trouble sticking to any activity • Fidgets • Impulsive, acts without thinking • Has difficulty awaiting turn in games or groups • Cannot settle for more than a few moments • Inattentive	Children who never show most of the hyperactive behaviors; they are able to concentrate, settle to chosen activities, wait their turn, and most of the time think before doing something.	Children who often show most of the hyperactive behaviors; they could be restless, distractible, impulsive; they fidget and have difficulty settling into activities.

AREA	SUB-AREA	EDI QUESTIONS CONTRIBUTING TO SUB-AREA	WHAT “READY FOR SCHOOL” LOOKS LIKE	WHAT “NOT READY FOR SCHOOL” LOOKS LIKE
Language and Cognitive Development	Basic literacy skills	• Knows how to handle a book • Able to identify at least 10 letters of the alphabet • Able to attach sounds to letters • Showing awareness of rhyming words • Able to participate in group reading activities • Experimenting with writing tools • Aware of writing directions in English • Able to write his/her own name in English	Children who have all of the basic literacy skills: know how to handle a book; can identify some letters and attach sounds to some letters; show awareness of rhyming words; know the writing directions; and are able to write their own name.	Children who do not have most of the basic literacy skills: they have problems with identifying letters or attaching sounds to them, rhyming; may not know the writing directions and even how to write their own name.
	Interest in literacy/ numeracy and memory	• Generally interested in books • Interested in reading • Able to remember things easily • Interested in mathematics • Interested in games involving numbers	Children who show interest in books and reading, math and numbers; and have no difficulty remembering things.	Children who may not show interest in books and reading, or math and number games, or both; and may have difficulty remembering things.
	Advanced literacy skills	• Able to read simple words • Able to read complex words • Able to read simple sentences • Interested in writing voluntarily • Able to write simple words • Able to write simple sentences	Children who have at least half of the advanced literacy skills: reading simple, complex words or sentences; writing voluntarily writing simple words or sentences.	Children who have only up to one of the advanced literacy skills; who cannot read or write simple words or sentences; and rarely write voluntarily.
	Basic numeracy skills	• Able to sort and classify objects by a common characteristic • Able to use one-to-one correspondence • Able to count to 20 • Able to recognize numbers 1-10 • Able to say which number is bigger of the two • Able to recognize geometric shapes • Understands simple time concepts	Children who have all of the basic numeracy skills: can count to 20 and recognize shapes and numbers; compare numbers; sort and classify; use one-to-one correspondence; and understand simple time concepts.	Children who have marked difficulty with numbers; cannot count, compare, or recognize numbers; may not be able to name all the shapes and may have difficulty with time concepts.
Communication Skills and General Knowledge	Communication Skills and General Knowledge	• Ability to use language effectively in English • Ability to listen in English • Ability to tell a story • Ability to take part in imaginative play • Ability to communicate own needs in a way understandable to adults & peers • Ability to understand on first try what is being said to him/her • Ability to articulate clearly, without sound substitutions • Answers questions showing knowledge about the world	Children who have excellent or very good communication skills; can communicate easily and effectively, can participate in story-telling or imaginative play, articulate clearly, shows adequate general knowledge, and are proficient in their native language.	Children who range from being average to very poor in effective communication, may have difficulty in participating in games involving the use of language, may be difficult to understand and may have difficulty understanding others; may show little general knowledge and may have difficulty with their native language.

IV. EDI VARIABLES AVAILABLE

Once EDI data are collected and analyzed, UCLA provides First 5 Orange County with a de-identified data file that includes all children with an EDI record, regardless of the year data were collected. The file is stripped of any variable that could potentially identify individual children (such as address and date of birth). As the EDI information is collected at schools on a three-year cycle (e.g., a school participates in year 1 and then again in year 4), the file includes variables that allows for the selection of only those records within a three-year period. The table below describes the variables available in the data file. Variables in blue font are those variables that are recommended for inclusion in a typical analysis.

Table 3. EDI Variables Available

TOPIC	VARIABLE
Background Information	EDI valid for analysis
	EDI year
	Data Collection Wave (2015; 2019; 2022; 2025) ⁴
	Name of district
	Neighborhood
	City
	Zip code
	Census block group
	Total number of valid records in neighborhood
	Suppress neighborhood—Less than 10 valid records in neighborhood
Info on Child's Health and Education	Student is repeating grade
	Days absent since start of school year
	Days absent due to illness since start of school year
	Child had TK experience
	Customized Question: How teacher rates child's physical health
	Customized Question: Child appears sleepy in school
	Customized Question: Child's absenteeism impacts learning progress
	Customized Question: Child has strong support system at home
Demographics	Customized Question: Child impacted by trauma and/or stress
	Gender
	Raw age calculated from EDI completion date
	Child's race/ethnicity (available as all, 5 categories and 3 categories)
	Child receiving free/reduced lunch (note: only about half the districts provide this information)
	Child's first language

⁴ 2015 data collection includes data collected in 2013, 2014, and 2015; 2019 data collection includes data collected in 2018 and 2019. The 2022 and 2025 data collection included participation of all the districts and schools in the same year. The four waves each reflect 100% school participation.

TOPIC	VARIABLE
	Child considered ESL
	Child communicates adequately in first language
	Is underweight
	Is overweight
Special Needs	Child has IEP
	Teacher believes child has special need
	Child referred for special education assessment
	Has problem that influences ability to do school work in regular classroom
	Physical disability (teacher observed OR Parent/Medical Diagnosis)
	Visual impairment (teacher observed OR Parent/Medical Diagnosis)
	Hearing impairment (teacher observed OR Parent/Medical Diagnosis)
	Speech impairment (teacher observed OR Parent/Medical Diagnosis)
	Learning disability (teacher observed OR Parent/Medical Diagnosis)
	Emotional problem (teacher observed OR Parent/Medical Diagnosis)
	Behavioral problem (teacher observed OR Parent/Medical Diagnosis)
	Problems at home (teacher observed OR Parent/Medical Diagnosis)
	Chronic medical/health problems (teacher observed OR Parent/Medical Diagnosis)
	Unaddressed dental needs (teacher observed OR Parent/Medical Diagnosis)
	Homelessness (teacher observed OR Parent/Medical Diagnosis)
	Received medical diagnosis or identification (With long list of type)
	Receiving school-based support
	Needs further assessment
	Waitlist for further assessment
Demonstrates Special Skills	Numeracy
	Literacy
	Art skills
	Music skills
	Athletic / dance skills
	Other special skills
Parent Involvement	Parent volunteered
	Parent attended at least one parent-teacher conference
	Teacher and parent had one-on-one conversations
EDI Results*	For each of the 5 areas, have data on:
	Mean Score on each of 5 areas
	Not on track: lowest 25th percentile
	Vulnerable: lowest 10th percentile
	At Risk: 10th-25th percentile
	On track: 25th-100th percentile
	Number of Areas not on track
	Number of Areas vulnerable

TOPIC	VARIABLE
	Number of Areas at risk
	Number of Areas on track
	For each of the areas, have Subarea data (Not Ready, Middle, and Ready for School)*
	Multiple Challenges Index

***5 AREAS AND 16 SUBAREAS:**

AREA	SUBAREA
Physical Health and Well-Being	Gross and fine motor skills
	Physical independence
	Physical readiness for school day
Social Competence	Readiness to explore new things
	Approaches to learning
	Responsibility and respect
	Overall social competence
Emotional Maturity	Hyperactive and inattentive behavior
	Aggressive behavior
	Anxious and fearful behavior
	Prosocial and helping behavior
Language and Cognitive Development	Basic numeracy skills
	Interest in literacy/numeracy and memory
	Advanced literary skills
	Basic numeracy skills
Communication Skills and General Knowledge	

V. VALIDITY AND RELIABILITY OF THE EDI

The Early Development Index (EDI) has been found to be a psychometrically good indicator of child well-being. The EDI has undergone psychometric testing in Canada to ensure its reliability and validity.⁵ Rigorous validity testing has also been carried out in Australia.⁶ Psychometric testing of the EDI in relation to its reliability includes:

- *Internal consistency of the area*: an assurance that all items within a area measure the same concept. The internal consistency of the EDI varies from 0.84 to 0.96, which indicates a high internal consistency.
- *Test-retest-reliability*: the degree to which an informant consistently provides the same responses when questioned twice over a short period of time. The EDI varies from 0.82 - 0.94, measuring at a high level.

⁵ Janus, M., Offord, D., Development and psychometric properties of the Early Development Instrument (EDI): A measure of children's school readiness. Canadian Journal of Behavioral Sciences, 2007. 39(1): p. 1-22.

⁶ Janus, M., Brinkman, et al., The Early Development Instrument: A Population-Based Measure for Communities. A Handbook on Development, Properties, and Use, Offord Centre for Child Studies, 2007.

- *Inter-rater reliability*: the degree to which two informants agree with each other's responses. Resulting from moderate to high between kindergarten teachers depending on the areas at 0.53 – 0.80.

(Standard: low is less than 0.5; moderate is between 0.5 - 0.7; and high is more than 0.8)

The EDI has also been found to be a valid measure. Concurrent validity—which assess an instrument's performance in comparison with other previously validated instruments—has been found generally moderate when comparing the EDI areas to similar areas tested with direct assessment using three other tools.

Predictive validity—a tool's ability to predict later outcomes—includes:

- High from kindergarten to first grade⁷
- EDI has been found to predict basic skills performance four-years after kindergarten. Groups of children vulnerable on any one of the EDI scales are more likely to perform below expectation in all academic areas in fourth grade.⁸

Additional Psychometric Research on the EDI

Below is a list of published papers with additional testing of the EDI tool.

Between group reliability

Guhn, M., Gadermann, A. & Zumbo, B.D. (2007). Does the EDI measure school readiness in the same way across different groups of children? *Early Education and Development*, 18(3), 453-472.

Guhn, M., Janus, M., & Hertzman, C. (2007). The Early Development Instrument: Translating school readiness assessment into community actions and policy planning. *Early Education and Development*, 18, 369-374. doi: 10.1080/10409280701610622

Janus, M., & Offord, D. (2007). Development and psychometric properties of the Early Development Instrument (EDI): A measure of children's school readiness. *Canadian Journal of Behavioural Science*, 39, 1–22.

Muhajarine, N., Puchala, C., & Janus, M. (2011). Does the EDI equivalently measure facets of school readiness for Aboriginal and non-Aboriginal children? *Social Indicators Research*, 103(2), 299-314. doi: 10.1007/s11205-011-9847-0.

Sam, M. A. (2011). An Indigenous knowledges perspective on valid meaning making: A commentary on research with the EDI and Aboriginal communities. *Social Indicators Research*, 103(2), 315-325. doi: 10.1007/s11205-011-9848-z.

⁷ Forget-Dubois, N., Lemelin, J., Boivin, M., Dionne, G., Predicting Early School Achievement with the EDI: A Longitudinal Population-Based Study. *Early Education and Development*. 2007. 18(3), 405-426. 6

⁸ D'Angiulli, A., Warburton, W., Dahinten, S., Hertzman, C., (2009). PLoS ONE 4(11): Population-Level Associations between Preschool Vulnerability and Grade-Four Basic Skills.

Construct validity

- Forer, B., & Zumbo, B. (2011). Validation of multilevel constructs: validation methods and empirical findings for the EDI. *Social Indicators Research*, 103, 231–65. doi: 10.1007/s11205-011-9844-3
- Hymel, S., Le Mare, L., & McKee, W. (2011). The Early Development Instrument (EDI): An examination of convergent and discriminant validity. *Social Indicators Research*, 103(2), 267-282. doi: 10.1007/s11205-011-9845-2.

Cross-cultural validity

- Brinkman, S. A., Kinnell, A., Maika, A., Hasan, A., Jung, H., & Pradhan, M. (2016). Validity and reliability of the Early Development Instrument in Indonesia. *Child Indicators Research*, 1-22. doi: 10.1007/s12187-016-9372-4
- Brinkman, S., Silburn, S., Lawrence, D., Goldfeld, S., Sayers, M., & Oberklaid, F. (2007). Investigating the validity of the Australian Early Development Index. *Early Education and Development*, 18, 427–451.
- Duku, E., Janus, M., & Brinkman, S. (2015). Investigation of the cross-national equivalence of a measurement of early child development. *Child Indicators Research*, 8, 471-489. doi: 10.1007/s12187-014-9249-3
- Ip, P., Li, S.L., Rao, N., Ng, S.S.N., Lau, W.W.S., & Chow, C.B. (2013). Validation study of the Chinese Early Development Instrument. *BioMed Central Pediatrics*, 13(146), 1-8. doi:10.1186/1471-2431-13-146
- Janus, M., Brinkman, S. A., & Duku, E. K. (2011). Validity and psychometric properties of the Early Development Instrument in Canada, Australia, United States, and Jamaica. *Social Indicators Research*, 103(2), 283-297. doi: 10.1007/s11205-011-9846-1.

Internal consistency

- Curtin, M., Madden, J., Staines, A., & Perry, I. J. (2013). Determinants of vulnerability in early childhood development in Ireland: A cross-sectional study. *BMJ Open*, 3, e002387. doi: 10.1136/bmjopen-2012-002387

Predictive validity

- Brinkman, S., Gregory, T., Harris, J., Hart, B., Blackmore, S., & Janus, M. (2013). Associations between the Early Development Instrument at age 5, and reading and numeracy skills at ages 8, 10 and 12: a prospective linked data study. *Child Indicators Research*, 6(4), 695-708. doi: 10.1007/s12187-013-9189-3
- Brown, R. S., & Parekh, G. (2010). *Special education: Structural overview and student demographics*. Toronto, ON: Toronto District School Board.
- Calman, R. C., & Crawford, P. J. (2013). *Starting Early: Teaching, learning, and assessment. Linking early-childhood development with academic outcomes—a detailed look*. Toronto, ON: Education Quality and Accountability Office.
- D’Angiulli, A., Warburton, W., Dahinten, S. & Hertzman, C. (2009). Population-level associations between preschool vulnerability and grade-four basic skills. *PLoS One*, 4(11), e7692.

Forget-Dubois, N., Lemelin, J.-P., Boivin, M., Ginette, D., Séguin, J. R., Vitaro, F., et al. (2007). Predicting early school achievement with the EDI: A longitudinal population-based study. *Early Education and Development*, 18, 405–426.

Rasch Analysis

Curtin, M., Browne, J., Staines, A., & Perry, I. J. (2016). The Early Development Instrument: An evaluation of its five domains using Rasch analysis. *BMC Pediatrics*, 16. doi: 10.1186/s12887-016-0543-8

Andrich, D., & Styles, I. (2004). Final report on the psychometric analysis of the Early Development Instrument (EDI) using the Rasch model: A technical paper commissioned for the development of the Australian Early Development Instrument (AEDI).

Hagquist, C., & Hellström, L. (2014). The psychometric properties of the Early Development Instrument: a rasch analysis based on Swedish pilot data. *Social Indicators Research*, 117, 301-317. doi: 10.1007/s11205-013-0344-5

VI. CURRENT RESEARCH AND APPLICATION OF THE EDI

This section presents a description of recent projects that are relevant to furthering the EDI research base. This list is in no way comprehensive, but rather offers a few key examples of how data are being applied and potential uses of the EDI.

Local EDI Use

For more details about the status of these projects, contact: Cristina Blevins, Early Learning Senior Program Officer, First 5 Orange County, cristina.blevins@cfcoc.ocgov.com



Name of Article: Judith L. Perrigo, Leyla Karimli, Anna Ginther, Lisa Stanley, Magdalena Janus (2025). Population health begins in early childhood: Kindergarten EDI school readiness scores as a predictor of sixth-grade academic outcomes in the USA. *International Journal of Educational Research*, Volume 134. <https://doi.org/10.1016/j.ijer.2025.102760>

Summary: School readiness skills in early childhood are strongly linked to later academic performance, health, and overall quality of life. Study investigated the psychometric properties of the EDI in the United States, focusing on sixth-grade outcomes. Using a sample of kindergarteners ($N = 2610$) from five school districts in Orange County, California, study examined whether kindergarten EDI scores predict academic proficiency in mathematics and English language arts by sixth grade. Findings show that kindergarten EDI scores are strong predictors of sixth-grade academic performance. Children classified as vulnerable or at risk in one or more EDI domains showed significantly lower proficiency in both mathematics and English language arts compared to their peers who were on track. Additionally, disparities in academic outcomes were observed across factors such as sex at birth, ethnoracial background, individualized education plan status, and eligibility for free or reduced-price lunch.



Name of Article: Judith L. Perrigo, Jordan Morales, Nicholas Jackson, et al (2025). COVID-19 Pandemic and the Developmental Health of Kindergarteners. JAMA Pediatrics; 2025; 179(5): 550–558. doi:10.1001/jamapediatrics.2024.7057

Summary: Recent studies have associated the COVID-19 pandemic with negative developmental outcomes in children. However, research focused on young children remains limited, with few studies including multiple years of pre- and post-pandemic onset data. EDI results of kindergarteners' developmental health were compared between pre-pandemic (2018 to 2020) and post-pandemic (2021 to 2023) onset cohorts. Among the sample of 475,740 U.S. kindergarten students, compared with the immediate pre-pandemic onset period, the rate of change in EDI scores was significantly lower following the pandemic onset in language and cognitive development (mean change, -0.45; 95% CI, -0.48 to -0.43), social competence (mean change, -0.03; 95% CI, -0.06 to -0.01), and communication and general knowledge (mean change, -0.18; 95% CI, -0.22 to -0.15). EDI scores were significantly higher in emotional maturity (mean change, 0.05; 95% CI, 0.03 to 0.07), and no significant changes were observed in the physical health and well-being domain (mean change, 0; 95% CI, -0.01 to 0.02).



Name of Article: efren aguilar, Judith L. Perrigo, Nicole Pereira, Shirley A. Russ, Joshua, L. Bader, Neal Halfon (2024). Unveiling Early Childhood Health Inequities by Age Five through the National Neighborhood Equity Index and the Early Development Instrument. <https://www.sciencedirect.com/science/article/pii/S2352827323002185>

Summary: There is growing public urgency to close equity gaps in health and development by addressing inequities at multiple levels of children's developmental ecosystems. Current measurement strategies obscure the [dynamic structural](#) and relational patterns of oppression, adversity, and disadvantage that children can experience in their local intimate developmental ecosystem, as well as the leverage points that are necessary to change them. The purpose of this study is to examine the relationship between a universally available measure of neighborhood socio-economic context, the National Neighborhood Equity Index (NNEI), and a population measure of early child development and well-being, the Early Development Instrument (EDI). Data from a convenience sample of 144,957 kindergarteners in neighborhoods across the US demonstrate that children living in neighborhoods with more equity barriers are more likely to be on vulnerable [developmental trajectories](#) than those who reside in neighborhoods without any equity barriers. A multi-dimensional measurement approach that incorporates both the EDI and the NNEI can be used to quantify ethno-racialized patterns of structural disadvantage during critical periods of health development. These measures can inform community action to intervene early in the life course to optimize children's health development trajectories at a [population level](#).



Name of Article: Judith Perrigo, Lisa Stanley, L Sarah Mixson, Leila Espinosa, Jordan Morales, Chandler Beck, Neal Halfon. (2024). Examining Holistic Developmental Strengths and Needs of Multilingual Kindergartners Using the Early Development Instrument. <https://www.sciencedirect.com/science/article/pii/S2666374023000900>

Summary: Using an asset-based framework, this study examines the holistic developmental health outcomes of young English Learners (ELs) in the United States using the Early Development Instrument (EDI), stratified by first language and neighborhood risk measured by the National Neighborhood Equity Index (NNEI). Drawing from data spanning 154 school districts across 11 states and the District of Columbia from 2016 to 2020 (n = 192,892 kindergartners), the analyses encompassed descriptive statistics, Pearson Chi-square tests, and logistic regression models. The results highlight that EL kindergartners were more likely to be On Track in the social competence (OR = 1.17; 95 % CI = 1.13, 1.20), emotional maturity (OR = 1.26; 95 % CI = 1.22, 1.30), and physical health and well-being (OR = 1.47; 95 % CI = 1.43, 1.51) domains compared to non-EL kindergartners. Yet, in the communication skills and general knowledge (OR = 0.75; CI = 0.72, 0.77) and language and cognitive development (OR = 0.72; CI = 0.70, 0.74) domains, EL kindergartners were less likely to be On Track compared to non-EL kindergartners. Notably, Korean- and Mandarin-speaking kindergartners showed the highest rates of being On Track across all EDI domains. Additionally, EL kindergartners in less challenged neighborhoods were surprisingly less likely to be On Track compared to those in more adverse neighborhoods across all developmental domains. Implications of these findings, which shed light on distinctive strengths and needs, are discussed.



Name of Article: Judith L. Perrigo, E. Piper Block, efren aguilar, Chandler Beck, and Neal Halfon (2023). Income is Not an Equalizer: Health Development Inequities by Ethnoracial Backgrounds in California Kindergartners. <https://link.springer.com/article/10.1186/s12889-023-17246-7>

Summary: Early childhood health development is positively associated with income, but the strength of this relationship with ethnoracial background remains unclear. This study examined the extent of health development inequities among California kindergartners based on ethnoracial backgrounds and neighborhood-level income. Among California's kindergartners, African American/Black children had the lowest likelihood of being on track developmentally, regardless of income. Asian students consistently performed the best, while White students' performance varied significantly with income. At lower income levels, White students' developmental scores resembled those of African American/Black and Latino/a peers, but at higher incomes, they were more aligned with Asian students. Given the scarcity of population-level data on health development outcomes, these analyses offer valuable insights for identifying ecosystems necessitating support in promoting equitable early childhood health development.



Name of Article: Robert J. Duncan, Greg J. Duncan, Lisa Stanley, efren aguilar, Neal Halfon (2020). The Kindergarten Early Development Instrument Predicts Third Grade Academic Proficiency. <https://www.sciencedirect.com/science/article/abs/pii/S0885200620300491>

Summary: School readiness skills predict later educational achievement, health, and social-emotional outcomes. Measures of school readiness can provide valuable information to assess both the impact of strategies and policies that prepare children for school as well as informing strategies for improving children's educational trajectories across their school years. The Early Development Instrument (EDI) is a measure of school readiness skills based on teacher-reported observational recall. It has been used extensively in Canada and Australia and is in the early stages of adoption in a number of U.S. cities. The current study uses data from roughly 3000

children followed longitudinally from kindergarten through third grade from 7 school districts in Orange County, California. The study assesses whether EDI ratings in kindergarten predict third grade proficiency in mathematics and English Language Arts on state assessments. Ratings on the EDI were strongly associated with proficiency in both academic areas, even in the presence of controls for child-level factors and neighborhood fixed effects. Among its components, ratings on the language and cognitive development, communication skills and general knowledge, and [social competence](#) domains strongly differentiated children's likelihood of later proficiency in both academic areas. Implications for improving comprehensive early childhood education and schooling policies based on indicators of school readiness are discussed.

International Research

Name of Research: Special Issue: Linda J. Harrison and Magdalena Janus (eds.) "International research utilizing the Early Development Instrument (EDI) as a measure of early child development." Early Childhood Research Quarterly, Volume 35, 2nd Quarter 2016.

Summary: Early Childhood Research Quarterly recently devoted a Special Issue to international research using Early Development Instrument (EDI). The Canadian EDI and its adaptations to the Australian Early Development Census (AEDC), as well as the Chinese version used in Hong Kong, are examples of an assessment tool that brings data on child development at 4–6 years to a population level, in an accessible, feasible, and psychometrically valid manner. EDI measures are increasingly being used by governments, at all levels of jurisdiction, as a means of monitoring the status of early childhood development and then tracking progress over time. Recent innovations linking administrative datasets with EDI data have enabled research into the predictors, correlates, and sequelae of developmental status in early childhood. The eleven papers included in the Special Issue represent thoughtful, systematic, theory-based programs of research, informed by the broad scope of the EDI and supported by the availability of data for large, normative populations and especially often under-reported sub-populations of children.



Name of Research: Guhn, M., Janus, M., Enns, J., Brownell, M., Forer, B., Duku, E., Muhajarine, N., & Raos, R. (2016). Examining the social determinants of children's developmental health: protocol for building a pan-Canadian population-based monitoring system for early childhood development. *BMJ Open*, 6(4). doi: 10.1136/bmjopen-2016-012020

Summary: The EDI is being used to address a gap in Canada between policies and practices that optimize children's health/development and the lack of nationally representative data on social indicators of children's well-being. The purpose of this protocol is to describe the Canadian Neighbourhoods and Early Child Development (CanNECD) Study, the aims of which are to create a pan-Canadian EDI database to monitor trends over time in children's developmental health and to advance research examining the social determinants of health. The project will take Canada-wide EDI records from 2004 to 2014 (representing over 700,000 children) and link them to Canada Census and Income Taxfiler data. Variables of socioeconomic status derived from these databases will be used to predict neighborhood-level EDI vulnerability rates by conducting a series of regression analyses and latent variable models at provincial/territorial and national levels. Where data are available, the project will measure the neighborhood-level change in

developmental vulnerability rates over time and model the socioeconomic factors associated with those trends.

VII. USING THE EDI DATA FOR RESEARCH

Before the local EDI de-identified data file can be shared, First 5 Orange County must first receive:

1. A signed non-disclosure EDI Agreement (see *Section IX, Letter of Understanding*);
2. A description of the specific research project;
3. A justifiable rationale for why the individual level data are needed (instead of aggregated data);
4. A description of the data use AND security procedures; and
5. Proof that ethics approval from a qualified authority has been received in cases where the data will be used for research.

In addition, researchers must also follow rules their ethics board applies to their research project.

VIII. 2015 THROUGH 2025 EDI RECORDS SNAPSHOT

The tables below present the number of EDI records available, by wave⁹ and select demographics.

Wave	Total Collected	Total Valid
2015	34,956	34,315
2019	28,894	28,480
2022	24,327	23,904
2025	22,148	21,686
Total	110,325	108,385

The data in the following tables include only valid EDI records for kindergarten students.

Free/Reduced Price Lunch	2015	2019	2022	2025
Free	6,352	7,043	3,561	3,685
Reduced	1,141	2,065	1,631	1,759
No Assistance	10,057	8,319	5,586	4,945
Total	17,550	17,427	10,778	10,389

Note: not all districts provide information on free/reduced price lunch, hence the smaller N.

Gender	2015	2019	2022	2025
Male	17,760	14,364	11,979	10,946
Female	16,554	14,116	11,924	10,730
Total	34,314	28,480	23,903	21,676

⁹ 2015 data collection includes data collected in 2013, 2014, and 2015; 2019 data collection includes data collected in 2018 and 2019. The 2022 and 2025 data collection included participation of all the districts and schools in the same year. The four waves each reflect 100% school participation.

Has Individualized Education Plan (IEP)	2015	2019	2022	2025
Yes	2,081	1,929	2,006	2,444
No	32,070	26,517	21,898	19,242
Don't know	164	34	0	0
Total	34,315	28,480	23,904	21,686

Child considered English Language Learner (ELL)	2015	2019	2022	2025
Yes	15,611	10,819	7,133	6,684
No	18,704	17,661	16,771	15,002
Total	34,315	28,480	23,904	21,686

Child's first language	2015	2019	2022	2025
English	18,275	16,949	15,642	14,306
Spanish	12,197	8,073	5,588	4,656
Vietnamese	1,673	1,200	878	819
Korean	513	513	409	323
Mandarin	249	407	326	448
Arabic	218	225	209	148
Farsi (Persian)	150	151	141	169
Other	1,040	961	710	769
Total	34,315	28,479	23,903	21,638

Child communicates adequately in first language	2015	2019	2022	2025
Yes	28,452	23,117	19,667	17,904
No	1,896	1,627	1,310	1,362
Don't know	3,966	3,734	2,927	2,406
Total	34,314	28,478	23,904	21,672

Child's race/ethnicity	2015	2019	2022	2025
African American/Black	522	431	265	307
American Indian/Alaskan Native	212	99	77	167
Asian	5,074	5,294	4,019	4,443
Hispanic, Latino/a	16,071	13,989	11,750	10,064
Native Hawaiian or other PI	639	385	134	95
White	9,041	6,929	5,266	4,738
Multiracial / Other	2,705	1,314	2,171	1,785
Total	34,264	28,441	23,682	21,599

IX. EDI Letter of Understanding

(Date)

(Organization)

Attn: (name)

(Address)

SUBJECT: Agreement to Use Early Development Index Data for Local Planning by First 5 Orange County Grantees

First 5 Orange County will provide Early Development Index (EDI) data for local planning upon evidence of agreement with the following terms and conditions. The EDI Recipient agrees:

1. To properly acknowledge First 5 Orange County in any reproduction of the EDI or materials relating to the EDI. The following statement should be included in all collateral materials created: "The Early Development Index (EDI) is funded through First 5 Orange County and developed in collaboration with the UCLA Center for Healthier Children, Families and Communities".
2. First 5 Orange County logo will be included with all EDI-related products developed.
3. That EDI-related data does not include children's names, it will not be interpreted for individual children and it will not be used for diagnosis or identification.
4. That data will not be reported at the individual child level.
5. Tables provided do not house confidential information; however due to the sensitivity of neighborhood level vulnerabilities, First 5 Orange County requires that the EDI data file be kept in a secure, password-protected location at site of EDI Recipient.
6. As of the date of this LOU, EDI data are provided free of charge. First 5 Orange County reserves the right to charge money in future years to recover the costs of data analysis.
7. Within 180 days of receiving the EDI data, a report must be submitted to First 5 Orange County, which describes how the EDI data was used, any actions triggered by the data, and the impact of the data. Failure to provide this report may result in denial of future access to EDI data in subsequent years.

8. The data files provided by First 5 Orange County are to be used solely for the stated request submitted. If it is used for another purpose (e.g., in addition to using it for the stated purpose, it is used in other presentations), please submit a new EDI Report Use form with the new way data were used.
9. The EDI data files may not be shared electronically with any other entities.
10. This agreement is effective for EDI data collected during the FY 2024/25 data collection cycle.
11. Please submit a copy of any collateral materials developed with the EDI data to:
Cristina Blevins
Early Learning Senior Program Officer
First 5 Orange County
Email: cristina.blevins@cfcoc.ocgov.com
1505 E. 17th Street, Suite 230
Santa Ana, California 92705
(714) 567-0150

First 5 Orange County reserves the right to change these terms and conditions periodically at its sole discretion. Recipient's continued use of the EDI data constitutes acceptance of the terms and conditions stated at the time of use.

I concur with the requirements indicated above for use of the EDI data.

Name

Title

Agency

Signature

Date

Appendix A: EDI Glossary of Terms

Children Developmentally On Track: A child is “developmentally on track” in an area if the mean of his/her EDI items for that area falls above the 25th percentile cutoff.

Children Developmentally Vulnerable: A Child is “developmentally vulnerable” in an area if the mean of his/her EDI items for that area falls at or below the 10th percentile cutoff.

Children Developmentally At Risk (for becoming vulnerable): A Child is “developmentally at risk” in an area if the mean of his/her EDI items for that area falls at or below the 25th percentile cutoff and above the 10th percentile.

Children Developmentally Not On Track: A child is “developmentally not on track” in an area if the mean of his/her EDI items for that area falls at or below the 25th percentile cutoff. Not On Track is the sum of Vulnerable and At Risk.

Early Development Index (EDI): The Early Development Index (EDI), a tool developed by Drs. Dan Offord and Magdalena Janus of the Offord Centre for Child Studies at McMaster University in Canada, is a population measure of young children’s development from a 103-item checklist completed by teachers. The EDI measures five developmental areas:

- Physical health and well-being
- Social competence
- Emotional maturity
- Language and cognitive skills
- Communication skills and general knowledge

The EDI also includes questions on child demographics, special problems, prior childcare, and parent involvement in the classroom.

EDI Cutoff: Each of the five areas in the EDI has a population cutoff for “developmentally on track,” “at risk,” and “vulnerable.” The normative population cutoffs were determined using 2009-2010 data to set a representative benchmark which helps to compare how children are doing developmentally both across and within sites and across years. To establish these cutoffs, an average score for each area was first developed per child with valid data (N=10,244). The averages for all records valid for analysis were then sorted from lowest to highest to determine the 10th and the 25th percentile population cutoffs for each developmental area.

EDI Participation Rate: The participation rate is calculated by dividing the total number of students living in the neighborhood with valid EDI records (the numerator) by the estimated total number of eligible children living in the neighborhood (the denominator), based on US Census American Community Survey (ACS) 5-Year estimates. The denominator is a derived calculation of young children between the ages of four and seven years old based on the proportion of the respective age groups within the sample.

For example, if the sample consists of zero percent four-year-olds; 50 percent five-year olds; 49 percent six-year-olds; and one percent 7-year-olds, the calculation for the total count of eligible children in the neighborhood will follow this formula: $(\text{ACS 4-year-old count} * 0) + (\text{ACS 5-yearold count} * 0.50) + (\text{ACS 6-year-old count} * 0.49) + (\text{ACS 7-year-olds count} * 0.01)$.

Neighborhood: An EDI neighborhood may be a census tract, an aggregation of census geographies, or some other pre-existing or newly created local geographic boundaries identified by the community. Criteria which guided the selection of neighborhood boundaries included that they should be: 1) Contiguous (no gaps and no overlapping boundaries); 2) Small enough to identify distinct populations of children but large enough to represent a distinct, community defined neighborhood; 3) Recognizable by local residents; 4) Useful from a local planning perspective; 5) Consistent with census lines to maximize data analysis opportunities; and 6) Inclusive of the entire target geography.

Multiple Challenge Index (MCI): The Multiple Challenge Index (MCI) identifies groups of children who have multiple challenges and therefore are considered to be experiencing serious problems. Children are categorized as having multiple challenges when they fall in the “not ready” category on nine or more of the 16 subareas, which also translates to being categorized as vulnerable on at least three of the five EDI areas.

On Track on All Valid Areas: Children whose EDI score is above the 25th percentile (i.e. are “developmentally on track”) on all valid areas. A record may be valid with as few as four completed areas.

Subarea: Four of the five areas are divided into multiple subareas and one area (Communication Skills and General Knowledge), is treated as a single subarea. Together, the five areas consist of a total of 16 subarea. For the subarea analysis, children are categorized as either “ready,” “somewhat ready,” or “not ready” for school based on how they compare to a cut off value that has been determined by the publishers at the Offord Centre. This method contrasts with that used for the overarching area level analysis which categorizes children as either “on track,” “at risk,” or “vulnerable” based on how they compare to a cut off value that has been derived from a US normative sample taken in 2009-2010.

Suppressed Data: Suppressed data are records with valid addresses but not reported in the maps because they are in neighborhoods with fewer than ten valid records for analysis.

Valid for Analysis: For a child’s record to be valid for analysis: 1) Child must have been in the classroom for more than one month; and 2) The EDI must have at least four of the five areas completed by the teacher.

Vulnerable on One or More Areas: Children whose EDI score is at or below the 10th percentile (i.e. are “developmentally vulnerable”) on at least one of the five areas.

Appendix B: EDI Questionnaire (2025)

EDI Questionnaire

School Child ID:	
Address:	
City:	
State:	
Zip Code:	

Demographics

1	Student Status:	☐ in class more than 1 month ☐ in class less than 1 month ☐ moved out of class ☐ moved out of school ☐ parents opted out ☐ other
	If other, please specify	
2	Classroom length/time:	☐ AM ☐ PM ☐ All day ☐ Other
	If other, please specify	
3	Child's date of birth:	mm-dd-yyyy 
4	Gender	☐ Male ☐ Female ☐ Other
	If other, please specify	
5	Date of completion:	*** Note: field is read-only & system generated
6	Child has an Individualized Education Plan (IEP) or equivalent?	☐ Yes ☐ No
	6a. (If Yes) Do you believe they need to be re-assessed to change their classification/eligibility or increase/decrease supports?	☐ Yes ☐ No
7	Do you believe this child has an undiagnosed special need?	☐ Yes ☐ No

8	(If Yes) Has the child has been referred for assessment(s) (or reassessment) to determine if they qualify for special education services (or a change in services)?	☐ Yes ☐ No ☐ Don't Know
9	Child considered an English Language Learner (ELL)?	☐ Yes ☐ No
10	Is this child part of a dual language or dual immersion program?	☐ Yes ☐ No
11	Please specify other language of instruction	☐ Unknown ☐ Spanish ☐ French ▼ ☐ Chinese/Mandarin ☐ Other
	If other, please specify	
12	What percent of instruction is English?	English: _____ % Other: _____ %
13	What is the child's first language?	(see guide for languages) ▼
14	Does this child communicate adequately in their first language?	☐ Yes ☐ No ☐ Don't Know
15	Is this a repeat of kindergarten for this child?	☐ Yes ☐ No ☐ N/A

Section A – Physical Well-being

1	About how many regular days (see Guide) has this child been absent since the beginning of the school year?	▼
2	How many of these days can be attributed to being sick?	▼

Since the start of the school year, has this child sometimes (more than once) arrived:		Yes	No	Don't Know
3	over- or under-dressed for school-related activities	☐	☐	☐
4	too tired/sick to do school work	☐	☐	☐
5	late	☐	☐	☐
6	hungry	☐	☐	☐
Would you say that this child:		Yes	No	Don't Know
7	is independent in bathroom habits most of the time	☐	☐	☐
8	shows an established hand preference (right vs. left or vice versa)	☐	☐	☐
9	is well coordinated (i.e., moves without running into or tripping over things)	☐	☐	☐

Sometimes teachers may observe that their students are either underweight or overweight. Do you feel that this child:		Yes	No	Don't Know
10	is underweight	☐	☐	☐
11	is overweight	☐	☐	☐

How would you rate this child's:		Very Good / Good	Average	Poor / Very Poor	Don't Know
12	proficiency at holding a pen, crayons, or a paintbrush	☐	☐	☐	☐
13	ability to manipulate objects	☐	☐	☐	☐
14	ability to climb stairs	☐	☐	☐	☐
15	level of energy throughout the school day	☐	☐	☐	☐
16	overall physical development	☐	☐	☐	☐

Section B – Language and Cognitive Skills

How would you rate this child's:		Very Good / Good	Average	Poor / Very Poor	Don't Know
1	ability to use language effectively	☐	☐	☐	☐
2	ability to listen	☐	☐	☐	☐
3	ability to tell a story	☐	☐	☐	☐
4	ability to take part in imaginative play	☐	☐	☐	☐
5	ability to communicate own needs in a way understandable to adults and peers	☐	☐	☐	☐
6	ability to understand on first try what is being said to him/her	☐	☐	☐	☐
7	ability to articulate clearly, without sound substitutions	☐	☐	☐	☐

Would you say that this child:		Yes	No	Don't Know
8	knows how to handle a book (e.g., turn a page)	☐	☐	☐
9	is generally interested in books (pictures and print)	☐	☐	☐
10	is interested in reading (inquisitive/curious about the meaning of printed material)	☐	☐	☐
11	is able to identify at least 10 letters of the alphabet in English	☐	☐	☐
12	is able to attach sounds to letters in English	☐	☐	☐
13	is showing awareness of rhyming words	☐	☐	☐
14	is able to participate in group reading activities in English	☐	☐	☐
15	is able to read simple words in English	☐	☐	☐
16	is able to read complex words in English	☐	☐	☐

17	is able to read simple sentences in English	☐	☐	☐
18	is experimenting with writing tools	☐	☐	☐
19	is aware of writing directions (left to right, top to bottom) in English	☐	☐	☐
20	is interested in writing voluntarily (and not only under the teacher's direction)	☐	☐	☐
21	is able to write their own name in English	☐	☐	☐
22	is able to write simple words in English	☐	☐	☐

Would you say that this child:		Yes	No	Don't Know
23	is able to write simple sentences in English	☐	☐	☐
24	is able to remember things easily	☐	☐	☐
25	is interested in mathematics	☐	☐	☐
26	is interested in games involving numbers	☐	☐	☐
27	is able to sort and classify objects by a common characteristic (e.g., shape, color, size)	☐	☐	☐
28	is able to use one-to-one correspondence	☐	☐	☐
29	is able to count to 20 in English	☐	☐	☐
30	is able to recognize numbers 1 – 10	☐	☐	☐
31	is able to say which number is bigger of the two	☐	☐	☐
32	is able to recognize geometric shapes (e.g., triangle, circle, square)	☐	☐	☐
33	understands simple time concepts (e.g., today, summer, bedtime)	☐	☐	☐
34	demonstrates special numeracy skills or talents (you consider them gifted in this area)	☐	☐	☐
35	demonstrates special literacy skills or talents (you consider them gifted in this area)	☐	☐	☐
36	demonstrates special skills or talents in arts (you consider them gifted in this area)	☐	☐	☐
37	demonstrates special skills or talents in music (you consider them gifted in this area)	☐	☐	☐
38	demonstrates special skills or talents in athletics/dance (you consider them gifted in this area)	☐	☐	☐
39	demonstrates special skills or talents in problem solving in a creative way (you consider them gifted in this area)	☐	☐	☐
40	demonstrates special skills or talents in other areas (if yes, please specify)	☐	☐	☐

Section C – Social and Emotional Development

How would you rate this child's:		Very Good / Good	Average	Poor / Very Poor	Don't Know
1	overall social/emotional development	☐	☐	☐	☐
2	ability to get along with peers	☐	☐	☐	☐

Below is a list of statements that describe some of the feelings and behaviors of children. For each statement, please fill in the circle that best describes this child now or within the past six months.

Would you say this child:		Often or Very True	Sometimes or Somewhat True	Never or Not True	Don't Know
3	plays and works cooperatively with other children at the level appropriate for their age	☐	☐	☐	☐
4	is able to play with various children	☐	☐	☐	☐
5	follows rules and instructions	☐	☐	☐	☐
6	respects the property of others	☐	☐	☐	☐
7	demonstrates self-control	☐	☐	☐	☐
8	shows self-confidence	☐	☐	☐	☐
9	demonstrates respect for adults	☐	☐	☐	☐
10	demonstrates respect for other children	☐	☐	☐	☐
11	accepts responsibility for actions	☐	☐	☐	☐
12	listens attentively	☐	☐	☐	☐
13	follows directions	☐	☐	☐	☐
14	completes work on time	☐	☐	☐	☐
15	works independently	☐	☐	☐	☐
16	takes care of school materials	☐	☐	☐	☐
17	works neatly and carefully	☐	☐	☐	☐
18	is curious about the world	☐	☐	☐	☐
19	is eager to play with a new toy	☐	☐	☐	☐
20	is eager to play a new game	☐	☐	☐	☐
21	is eager to play with/read a new book	☐	☐	☐	☐
Would you say this child:		Often or Very True	Sometimes or Somewhat True	Never or Not True	Don't Know
22	is able to solve day-to-day problems by themselves	☐	☐	☐	☐
23	is able to follow one-step instructions	☐	☐	☐	☐
24	is able to follow class routines without reminders	☐	☐	☐	☐
25	is able to adjust to changes in routines	☐	☐	☐	☐

26	answers questions showing knowledge about the world (e.g., leaves fall in the autumn, apple is a fruit, dogs bark)	☐	☐	☐	☐
27	shows tolerance to someone who made a mistake (e.g., when a child gives a wrong answer to a question posed by the teacher)	☐	☐	☐	☐
28	will try to help someone who has been hurt	☐	☐	☐	☐
29	volunteers to help clear up a mess someone else has made	☐	☐	☐	☐
30	if there is a quarrel or dispute will try to stop it	☐	☐	☐	☐
31	offers to help other children who have difficulty with a task	☐	☐	☐	☐
32	comforts a child who is crying or upset	☐	☐	☐	☐
33	spontaneously helps to pick up objects which another child has dropped (e.g., pencils, books)	☐	☐	☐	☐
34	will invite bystanders to join in a game	☐	☐	☐	☐
35	helps other children who are feeling sick	☐	☐	☐	☐
36	is upset when left by parent/guardian	☐	☐	☐	☐
37	gets into physical fights	☐	☐	☐	☐
38	bullies or is mean to others	☐	☐	☐	☐
39	kicks, bites, hits other children or adults	☐	☐	☐	☐
40	takes things that do not belong to them	☐	☐	☐	☐
41	laughs at other children's discomfort	☐	☐	☐	☐
42	can't sit still, is restless	☐	☐	☐	☐
43	is distractible, has trouble sticking to any activity	☐	☐	☐	☐
44	fidgets	☐	☐	☐	☐
45	is disobedient	☐	☐	☐	☐
46	has temper tantrums	☐	☐	☐	☐
47	is impulsive, acts without thinking	☐	☐	☐	☐
Would you say this child:		Often or Very True	Sometimes or Somewhat True	Never or Not True	Don't Know
48	has difficulty awaiting turn in games or groups	☐	☐	☐	☐
49	cannot settle to anything for more than a few moments	☐	☐	☐	☐
50	is inattentive	☐	☐	☐	☐
51	seems to be unhappy, sad, or depressed	☐	☐	☐	☐
52	appears fearful or anxious	☐	☐	☐	☐
53	appears worried	☐	☐	☐	☐
54	cries a lot	☐	☐	☐	☐
55	is nervous, high-strung, or tense	☐	☐	☐	☐
56	is incapable of making decisions	☐	☐	☐	☐
57	is shy	☐	☐	☐	☐
58	sucks a thumb/finger or piece of clothing	☐	☐	☐	☐

Section D – Special Concerns

1	Does the student experience learning differences or challenges that may influence their ability to do school work in a typical classroom setting (based on parent information, medical diagnosis, and/or teacher observation)?	☐ Yes ☐ No (Skip to Section E, Question 1) ☐ Don't Know (Skip to Section E, Question 1)
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2. If YES above, please mark all that apply. Please base your answers on teacher observation and/or parent guardian information and/or medical diagnosis.	Yes, teacher observed	Yes, parent info/medical diagnosis
Behavioral/Emotional	☐	☐
Developmental Disability	☐	☐
Speech and Language impairment	☐	☐
Physical/orthopedic impairment	☐	☐
Visual impairment	☐	☐
Hearing impairment	☐	☐
Learning disability	☐	☐
Multiple disabilities	☐	☐
Other	☐	☐
If other, please specify		

3	If the child has received a diagnosis or identification by a doctor or psychological professional, please indicate. (See Guide for codes)	
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		Yes	No	Don't Know
4	Is the child receiving any school based support(s) (e.g., educational assistant, equipment)?			

5. Indicate if the student experiences any of these challenges that MAY influence their ability to do school work in a regular classroom (based on parent/family information and/or teacher observation).	Check all that apply
Home environment/problems at home	☐
Chronic medical/health problems	☐
Unaddressed dental needs	☐
Homelessness	☐
Coping with direct impacts of COVID-19" (family illness/death, job loss, housing insecurity, etc.)	☐
Other	☐
Other (please specify)	

6. What barriers/challenges were present for this child during online instruction?	Check all that apply
Not Applicable (no online learning took place)	☐
Internet Access	☐
Technology availability (computer/laptop/tablet/other devices being used by siblings/parents or not owned)	☐
Parent/caregiver/adult not present to support child during instruction time	☐
Child not attentive	☐
Child does not have setting/space appropriate for learning	☐
Child did not have access to needed school supplies to fully participate in activities	☐
Other	☐
Other (please specify)	

Section E – Additional Questions

To the best of your knowledge, please mark all that apply to this child:		Yes	No	Don't Know
1	Has the child attended a special education preschool program or received other early intervention program/services (e.g., speech therapy) prior to this school year?	☐	☐	☐
	Specify type of program, if known:			

2	In the year prior to kindergarten entry, has the child been in an early childhood education/preschool program or other nonparental child care on a regular basis?	☐ No (Skip to Question 3) ☐ Yes ☐ Don't Know (Skip to Question 3)
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If yes, please specify type of child care arrangement (see Guide): Mark all that apply.		
2 a)		Yes
	Center-based, preschool/daycare (Public)	☐
	Center-based, preschool/daycare (Private)	☐
	Other home-based child care (cared for by a relative or friend)	☐
	Mixed arrangements	☐
	Other	☐
	If other, please specify	
	Don't Know	☐
2 b)	To the best of your knowledge, in the year prior to the child's entry to kindergarten, was the child care arrangement:	☐ Full-time ☐ Part-time ☐ Don't Know

		Yes	No
3	Since the beginning of the school year, has the parent/guardian volunteered in the classroom, on a classroom project, field trip, etc.?	☐	☐
4	Has a parent/guardian attended parent-teacher conferences?	☐	☐

5	Apart from parent-teacher conferences, have you had one-on-one conversations in person with the student's parent/guardian?	☐	☐
6	Apart from parent-teacher conferences, has the parent reached out to you through other forms of direct communication (phone calls, emails, message apps, etc.)?	☐	☐

Customized Questions (Additional Questions Asked in Orange County)

		Good	Average	Poor	Don't know
1	In general, would you say this child's health is good, average or poor?	☐	☐	☐	☐

		Yes	No	Don't know
2	In general, would you say this child frequently appears sleepy during the school day (for instance, has trouble staying awake in class, yawns a lot, disrupts school activities because of sleepiness, complains about his/her sleep, etc.)?	☐	☐	☐

		Yes	No	Don't know	N/A (child rarely absent)
3	Does the child's absenteeism impact their learning progress in kindergarten?	☐	☐	☐	☐

		Yes	No	Don't know
4	In general, would you say this child has a strong support system at home (e.g., family members, friends, neighbors provide physical, emotional, social supports)?	☐	☐	☐
5	Are you aware of whether the child has been impacted by trauma and/or toxic stress? Examples include: abuse, neglect, serious accident or medical procedure, witness to domestic violence, victim or witness to community violence, school violence, natural or manmade disasters, immigration related trauma, forced displacement, war/terrorism/political violence, traumatic grief/separation, traumatic removal from the home, traumatic foster placement, or sibling separation.	☐	☐	☐