ASSESSMENT IN INFANCY
A CASE REVISITED

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This paper attempts to address the question of the suitability of certain assessment tools as predictive instruments when used uncritically with atypical children. The paper proposes to do this by briefly scrutinising the history of psychological testing with special reference to infant testing, and the assessment of children with multiple handicaps. After identifying the theoretical and methodological characteristics of the 'psychometric' tradition, the extent to which these have influenced the infant testing movement and the assessment of multiply handicapped children, is explored. The primary concern however is to demonstrate that even though conventional psychometric scales have value in determining developmental levels, their continued use as predictive instruments for intervention is open to misinterpretation. It is argued that conventional scales actually measured the 'right' things for quite a considerable period of time. They do what they were primarily intended to do: they are effective tools in differentiating between individuals to meet social requirements, as in the allocation of children to differing kinds and lengths of schooling. With regard to handicapped children, they measured the right things too. They constituted, and constitute, a highly reliable adjunct to the professional clinician in screening and referral processes.

In a large part, it has been their value as clinical aids that has contributed to their falling behind the advances made in theoretical understanding. Further, this paucity of theoretical understanding, always secondary in the psychometric tradition is illuminated in the research which this paper is based on, adding an impetus to work within the cognitive developmentalist tradition.

Researchers now stress the need to study the processes which underlie the constructing and consolidating of performance of handicapped infants and children. Woodward’s (1959, 1972) research is significant here, not only for its findings which are consistent with Piagetian theory, but for the methodological considerations. Problem solving tasks and "eliciting situations" were designed to tap spontaneous behaviour, a far cry from the deficit model. Despite these theoretical advances, twenty years on, there is still a gap between theory and practice and clinicians still find user friendly traditional tests useful.
An assessment procedure devised by Uzigiris and Hunt (1975), was selected as a basis for the research discussed in this paper. This was largely because of their acknowledgement of the shortcomings of traditional tests, and their claims for the utility of the scales for research into theoretical issues in child development. More recently, Uzigiris and Hunt have published a review of research involving users of their scales, (Uzigiris and Hunt 1987). Although they did not foresee the use of their scales with other than normal infants, these have been adapted by some researchers, and are reviewed in terms of their utility in planning for intervention, and, the assessment of their effectiveness for intervention, (Uzigiris and Hunt, op cit.1987). Contributors to this volume, cite research findings supporting the reliability of the scales with atypical infants, although acknowledgement is made of their limitations for use with infants with minimal motor and sensory functioning. Hence their appropriateness for this population, in terms of their usefulness for assessment and intervention, would need to be demonstrated.

This paper, then, discusses the subsequent research on one application of the modified use of the scales with multiply handicapped infants and children, (Sharpe, 1990). In doing so it will be evident that, rather than dismissing their appropriateness for assessment and intervention, it will be evident that the key to their utility in providing prescriptive information for intervention, lies in the theoretical bases of their invention: their usefulness in tapping spontaneous adaptive behaviour, so characteristic of some multiply handicapped infants and young children.

The modifications described in terms of a project, are presented here, and comprise an assessment procedure, a programme for intervention, and evidence of their usefulness for clinicians, teachers, and parents.

PROJECT TITLE:

An Assessment Instrument and Programme for Children with severe learning difficulties and those developmentally below two years of age.

PROJECT OVERVIEW

The purpose of this project is to provide three essential procedures for those professionals concerned with the care management and/or education of children with severe learning difficulties. The first procedure is an assessment procedure for estimating developmental levels of children with minimal motor control, minimal means of communication and impaired sensory functioning. The procedure may be used to assess developmental levels or, in conjunction with Part 2 to monitor progress and
educational achievement in terms of objectives, through intervention. A second procedure, a series of sets of individual learning activities, enables the provision of stimulating play activities designed to elicit or teach the child to communicate, focus attention, investigate, display understanding, and solve developmentally appropriate problems. Such competencies are the necessary milestones which occur naturally in normally developing children but seem absent with some atypical children. The third procedure is the curriculum. This comprises the experiences the child encounters in the school or centre. The curriculum focuses routines, and, provides events and environments where the child's individual learning activities can be continued and extended into group experiences. Each child's progress and achievement levels are monitored and recorded on programme record forms.

PROJECT RATIONALE:

This project, developed and extended from the author's doctoral research, is an attempt to fill a large gap in the educational provision for children with severe learning difficulties. There is an increasing concern amongst professionals world wide, that some of the children in their care, or, about whom their judgements and views are sought, are capable of displaying many more competencies than they are credited with. Professionals plan what they consider to be appropriate school and pre-school programmes but these are usually based on assumptions about what the children can do and may be able to do. Are competencies stretched enough? Are we really aware of their potential? These concerns become even more crucial when we consider more severely handicapped children - the children who have multiple physical and sensory difficulties. Although a number of researchers, notably Woodward (1959, 1972), Decarie (1969) and others, have questioned the use of standardized tests with children such as these and have devised alternatives, in practice it is difficult to measure the extent to which multiply handicapped children achieve intelligent action. Consequently this poses special problems for professionals with regard to appropriate intervention programmes. If we were able to have baseline scores from an appropriate measuring instrument then we could plan and monitor progress. Hence the purpose of this project.

Uzgiris & Hunt's (1975) work on developing Piagetian-type tests for use with infants was selected as the basis for the development of a test for multiply handicapped infants and children. The particularly appealing feature of the Infant Psychological Development Scales (IPDS) was the emphasis on motivation and co-operation exhibited, for example, in the priority given to the construction of appropriate eliciting situations. Uzgiris & Hunt believe that tests should optimize children's willingness to demonstrate their repertoires of already learned adaptive strategies.
Their scales measure an infant's level of sensorimotor development in terms of six 'branches', which are essentially the domains described by Piaget (1954). They are:

1. Visual pursuit and the permanence of the object: 14 steps (Scale I)
2. Means for obtaining desired environmental events: 13 steps (Scale II)
3. Imitation - vocal and gestural: 9 steps each (Scale IIIa; IIIb)
4. Operational causality: 7 steps (Scale IV)
5. Object relations in space: 11 steps (Scale V)
6. Schemes for relating to objects: 10 steps (Scale VI)

In the final adaptations the scales were re-named and numbered in order to simplify their administration:

1. Hide and Seek: 18 steps (Scale I)
2. Investigations: 17 steps (Scale II)
3. Sounds: 19 steps (Scale III)
4. Gestures: 14 steps (Scale IV)
5. Procedures: 13 steps (Scale V)
6. Space: 15 steps (Scale VI)
7. Play: 14 steps (Scale VII)

An analysis of work done with atypical infants and children, using the Uzgiris & Hunt approach, was undertaken as well as an enquiry into the kinds of changes made by users. On balance, this work was not found to be helpful. In general, it was found that users had typically used the developmental procedures as if standardized and assumed that they could be used unproblematically with atypical infants and children. Most disturbing of all, and symptomatic perhaps of a basic misunderstanding of Uzgiris & Hunt's work, was a failure to address the problem of how to construct eliciting situations appropriate to such subjects. Dunst's (1980) work in an exception to this, in that it does identify new eliciting situations. However, Dunst's decision to give priority to steps rather than to eliciting situations effectively produced a test more consistent with traditional normative principles than Piagetian ones. A particularly important omission was found to be the failure to conduct longitudinal tests of ordinality.

Data suggestive of the crucial importance of appropriate eliciting situations were gathered by the author using the Uzgiris and Hunt Scales. None of the multiply handicapped children tested scored highly but after modifications were made to the eliciting situations the scores improved significantly. The modifications took the form of play activity with and without
objects, and observations of the children in their natural settings and during day to day routines. Essentially these adaptations stress the importance of eliciting situations for children whose responses are minimal. Activities were devised which reflected integral parts of daily activity: self-help skills, looking, listening and following simple instructions; simple manipulation of objects; imaginative play with objects and experiences with creative materials (sand, water, paint, etc); involvement in songs, rhymes and rhymical activities; hide-and-seek activities; and building, completing and matching activities. The activities were presented in a regular pattern and sequence, which created expectations and motivation in the children's lives.

The adaptations and their administration and the recording of responses were found to be reliable and valid (Sharpe, 1990).

The project content was developed from the adaptations and is currently in use in its unpublished form, with children and their parents who are awaiting entry into a special school in Singapore for multiply handicapped children (Appendix 1).

**THE PROJECT AND THE INTERVENTION PROGRAMME**

Rather than encroach on a programme already well established it was decided to focus on the provision of home based activities with parents and their children on the waiting list to attend a special school for multiply handicapped children. As an initial volunteer home intervention programme, four families were invited to take part in the programme. The families were selected on the basis of their willingness to take part, and, on the fact that their preferred home language is English. The children had all been referred by paediatricians and medical notes, together with reports by social workers were readily available. The families attended the first observation session and the children were engaged in appropriate eliciting situations. After completion of the corresponding records of achieved behaviours a profile of each child's highest competency was plotted (Table 1). In order for intervention to be planned, this data was transferred to the objectives record and the corresponding learning activities were given to the parents for their use with their children at home.

After two months the families were invited to report on the usefulness of the "activities" for their guidance in interacting with their children. A brief summary of their comments reveals that more guidance is required:
### Table 2

<table>
<thead>
<tr>
<th>Child</th>
<th>Date of Birth</th>
<th>Conditions</th>
<th>Comments</th>
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</thead>
<tbody>
<tr>
<td>C1 Yong Quao Q (F)</td>
<td>24/10/91</td>
<td>Downs</td>
<td>Mother rather despondent that child can't do much - says she will not attend - is not interested - the child is not capable of the activities. Feels she has too much to do.</td>
</tr>
<tr>
<td>C2 Galvin Khoo (M)</td>
<td>17/9/91</td>
<td>Downs</td>
<td>Mother loves to play with toys and enjoys the activities herself. Galvin goes to caregiver since mother works, so, she does not try the activities with him.</td>
</tr>
<tr>
<td>C3 Benjamin Chua (M)</td>
<td>1/12/89</td>
<td>MPS</td>
<td>Mother tries all the activities and the maid also. She is happy that Ben is so active and &quot;naughty&quot;.</td>
</tr>
<tr>
<td>C4 Ho Kin Loong Daryl (M)</td>
<td>19/4/90</td>
<td>CSH</td>
<td>Mother has adapted many of the activities to suit Daryl's needs. She finds them similar to what he does with the PT &amp; ST at SGH. Needs more activities.</td>
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</table>

On balance the parents' expectations are high for their children. They are anxious for instant success in the case of C1 & C4. It is envisaged that more school based guidance with the activities on a regular basis would sensitise the parents to the processes, rather than achievements per se. As for C3, it is important to keep him busy and active and happy, giving the anticipated deterioration in his condition. C2 is doing well without the programme. His mother enjoys the support and understanding and this is the main benefit. C4 is however an interesting child whose injuries at 11 months of age led to developmental delay. His mother's concern to make best possible use of available assistance has enabled both mother and child to make progress. This is clear in the attention the mother gives to the modification of the activities to suit her son's needs and this is possible because of the sensitive nature of the adaptations. Thus, the information about the children's competencies gleaned from the observation schedules enables the monitoring of minute achievements not normally recorded on less sensitive measuring.
instruments. Such spontaneous behaviour when noted, reveals processes consistent with a view of development where sensory motor schemes are active constructions used for both investigation and communication. For example, given such a limited repertoire, the achievements of C4 (whose profile is consistent with that provided by the Denver Development Screening Procedure), are more varied and sophisticated than the Denver Profile suggests. Thus strategies for intervention to maximise such competencies and extend them are possible (Table 3). Whilst claims for the support of a theoretical model of sensory motor substages could be argued, more useful is the qualitative information derived about the processes available and demonstrated by the child and its utility for intervention.

CONCLUSION

This paper has attempted to show that when assessment procedures are used as prescriptive rather than predictive tools, and, when these are based on a view of development emphasising spontaneity and adaptation they are more likely to provide useful information about children and their needs in an intervention process.
REFERENCES


## Table 1

### Profile of Critical behaviours in Scale Steps

<table>
<thead>
<tr>
<th>Scale</th>
<th>V1</th>
<th>V2</th>
<th>V3</th>
<th>V4</th>
<th>V5</th>
<th>V6</th>
<th>V7</th>
<th>V8</th>
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### Scales

- **Scale I**: K, S
- **Scale II**: N, D
- **Scale III**: E, R
- **Scale IV**: A, L
- **Scale V**: S
- **Scale VI**: E
- **Scale VII**: Y

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**Notes:**
- C1 D/B 24/10/91
- C2 D/B 17/09/91
- C3 D/B 01/12/89
- C4 D/B 19/04/90
TABLE 3A

PROFILE FOR C4 3/6/92
D/B: 19/4/90 M

SUB - STAGES

SCALE STEPS

V 12 - 18 MS

1V 8 - 12 MS

11 4 - 8 MS

111 1 - 4 MS

1 0 - 1 MS

H/S INV SNDS GTS PROC SPC PLY

SCALES

PST-TRAUMATIC CHRONIC SUBDURAL HAEMATOMA

1ST TEST
TABLE 3B

RECORD OF ACHIEVED BEHAVIORS
C4 DARYL 3/6/92

- SCALE 1 - Secures partially hidden object
  stage 3 4-8 mos

- SCALE 2 - Pulls support to obtain object
  placed on it with demonstration
  stage 4 8-12 mos

- SCALE 3 - Vocalizes sounds in response to
  cooing sounds but does not alter as E
  stage 2 1-4 mos

- SCALE 4 - Imitates the simple familiar
  gesture presented
  stage 3 4-8 mos

- SCALE 5 - Uses procedure as causal action
  in response to behavior created by adult
  using an object, when it stops
  stage 3 4-8 mos

- SCALE 6 - Follows trajectory of objects
  falling out of view
  stage 4 8-12 mos

- SCALE 7 - Investigates objects examining
  the various sides
  stage 3 4-8 mos
APPENDIX 1

DETAILS OF THE PROJECT COMPONENTS

After the Introductory Chapter the three procedures comprise the following content:

(1) THE ASSESSMENT PROCEDURE

1.1 Notes for Guidance and Administration

These will include;

(a) details and suggestions for the resources and materials required for the eliciting situations,

(b) a schedule for using the resources and materials for each eliciting situation,

(c) details of the positioning of the child in relation to the examiner,

(d) how to record the observations made by the examiner; or observer; from a video recording; or from anecdotal records,

(e) how to make inferences about behavioural responses eg., pointing or targetting or using procedures.

1.2 The Pre-Assessment Questionnaire

This will provide sufficient questions to ascertain the information which is necessary for administration of the procedure.

(a) Degree of vocalization/speech.

(b) Method of communicating needs, feelings, observations.

(c) Types of fine and gross motor control.

(d) Levels of visual and auditory functioning.

(e) Types of social behaviour.

(f) Aspects of play behaviour.

This information is then summarized on individual adaptations forms.
1.3 The Observation Schedules

These are arranged in three levels of difficulty and according to whether manipulations, visual, or auditory behaviours are being elicited:

Grp (I) A Listening and Looking, has 7 eliciting situations.
Grp (I) B Listening, has 3 eliciting situations.
Grp (I) C Responses to Objects, has 5 eliciting situations.
Grp(II) A Listening and Looking, has 5 eliciting situations.
Grp(II) B Hide and Seek, has 7 eliciting situations.
Grp(II) C Responses to Objects, has 8 eliciting situations.
Grp(III)A Listening, has 3 eliciting situations.
Grp(III)B Looking and Responding out of vision, has 3 eliciting situations.
Grp(III)C Hide and Seek, has 9 eliciting situations.
Grp(III)D Responses to Objects, has 6 eliciting situations.

Each eliciting situation in each group at each level has notes for the examiner on special adaptations and directions which may be invoked in order to elicit some kind of response. Additionally each eliciting situation has reference codes enabling the examiner at a later time, to check his notes (from the observation column for each eliciting situation) and ascertain which behaviour(s) has (have) been elicited and these are recorded as scale steps on the Record of Achieved Behaviours.

1.4 The Record of Achieved Behaviours

This is completed after observations have been noted on the observation schedules. It is arranged according to the 7 scales of critical behaviours originally proposed by Uzgiris and Hunt. The author has researched their validity and reliability after redesigning the eliciting situations and including additional critical behaviours previously included by Dunst (1980) but originally omitted by Uzgiris and Hunt (1975), and, allowing for inferences to be made by the examiner to the existence of critical behaviours. In order to improve the ease of recording the author has renamed the scales and renumbered the hierarchically arranged behaviours which are numbered as steps, each scale having between
Each scale has a number of steps each corresponding to a critical behaviour, a number of which are expected for each scale, at each of the 6 sub-stages of sensori-motor development, originally proposed by Piaget (1951, 1953, 1954). These substages included critical behaviours to be expected across the scales and are age-related in these 6 developmental stages. For the Record of Achieved Behaviours the 7 scales are arranged with steps as follows:

- Scale I: Hide and Seek 18 steps
- Scale II: Investigations 17 steps
- Scale III: Sounds 19 steps
- Scale IV: Gestures 14 steps
- Scale V: Procedures 13 steps
- Scale VI: Space 15 steps
- Scale VII: Play 14 steps

Once each scale on the record has been completed it is possible to indicate on a profile chart the behaviours which are exhibited by the child for each scale. Thus at a glance it is possible to see the child's developmental level across the scales, and, to determine between stage achievements. Such a profile indicates to those planning intervention, the developmental level of the child on each scale, and gives an indication of where and how to instigate intervention.

Part I, The Assessment Procedure may be used separately or in conjunction with parts 2 and 3.

(2) THE INDIVIDUAL ACTIVITIES PROGRAMME

2.1 The Design and Focus of the Programme

This section gives details of the purpose and philosophy of the programme and focusses on the rationale for educational intervention activities. These are designed to maximize the potential of young and/or multiply handicapped children who have minimal means of communication, motor control, and/or sensory functioning. The stress is on the provision of stimulating activities which are specific to the child's educational needs measured in terms of objectives.
2.2 The Objectives

The Objectives of the Activities Programme are the critical behaviours previously identified by using Part 1, the Assessment Procedure. For the purpose of intervention these behaviours become the educational objectives towards which learning activities are aimed. For the objectives to be acquired the critical behaviours need to be elicited, and they are therefore grouped according to the expected behaviours which could be elicited from the eliciting situations on the Observation Schedules. That is, building on the same premise for grouping the eliciting situations, behaviours which are elicited from situations which depend on similar stimuli and similar levels of difficulty, are grouped together irrespective of their scale steps. This enables learning activities to be planned according to similar conditions, hence more than one objective can be accommodated for at any one time.

2.3 The Programme of Learning Activities

Having located the educational objectives to be aimed for, the related sets of learning activities may be selected. These are grouped just as the eliciting situations on the Observation Schedules for reasons discussed above ie.,

Level 1

- Listening and Looking Activities: 7 sets
- Listening Activities: 4 sets
- Activities with Objects: 4 sets

Level 2

- Listening and Looking Activities: 4 sets
- Hide and Seek Activities: 3 sets
- Activities with Objects: 8 sets

Level 3

- Listening Activities: 3 sets
- Looking Activities: 3 sets
- Hide and Seek Activities: 4 sets
- Activities with Objects: 6 sets
Each set of activities is designed to teach the child to achieve or attempt to achieve one or more objective. Additionally for each set of activities, there are special adaptations in the form of specific instructions for the teacher, and specific types of resources and materials are suggested for use in the learning activities. Suggestions are also provided for the teacher to incorporate some or all of the activities in the learning experiences which comprise the Curriculum for the Group Programme, Part 3 of this project.

2.4 Administering the Individual Activities Programme

Once the relevant objectives for each child have been identified the individual programme can be planned. For this purpose three types of record forms need to be completed:

(a) The Overall Termly Programme which includes provision for educational objectives in addition to those proposed by other Professionals concerned with the child.

(b) The Weekly Programme of Educational Objectives provides a weekly schedule for planning the learning activities as Individual Activities, or as part of the learning experiences provided for in or as part of the learning experiences provided for in the Curriculum for the Group Programme.

(c) The Daily Programme

Here the educational objectives which are to be covered in one day are recorded as are the corresponding learning activities for the day. The appropriate learning experiences from the Group Programme are indicated also. Notes and suggestions from other Professional staff are to be included and an evaluation of the child's activities and behaviours is also expected.

2.5 The Record of Educational Objectives

The Groups and Levels of Objectives are arranged in a checklist format where the dates when the critical behaviours (objectives) are observed are noted, and dates confirmed are noted. The achieved critical behaviour corresponding to the scale step on the Profile Chart on the Record of Achieved Behaviours can then be recorded. The set of activities appropriate to the objectives may continue if others in the group of objectives remain to be achieved, or, a new set of learning activities for the next level of objectives might be commenced.
THE CURRICULUM FOR THE GROUP PROGRAMME

3.1 The essentials of the appropriate Curriculum for the Group Programme.

The three parts to this section emphasize the importance of assisting the development of children with severe learning difficulties in a programme which stresses both attention to individual needs and at the same time the needs of the child within the group. Attention is given to the importance of a coordinated team approach where the teacher, professional therapists, parents and others directly involved with the child are sensitive to, knowledgeable about, and supportive to each other and the child. Similarly, the importance of a secure and sensitive emotional and social environment is stressed in conjunction with the importance of a suitable physical environment comprising appropriate space, time, materials and resource provision.

3.2 Planning for the Group Programme

After justifying the importance of appropriate and varied experiences arranged around an integrated, thematic approach, the essential ingredients of initial planning are described. Thereafter questions about the appropriateness, availability and accessibility of the learning environment, materials and resources are posed. Suggestions are also given for appropriate timetabling and incorporation of routines into the programme content and structure.

3.3 Structuring and Creating the Content

Procedures for designing and extending themes, as the central focus of the Group Programme, are described. This involves suggestions for Topic Webs, using "Organizer Plans" for planning content, and, resources and materials. Completed appropriate examples of these processes are provide indicating how individual learning activities can be incorporated within the theme/topic on a regular basis.

3.4 Completing Records and Evaluating the Programme

This section describes ways in which records of progress of groups and individuals can be compiled and the effectiveness of the Theme/Topic can be judged, modified or changed.