

EVALUATING PSYCHOMETRIC PROPERTIES OF THE KOREAN TRANSLATED
SOCIAL EMOTIONAL ASSESSMENT MEASURE FOR
KOREAN PRESCHOOL CHILDREN

by

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DISSERTATION ABSTRACT

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Title: Evaluating Psychometric Properties of the Korean Translated Social Emotional Assessment Measure for Korean Preschool Children

Children's social emotional competence affects school achievement as well as later job success. Social emotional competence can be promoted when appropriate social emotional interventions are provided. To provide quality intervention, it is essential to use measures that include functional skills, promote team collaboration, and monitor changes in children's performance over time. A Curriculum Based Measure (CBM) can support the connection between assessment and intervention. In Korea, an increasing rate of social emotional problems among young children has been reported. The need for culturally appropriate CBMs for Korean children is critical for providing quality interventions. This study explored whether the Korean translated Social Emotional Assessment Measure (K-SEAM) is a valid and reliable measure to assess social emotional competency in Korean preschool children and evaluated teachers' and parents' perceptions of the utility of the K-SEAM.

Participants consisted of 160 parents and 66 teachers of 160 children between the ages of 36 and 77 months. Using data from the initially-completed K-SEAM (n=160), Cronbach's alphas for parent and teacher data were .95. Correlations between the first and second K-SEAM completed by parents and teachers were statistically significant

(i.e., .87 for parents and .81 for teachers). Using the first K-SEAM data completed by parents and teachers (n=160), inter-rater correlation was statistically significant, $r = .31$, $p < .01$. Moderate correlations were found between the K-SEAM and the Korean translated Ages and Stages Questionnaires: Social Emotion completed by parents as well as teachers (i.e., -.61 for parents, -.54 for teachers). The results show moderate correlation between the K-SEAM and Korean translated Child Behavior Checklist (-.58) or Kongju Early Developmental Assessment System (.48).

Most of parents (77.6%) and teachers (74.2%) completed the K-SEAM within 10 to 30 minutes. A majority of parents (88.1%) and teachers (89.4%) felt that items of the K-SEAM were very easy or easy to understand. Most participants felt that the response choices were very easy or easy to select (77.5% of parents, 63.8% of teachers). Over 70% of parents and teachers indicated that the K-SEAM was helpful to identify previously suspected or newly detected concerns about their children's social emotional development.

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TABLE OF CONTENTS

Chapter	Page
I. INTRODUCTION	1
Importance of Social Emotional Development.....	1
Theoretical Foundation for Social Emotional Intervention	3
Appropriate Assessment for Quality Intervention	4
Need of Appropriate Social Emotional Measurements in Korea.....	5
Purpose of the Study	7
Research Questions	8
II. REVIEW OF THE LITERATURE	9
The Relationship between Social Emotional Competency and School Achievement	9
Social Emotional Intervention and the Transactional Model	15
Transactional Model	17
Social Emotional Intervention and Assessment	19
Linkage between Intervention and Assessment	19
Curriculum-Based Measurement	21
Social Emotional Problems of Korean Children.....	24
Assessment for Korean Young Children with Special Needs	28
Curriculum-Based Assessment (CBM) in Korea	32

Chapter	Page
III. METHOD OF STUDY	36
Participants	36
Recruitment of Subjects	37
Protection of Human Subjects	38
Measures	39
Participant Information Forms	39
Korean Social Emotional Assessment Measure (K-SEAM), Preschool Interval	39
Korean Ages and Stages Questionnaires: Social Emotional (K-ASQ:SE), 36, 48, and 60 Month Intervals	41
Korean Child Behavior Checklist 1.5-5 (K-CBCL 1.5-5)	43
Kongju Early Development Assessment System (KEDAS)	44
Utility Surveys	46
Procedures	46
Phase One	47
Phase Two	47
Data Analysis	48
IV. RESULTS	51
Participants	51
Reliability	56
Validity	58
Utility	60

Chapter	Page
V. DISCUSSION	65
Participants	67
Reliability	71
Validity	75
Utility	78
Limitations	80
Implications	83
Research	83
Practice	88
APPENDICES	93
A. RECRUITMENT	93
B. CONSENT FORM	96
C. MEASURES.....	103
REFERENCES CITED.....	138

LIST OF TABLES

Table	Page
1. Data Analysis and Measures for Research Questions	50
2. Number of Participants Completing Study Measures	53
3. Demographic Information of Children	53
4. Demographic Information of Parents	54
5. Demographic Information of Teachers	55
6. Status of Teachers' Training and Practices Regarding Preschool Children's Social Emotional Development	56
7. Means, Standard Deviations, and Correlations of K-SEAMs Administrated Within Two Weeks for Test-retest Reliability	57
8. Means, Standard Deviations, and Correlation of the K-SEAMs Completed by Parents and Teachers	58
9. Means, Standard Deviations, and Correlations of the K-SEAM and K-ASQ:SE	59
10. Means, Standard Deviations, and Correlations of the K-SEAM, K-CBCL, and KEDAS	60
11. Easiness of Understanding K-SEAM Items	61
12. Easiness to Select Response Choices on the K-SEAM	62
13. Helpfulness of the K-SEAM	63
14. Items that Parents Requested for Revisions	84
15. Inappropriate Items for Children with Physical or Linguistic Disability	86

LIST OF FIGURES

Figure	Page
1. Scatter Plot of the First K-SEAM Completed by Parents and Teachers	74
2. Box Plots of Parents and Teachers Completed First K-SEAM by the Age Ranges	75

CHAPTER I

INTRODUCTION

Importance of Social Emotional Development

Children's social emotional competence affects school achievement as well as later job success. Young children confront many unfamiliar demands (e.g., peer relationship, classroom rules, participation in group activities) when they enter the school system (Miler et al., 2003). Social emotional skills help children adapt to these challenging situations (Rave, 2002). The effects of social emotional skills on later school performance begin to unfold at an early age. Inattention and negative emotionality of toddlers may predict their social competency in preschool and school years (Belsky, Friedman, & Hsieh, 2001; Lawson & Ruff, 2004). Preschool children who have negative emotionality often have lower school-related social competence (e.g., popularity, prosocial behavior) and problem behaviors in elementary school (Eisenberg, 1995; Nelson, 1999).

Research on self-regulation also supports prediction of negative emotionality on later school adjustment. Emotional regulation predicts classroom adjustment, including academic performance and social interactions (Shields et al., 2001) and remains a strong indicator after controlling for age, gender, verbal fluency, and disruptive behavior (McClelland et al., 2000; Shields et al., 2001; Teo et al., 1996). In addition, understanding and expressing emotion is related to academic competence over time (Lzard et al., 2001). Children without appropriate emotional awareness and expression are more likely to be rejected by their peers (Dodge & Feldman, 1990).

Relationships with teachers and peers can predict children's school adjustment. Children who have appropriate self-regulation skills are more likely to develop positive relationships with peers and teachers, and these social emotional relationships help them to adjust emotionally and perform well academically in school (Ladd, Birch, & Buhs, 1999; Shield et al., 2002). Children's social emotional behavior and relationships with their teachers appear to work reciprocally. Children's problem behavior negatively affects teachers' instructional and social behavior toward them. Negative relationships may increase the children's problem behavior. Peer relationships are also a strong indicator of children's school performance. Children who receive higher levels of support from their peers are more likely to adapt to new or challenging school demands (Ladd & Burgess, 2001).

Early prosocial behavior can also predict academic achievement and social preference among adolescents (Caprara, Barbaranelli, Pastorelli, Bandura, & Zimbardo, 2000). Children who have externalizing problems in primary grades are more likely to repeat a grade in middle and early high school, and are less likely to receive high school degrees and enroll in college (McLoed & Kaiser, 2004). The findings about negative effects of social emotional problems on school performance relate to the issue of whether problems can be prevented or reduced through targeted interventions. The transactional model provides a framework supporting the potential of interventions for improving children's social emotional skills.

Theoretical Foundation for Social Emotional Intervention

The transactional model emphasizes the active role that children have in their development, reciprocal influences between children and family, and the nurturing relationships between children and caregivers (Shonkoff, 2010). The transactional model posits that child development is a product of continuous dynamic interactions of a child and experiences provided by the child's family and social contexts (Sameroff & Fiese, 2000). The individual child's developmental path can be changed by the child's experience with environment (Davies, 2003). Therefore, to understand the child's development, it is essential to consider mutual influences between environmental contexts and the individual child (Olson & Lunkenheimer, 2009).

The transactional model supports the importance of early intervention that can shift the developmental course of children with special needs and their families' functioning in positive directions (Davies, 2003). Young children's capacities can be easily affected by risk factors such as poverty given that currently emerging or recently achieved developmental competencies are vulnerable to disruption (Davies, 2003). In addition, because the most rapid developmental changes occur in the first five years, it is critical to provide children with opportunities for positive development early on (Davies, 2003; Shonokoff & Phillips, 2000).

The transactional analysis of child development provides information regarding conditions under which positive developmental changes occur (Sameroff, 2009). The transactional model suggests that intervention provides ways to decrease environmental risk and to increase positive learning opportunities (Webb, 2003). With adaptation of curricula and the environment, interventions can expand the opportunities that help

children with special needs engage in increasingly complex developmental experiences (Sameroff, 2009). When the expansion is not appropriate for the child's level, positive transactions will not occur. Therefore, conducting careful assessment is critical for appraising a child's current level of functioning, thereby providing developmentally appropriate interventions. In addition, assessments should provide useful information for planning interventions and evaluating progress.

Appropriate Assessment for Quality Intervention

Identifying children's social emotional problems and providing intervention at the earliest point in time is essential to prevent later school failure. Studies suggest that social emotional competence can be promoted when appropriate social emotional interventions are provided (e.g., Domitrovich, Cortes, & Greenberg, 2007; Lynch, Geller, & Schmidt, 2004; Webster-Stratton, Reid, & Hammond, 2004). These interventions depend upon careful and thorough assessments of current skill levels and developmental needs.

Interventions have the potential to increase preschool children's peer interaction skills, decrease their negative emotion (Denham & Burton, 1996), and reduce parents' stress related to their children's problem behavior (Lovering, Frampton, Crowe, Moseley, & Broadhead, 2006).

Successful intervention needs to include measurements that can directly observe targeted behavior in natural settings and allow comparison of postintervention performance with previous assessment data (Flugum & Reschly, 1994). Comprehensive and functional assessment outcomes are necessary to create quality goals for effective interventions (Squires & Bricker, 2007). Therefore, assessment outcomes should be

useful for program planning and linked to intervention goals and strategies (Merrell, 2003). A type of measurement that can integrate assessment and intervention is curriculum-based measurement (CBM) (Macy & Bricker, 2006).

With CBM, assessors can observe and record a child's natural behaviors during daily routines (Bagnato & Yeh- Ho, 2006). Multiple observations by multiple observers in various settings can provide comprehensive information (Bagnato, Neiwirth, & Pretti-Proneczak, 2010), including family reports about the child. Family involvement in assessing children's development can promote collaboration between the family and teachers for developing goals and planning interventions (Bagnato et al., 2010).

Using a developmentally appropriate CBM is one effective way to identify authentic and functional goals for young children with special needs (Macy, Bricker, & Squires, 2005). CBM items include sequences of functional skills that assist teachers in developing intervention and in monitoring children's progress (Bagnato et al., 2010; Macy & Bricker, 2006). In addition, graduated scoring of skills and inclusion of levels of needed assistance often included in CBM provide useful information for planning differentiated interventions for individual children (Bagnato et al., 2010).

Needs of Appropriate Social Emotional Measurements in Korea

An increasing rate of social emotional problems among young children has been reported. In Korea, the number of children between birth to four years of age visiting a child psychiatry center increased four fold between 1995 and 2000 (Shin, 2000). The traditional strong emphasis on education and admission in top colleges has parents teaching their children academic skills (e.g., Korean, numbers, English) from toddlerhood

(Woo, Baek, & Nam, 2005). Over 95 % of children between the ages of four and six had academic lessons (e.g., Korean, English, math) in private learning centers (Kwon, 2007). The age of children taking these academic lessons has tended to drop (Ahn, 2003; Park, 2001; Hwang, 2003). Stress related to academic lessons accounted for 70% of consultation provided by a children psychiatric clinic (Kim & Lee, 2004). Children who receive more private instruction have been shown to exhibit increased problem behavior (e.g., hyperactivity, aggression) (Kim & Lee, 2004).

Although the numbers of children under three who receive special education services has increased since 2008 (Ministry of Education, Science, and Technology, 2009), many young children with special needs do not receive quality special education services (Hong, Noh, & Lee, 2010). Lack of measures to provide information for programming is one reason for ineffective intervention (Heo, 2003; Hong, et al., 2010). Korean researchers recently have begun to pay more attention to conducting careful assessment prior to planning intervention and evaluating child progress. This emphasis was promoted by early childhood professionals' reports about the inappropriateness of using norm-referenced assessment results for planning intervention, and on research on key variables (e.g., goals and objectives, collaboration among teachers and parents) related to the quality of intervention (e.g., Cho 2002; Kim & Kim, 2004; Lee et al., 2007).

Studies on components (e.g., goals and objectives and collaboration between teachers and parents) of the Individualized Family Service Plan (IFSP) indicated problems resulting from the lack of appropriate measures. Many IFSPs did not include quality goals and objectives because they were based on inappropriate tests and measures

(Cho, Jun, Park, & Hong, 2005; Heo, 2003; Kim, 2006; Kim & Kim 2004; Lee, Park, & Kim, 2002). Teachers often used norm referenced measures, self-created checklists, and interviewed parents to develop goals and objectives (Cho et al., 2005). To evaluate and report progress, they often used anecdotal observation notes, in which teachers experienced challenges conducting ongoing data collection to evaluate child skills (Kim & Kim, 2004). The lack of available CBM that are psychometrically sound and culturally appropriate for Korean children is an urgent concern for early intervention professionals (Cho, 2002; Lee et al., 2007). The Korean translated Social Emotional Assessment Measure (K-SEAM) (Heo & Noh, 2010), a CBM, has been recently published and is one possible measure with the potential to improve early identification and appropriate services for young children.

Purpose of the Study

The psychometric properties of the Korean translated Social Emotional Assessment Measure (K-SEAM) (Heo & Noh, 2010) for Korean children between the ages of three and six was examined. This study explored whether the K-SEAM is a valid and reliable measure to assess social emotional competency in Korean preschool children. In addition, teachers' and parents' perceptions of the utility of the K-SEAM were investigated, including whether the K-SEAM is easy to understand and provides useful information about children's social emotional development.

Research Questions

1. What is the reliability of the K-SEAM, preschool interval?
 - A. What is the internal consistency of the K-SEAM?
 - B. What is the test-retest reliability of the K-SEAM completed by parents on the same child, and by teachers on the same child?
 - C. What is the inter-rater reliability of the K-SEAM completed by parents and teachers?

2. What is the convergent validity of K-SEAM, preschool interval?
 - A. With is the agreement between results of a social emotional screening assessment, the Korean Ages and Stages Questionnaire: Social Emotional (K-ASQ:SE) (36, 48, and 60 month interval), and results of the K-SEAM?
 - B. What is the agreement between results of a behavior assessment, the Korean Child Behavior Checklist (K-CBCL), and results of the K-SEAM?
 - C. What is the agreement between results of social emotional domain of a curriculum based measurement, the Kongju Early Development Assessment System (KEDAS), and results of the K-SEAM?

3. How do parents and teachers evaluate the utility of the K-SEAM, preschool interval?
 - A. How do parents evaluate the utility of the K-SEAM for assessing children's social emotional competencies?
 - B. How do teachers evaluate the utility of the K-SEAM for assessing children's social emotional competencies?

CHAPTER II

REVIEW OF LITERATURE

The Relationship between Social Emotional Competency and School Achievement

Children who have challenges in primary grades may have adequate academic skills, but may lack the prerequisite social skills to perform well in the classroom (Agostin & Bain, 1997). When entering primary school, a child has to rely on diverse social emotional skills to deal with new demands of the school setting (Miller et al., 2003). Children with solid social emotional skills may be better able to adapt to unfamiliar or challenging classroom demands and have successful social experiences (Rave, 2002). In this section, I will discuss relationships between preschool children's social emotional skills and their school achievement, pointing to the importance of social emotional development.

Several researchers have investigated essential skills that preschool children need for adjustment in the elementary classroom. Their findings indicate social interaction skills are necessary to help the children engage in positive social relationships that can promote learning (Miller et al., 2003). Work-related skills (e.g., independence, self-regulation, cooperation, responsibility) are reported to provide the foundation for positive classroom behaviors that affect later social behavior and academic performance (McClelland et al., 2000). The constellation of early social emotional skills has received much attention as a fundamental competency for successful school performance (Fantuzzo, et al., 2007).

The effects of social emotional skills on later school performance are apparent early on. Inattention and negative emotionality of toddlers predict the social competency of preschool and school age children (Belsky et al., 2001; Lawson & Ruff, 2004). Toddlers who are inattentive and have negative emotionality at 15 months are more likely to have lower social competence at age 3 (Belsky et al., 2001). In addition, the joint contribution of inattentiveness and negative emotionality in the first two years predicts behavioral problems and poor cognitive functioning at age 3 ½ (Lawson & Ruff, 2004). A child's poor attentiveness may result in less awareness and poorer processing of information. Consequently, these deficits decrease peer and caregiver behaviors that might provide the child with stimulation for cognitive development (Lawson & Ruff, 2004).

Studies of relationships between older children's emotionality and school performance also show similar results. Children with negative emotionality at age 4 often have lower school-related social competence (e.g., popularity, prosocial behavior) at age 8 (Eisenberg, 1995). Negative emotionality (e.g., intense crying, anger in response to frustration) at age 5 may predict more problems with school performance (i.e., learning, attention, study skills), externalizing, and internalizing behaviors, and lower rates of positive social behavior (i.e., adaptability, leadership, social skills) at age 9 (Nelson, 1999). A longitudinal study found that lack of control (e.g., negative emotionality, poor attention) at age 3 predicted externalizing problems such as non-compliance and aggression at age 15 (Caspi, Henry, McGee, Moffitt, & Silivia, 1995). These studies suggest that the effects of negative emotionality on school performance (e.g., behavioral problems, social relationships, academic performance) persist across ages.

Research on self-regulation also supports prediction of negative emotionality on later school adjustment. Emotional regulation predicts classroom adjustment, including academic performance and social interaction (Shields et al., 2001) and remains a strong indicator after controlling for age, gender, verbal fluency, and disruptive behavior (McClelland et al., 2000; Shields et al., 2001; Teo et al., 1996). Children who show regulated behaviors (i.e., attention, persistence, positive attitude toward learning) are more likely to have higher mathematics outcomes, cognitive skills, and social engagement (Fantuzzo et al., 2007). In addition, children who are able to take feedback well from teachers and persist on collaborative learning with peers may enhance learning. In other studies, self-regulation was found to be related to higher early numeracy and literacy skills upon school entry and beyond (McClelland et al., 2000; Teo et al., 1996).

In addition to regulating emotionality, understanding and expressing emotion is found to be related to academic competence over time (Lzard et al., 2001). Preschool children who can correctly recognize other's emotions and situations and appropriately express their emotions are more likely to show adaptive behavior and adjust to classroom demands (Miller & Olson, 2000; Shield et al., 2001). On the other hand, children who have more difficulty in identifying their own or other's emotions and in seeking appropriate solutions for social problems often misinterpret social situations and inappropriately respond (Denham, 1998; Garner, Jones, Gaddy, & Rennie, 1997). Moreover, a lack of emotional knowledge is associated with aggression and behavior problems (Hughes, White, Sharpen, & Dunn, 2000). Therefore, children without appropriate emotional awareness and expression are more likely to be rejected by their peers (Dodge & Feldman, 1990). Children who are disliked by teachers or peers tend to

have less interest in school and lower levels of school attendance (Berndt & Keefe, 1995; Bitch & Ladd, 1997; Murray & Greenberg, 2000).

Relationships with teachers and peers have been examined as predictors for children's school adjustment. Children who have appropriate self-regulation skills often develop more positive relationships with peers and teachers, and the relationships help the children emotionally adjust and academically perform well in school (Ladd et al., 1999; Shield et al., 2002). Close relationships with teachers may help children acquire necessary skills for success in school (Pianta & Stuhlman, 2004). Children with close relationships with their teachers at the entry of kindergarten showed more emotional regulation behavior at the end of year (Shield et al., 2002). These children may receive positive supports from the teachers that help them manage challenging situations.

Children's social emotional behavior and relationships with their teachers appear to work reciprocally. Children's problem behavior negatively affects teachers' instructional and social behavior toward the children. Negative relationships may increase the children's problem behavior. Teachers give less positive feedback to children with disruptive behaviors (McEvoy & Welker, 2000; Shores & Wehby, 1999). Consequently, the disruptive children may engage in a task for less time and receive less instruction. Children who have conflicts with their teachers often show lower levels of classroom participation and high levels of school avoidance (Birch & Ladd, 1997). Chronic teacher child conflicts are associated with attention problems, behavioral misconducts, and decrements in cooperative participation (Ladd & Burgess, 2001). Relationships with teachers influence school performance in the current grade as well as following grades. Other researchers also found that close teacher and child relationships

help children advance to higher grades (Pianta & Steinberg, 1992), and that early elementary school achievement is predicted by children's relationships with their kindergarten teachers (Hamre & Pianta, 2001).

In addition to relationships with teachers, peer relationships are a strong indicator of school performance. Children who receive higher levels of support from their peers are more likely to adapt to new or challenging school demands (Ladd & Burgess, 2001). The authors state that acceptance by peer groups promotes adaptation because it encourages children to participate in classroom activities. Stability of children's relational support from peers predicts decreases in attention problems for children with aggressive behavior (Ladd & Burgess, 2001).

Conversely, children with antisocial behaviors are less likely to be accepted by peers, to have opportunities to learn from their classmates, and to receive reciprocal support and encouragement (Berndt & Keefe, 1995; Ladd et al., 1999). In addition, children who show higher disruptive peer play and lower peer interactions have poorer learning behaviors (e.g., low motivation, inattentive behavior) (Coolahan, Fantuzzo, & Mendez, 2000; Fantuzzo, Perry, & McDermott, 2004; Fantuzzo, et al., 2007). A study by Buhs and Ladd (2001) found that rejected kindergarten children are less likely to participate in classroom activities and perform well on achievement measures (e.g., verbal, math), and are more likely to report loneliness and express a desire to avoid school. To minimize exposure to negative social interactions, children with internalizing and externalizing problems may withdraw from relationships with teachers and peers (McLoed & Kaiser, 2004). In addition, high levels of problem behaviors draw peers'

negative responses, which may increase their isolation from peer groups (McLoed & Kaiser, 2004).

The impact of childhood social emotional problems in academic achievement begins in the early elementary school years (McLoed & Kaiser, 2004). The effects are not confined to academic performance and social relationships in the primary grades. Early prosocial behavior can predict a path to academic achievement and social preference among adolescents (Caprara et al., 2000). Children with externalizing problems are likely to repeat a grade in middle and early high school and are less likely to receive high school degrees and to enroll in college (McLoed & Kaiser, 2004). Research has found that social emotional problems negatively contribute to educational trajectories (McLoed & Kaiser, 2004) and outcomes in adolescent and adult life (Kroes et al., 2002; Reid & Patterson, 1989).

In summary, early social emotional skills are positively associated with school adjustment including academic achievement and social relationships with peers and teachers. A large body of research has reported multiple positive effects of prosocial skills (e.g., appropriate recognition, expression, regulation of emotion) on children's school outcomes (e.g., Fantuzzo et al., 2007; Ladd et al., 1999; McClelland et al., 2000; Shield et al., 2001). In addition to a direct relation between social emotional skills and school adjustment, children's social emotional skills may influence relationships with peers and teachers, and these relationships consequently affect school performance. Prosocial behavior also can decrease vulnerability to depression and prevent engagement in problem behaviors (Bandura, Pastorelli, Barbaranelli, & caprara, 1999).

The ecological perspective related to sociocognitive theories suggests that prosocial behavior is a key predictor of later academic achievement because social relations have a strong impact on children's cognitive development (Caprara et al., 2000). To prevent early social emotional problems from becoming serious and hampering successful school achievement, it is important to identify children's social emotional problems and provide appropriate intervention from the early ages (McLoed & Kaiser, 2004). In the next section, I will discuss whether social emotional intervention can improve children's social emotional competency. A theoretical framework will be also described to support the potential of social emotional interventions.

Social Emotional Intervention and the Transactional Model

Early social emotional competence is a strong predictor of later school adjustment and academic achievement. Studies suggest that social emotional competence can be promoted when appropriate social emotional interventions are provided (e.g., Domitrovich et al., 2007; Lynch et al., 2004; Webster-Stratton et al., 2004). Therefore, identifying children's social emotional problems and providing intervention to children from early on is essential for preventing later school failure. In this section, I will discuss the effectiveness of early social emotional intervention, and the transactional model that supports these interventions.

Intervention targeting relationships with caregivers and teachers, emotional understanding, and social skills have the potential to increase at-risk preschool children's peer interaction skills and decrease their negative emotion (e.g., anger, hostile, sadness) (Denham & Burton, 1996). Providing social emotional intervention for short intervals or

through regular classroom activities can be effective for enhancing social emotional competence. A seven week therapeutic playgroup intervention (i.e., two hours, twice weekly) increased foster children's social competence and self-regulation (Pears, Fisher, & Bronz, 2007). Head Start children who received social emotional intervention during circle times increased their emotional understanding and social problem solving skills (Bierman, et al., 2008).

Intervention for children is also effective when it includes supports and suggestions for the parents and teachers. Parents and teachers positively perceived a six-month intensive intervention for children with social emotional problems and supports for families and teachers (Lovering et al., 2006). The intervention reduced the frequency and number of children's problem behaviors and the parents' stress related to their children's behavior. Research suggests that children's social emotional problems can be identified and reduced by interventions (Raver, 2002). In addition, providing intervention during the early developmental stages is reported to be more cost-effective for children and their families (Jimerson, Engeland, Sroufe, & Carlson, 2000).

Theoretical foundations help to understand how a child's social emotional problems develop and change over time (Merrell, 2003). This understanding is a basis for conducting assessment, analyzing the assessment results, and planning interventions for children with social emotional problems. Current developmental theory explains child development through dynamic relationships occurring between the child and his/her experiences (Sameroff, 2009; Sameroff, 2010). Early intervention can be supported by theories that emphasize the provision of learning opportunities for children and support services for the families (Shonkoff, 2010). In next section, I will discuss the transactional

model that focuses on reciprocal effects between children and environment, and the potential of interventions for providing positive environmental contexts for development.

Transactional Model

From a maturational perspective, development hinges on a child's characteristics and unfolds as growth occurs (Davies, 2003). As the result of maturation, same aged children are supposed to show similar competencies, but differences are found among individual children within groups (Davies, 2003). These differences can be explained by environmental contexts that affect the individual child's development (Davies, 2003). Early intervention practices have evolved based on several theoretical models of human development, including the transactional model (Sameroff & Chandler, 1975). The transactional model emphasizes children's active role in their development, reciprocal influences between the child and family, and nurturing relationships between them (Shonkoff, 2010). In addition, this model supports the importance of early intervention that can shift development of children in positive direction (Davies, 2003).

Sameroff and Fiese (2000) stated that the transactional model sees child development as a product of continuous dynamic interactions between a child and his/her environmental experiences provided by family and social contexts. Research has found that the roles of families and communities are essential to providing supportive relationships and positive learning experience needed for children's healthy development (Shonkoff & Phillips, 2000). The child and the environment have interdependent impacts on each other, and the effects of child and environment receive an equal emphasis. For example, children's chronic challenging behavior may overwhelm their parents,

especially when the parents do not have supports for dealing with these behaviors. Subsequently, ineffective parenting may worsen problem behavior. In addition, the caregiver's behavior is influenced by immediate (e.g., daycare centers, relatives) and distant (e.g., culture, policies) social contexts that support or hinder family functioning (Davies, 2003).

Although a child can determine his or her experience, developmental outcomes cannot be understood without effects of environment on the child (Olson & Lunkenheimer, 2009). In addition, the influences from family, school, and cultural contexts can be positive or negative (Sameroff, 2010). That is, child development is affected by an active interplay among risk factors and positive factors within family, community, and broader contexts such as society and culture (Shonkoff, 2010).

Davies (2003) reports that individual child developmental path can be changed by the child's transaction with environment. In addition, the timing for risk or promotive factors may influence the extent to which the factors influence the child's developmental path. Currently emerging or recently achieved developmental competencies are vulnerable to disruption by risk factors such as poverty and irresponsible parenting (Davies, 2003). In addition, although the developmental path can be changed, flexibility for change lessens as development proceeds (Hamilton, 2000). The more maladaptive trajectory at development, the more difficult it becomes to shift (Sroufe, Carlson, Levy, & Egeland, 1999). Providing children with enriching and enhancing opportunities is thus critical in the first five years of life (Davies, 2003; Shonokoff & Phillips, 2000).

In summary, the transactional model posits that a child develops as a result of continuous interactions provided by the social settings (Sameroff, 2010). The complexity

of the transactional system provides opportunities for teachers and caregivers to promote healthy experiences that enhances the developmental trajectory of children (Sameroff, 2009). The transactional model supports early intervention to change atypical developmental paths in more positive directions before these paths become maladaptive (Davies, 2003). The transactional approach to assessment and intervention provides avenues to decrease environmental risk and to increase positive learning opportunities (Webb, 2003).

Social Emotional Intervention and Assessment

To provide effective interventions, assessments need to be conducted to identify children's social emotional strengths and areas of concern that are the bases for planning and revising intervention (McConnell, 2000). Comprehensive and functional assessment outcomes are necessary to create quality goals that lead to effective intervention efforts, (Squires & Bricker, 2007). Assessments that can measure targeted behavior in natural settings and allow comparison of postintervention performance are critical (Flugum & Reschly, 1994). Appropriate assessment procedures and measurements for programming (e.g., developing goals and objective, planning interventions, evaluating progress) will next be described.

Linkage between Intervention and Assessment

A linked relationship between assessment and intervention is a recommended practice supported by the Division of Early Childhood (DEC), of the Council for Exceptional Children (Sandall, Hemmeter, Smith, & McLean, 2005). A linked system

approach, consisting of four components (i.e., assessment, goal development, intervention, evaluation) that are interrelated and dependent on one another, connects assessment results with goals and objectives, intervention, and progress monitoring (Bricker et al., 2002; Macy & Hoyt-Gonzales, 2007) and leads to effective outcomes. Disconnected relationships between standardized testing results for eligibility determination and information needed for program planning have been reported by teachers (Keilty, LaRoce, & Casell, 2009). A linkage between assessment and instruction is feasible when we assess what we teach (Bagnato et al., 2010). That is, using curriculum content and materials for assessing children's skills will make a more direct connection between assessment and interventions. A type of measurement that can integrate assessment and intervention is curriculum-based measurement (CBM) (Macy & Bricker, 2006). CBM is defined as "a form of criterion-based assessment in which the standards to be achieved are the objectives that comprise the program of instruction or therapy" (p. 62) (Neisworth & Bagnato, 2005).

National Association for the Education of Young Children (NAEYC) (2003) and DEC (2007) presented guidelines for effective assessment. Assessment should be age-appropriate or developmentally appropriate, used for its intended purpose, linguistically and culturally responsive, gathered from multiple sources, administered in familiar settings and situations, and should involve family members. Bagnato et al. (2010) summarized recommended practice standards for assessment reported by major national professional organizations (e.g., DEC, Council for Exceptional Children [2007], Head Start Bureau [1992]). Standards include acceptability, authenticity, collaboration, evidence, multifactors, sensitivity, universality, and utility.

Developmentally appropriate assessment should measure socially valued and naturally occurring behaviors in natural settings, through procedures that are acceptable to practitioners and families. It should encourage collaboration among different disciplines and family members. Assessment should include multiple persons to gather data with diverse methods in various settings across time. Psychometric studies should include children from different cultural, linguistic, socioeconomic, and disability backgrounds. A sufficient number of items that are arranged in a developmental hierarchy should be included. In addition, it is important to allow practitioners to adapt materials and responses for individual children. Assessment results should also provide useful information to plan interventions. Many of these standards (e.g., authenticity, collaboration, multifactors, universality, utility) are inherent in CBM and in contexts in which the CBM is used (Neisworth & Bagnato, 2004).

Curriculum-Based Measurement

With CBM, assessors can observe and record a child's natural behaviors during daily routines and various settings (Bagnato & Yeh- Ho, 2006). Observations and parent interviews are most frequently used to administer CBM. On occasion, it is necessary to plan and set up activities so that behaviors are observed that might not occur in daily routines. These intended activities can be embedded into daily routines (Bricker et al., 2002). Assessments conducted in natural settings may be more successful and motivating for children (Bagnato et al., 2010).

When naturalistic assessment procedures are used, parent involvement is often easily accomplished (Keilty et al., 2009). Because children behave differently in different

settings and with different people, it is important for family and professionals to work together to obtain comprehensive data about the child development. CBM often values parents' report about child and encourage family-centered practices (Bagnato et al., 2010). In addition, family involvement in assessing children's development can promote collaboration between the family and teachers (e.g., goals development, intervention planning, progress evaluation) (Bagnato et al., 2010).

Identifying goals is a necessary starting point for program planning. Using a developmentally appropriate CBM is one way to identify authentic and functional goals for young children with special needs (Macy, Bricker, & Squires, 2005). CBMs (e.g., Social Emotional Assessment Measure) often includes functional items with related examples and intervention activities (Squire & Bricker, 2007). These items include sequences of functional skills to assist teachers in developing intervention plans and monitoring children's progress (Bagnato et al., 2010; Macy & Bricker, 2006). In addition, graduated scoring of skills and inclusion of levels of needed assistance provide useful information for planning differentiated interventions for individual children (Bagnato et al., 2010). Therefore, CBM items can be easily transformed into goals and interventions.

Teachers frequently used CBM to identify goals and objectives and plan intervention (Keilty et al., 2009). They also use CBM to gather information about child functioning during family routines, and family concerns and priorities (Keilty et al., 2009). In addition, some teachers utilize curriculum-based assessment strategies (e.g., observation in play settings) to score norm referenced test items. The information from a CBM can be used as baseline data for evaluating children's progress and revising intervention (Macy & Hoyt-Gonsales, 2007). Teachers who consistently use CBM can

monitor children progress in a curriculum and to identify effective interventions that can improve children's skills (Plasencia-Peinade & Alvarado, 2000).

Recently, CBM has received attention as a supplementary measure to corroborate eligibility decisions. The Assessment, Evaluation, Programming System (AEPS) was studied to test its effectiveness for eligibility determination, with positive results (Bricker et al., 2008; Macy, Bricker, & Squires, 2005). The main reason for using CBM in the eligibility process is that they provide authentic and functional information that is rarely derived from norm-referenced measures (Macy & Hoyt-Gonzales, 2007).

Using a CBM for an eligibility determination process has several benefits. First, it is time efficient because the assessment results can be used for programming as well as eligibility determination. Second, it is often more family friendly because family's perspectives about their child's competencies are valued. Third, it is beneficial for the child because CBM can accurately describe the child's natural behaviors across times and places (Bagnato et al., 2010; Bricker, Yovanoff, Cart, & Allen, 2003; Macy & Hoyt-Gonzales, 2007).

In summary, children with social emotional problems may need interventions to promote positive social skills and prevent poor school adjustment. To provide quality intervention, it is essential to use measures that include functional skills, promote team collaboration, and monitor changes in children's performance over time (Pretti-Frontczak, 2002). Because educational decisions for the children should be made and revised based on results of ongoing assessments (Neisworth & Bagnato, 2005), assessment outcomes need to be linked to goal development, intervention, and evaluation. CBM can support the connection between assessment and intervention because they

include developmental sequences of items and performance criteria that are useful for developing goals and planning intervention. In addition, CBM allows adaptations and modifications, encourages family involvement, and promotes team collaboration (Bricker et al., 2002).

In the previous sections, the importance of children's social emotional development, the effectiveness of social emotional interventions, and needs of appropriate assessments were discussed. The transactional model was also summarized to provide a framework supporting the importance of intervention and assessments. In the following sections, I will discuss status of Korean children related to social emotional problems. Assessment for young children with special needs, use of curriculum-based measures, challenges resulted from the lack of appropriate measures, and the need for developing appropriate measures for intervention in Korea will be summarized.

Social Emotional Problems of Korean Children

An increased interest in young children's social and emotional development among professionals and parents has surfaced in Korea. Growing numbers of children with social emotional problems have shifted attention from cognitive achievement to the importance of social emotional development. Research reporting that early identification of, and intervention for, social emotional problems can prevent chronic social emotional disabilities and promote school adjustment supports this new change of emphasis (Kim & Jung, 2009; Lee, Shin, Shin, Jun, & Park, 2003). The Ministry of Health and Welfare (MHW) (2010) recently announced 10 social services including support systems for young children's development, at-risk children's social emotional development, and early

intervention for children with social emotional problems. The plan reflects increasing focus on the importance of social emotional development and needs for effective social emotional intervention.

Traditionally, Koreans have put a high value in education. In addition to a cultural emphasis, societal structures have encouraged parents to focus on their children's education from very early ages (Kim, 1993; Shin, 2000). Top college degrees ensure better job opportunities, which are highly related to income levels. Therefore, there has been widespread belief among parents that entering top colleges guarantees success for their children. This emphasis has parents teaching their children academic skills (e.g., Korean, numbers, English) from toddlerhood (Woo, Baek, & Nam, 2005). In addition, parents' lack of knowledge of children development results in neglecting key developmental areas such as social emotional competency (Kwon, 2007). Consequently, young children spend more time in developmentally inappropriate academic lessons than in playing with peers, during which time they might be able to acquire important social and emotional skills.

A study of 425 parents of children between the age of 4 and 6 reported that 96.5% of children received academic lessons (e.g., Korean, English, math) in private learning centers (Kwon, 2007). The age of children receiving these academic lessons has dropped over time (Ahn, 2003; Park, 2001; Hwang, 2003). This academic emphasis brings about concerns among early childhood professionals because (a) most of the lessons focus on cognitive development rather than promote holistic development, and (b) many of the teaching methods used for the lessons are not age or developmentally appropriate for young children (Woo et al., 2005).

Stress related to academic lessons accounted for 70% of consultation provided by a children's psychiatric clinic (Kim & Lee, 2004). Lessons targeting inappropriate advanced cognitive skills may result in excessive stress that could result in development delays in children's social or language development (Shin, 2000). Children who received more tutoring exhibited more problem behaviors (e.g., hyperactivity, aggression) (Kim & Lee, 2004). The number of lessons was also positively associated with parents' stress level related to education, which subsequently is positively associated with children's problem behavior.

Although concerns about children's social emotional problems grow, there is a lack of research on the status of Korean children's social emotional problems. Studies showed that 4.5% of children between the age of three and seven (Hwang, Yoon, Kang, Sung, & Hwang, 2002) and 10% of elementary students exhibited severe problem behavior (Oh, Lee, Hong, & Ha, 1991). About 7-13% of 467 boys and 6-12% of 375 girls show moderate or severe social emotional problems (Lee, Shin, Jun, & Park, 2004). Over 4% of 3 years old, 4% of 4 years old, and 3% of 5 years old children fell two standard deviations below the mean – that is, 3-4% of preschool children are in need of social emotional interventions.

An increasing rate of social emotional problems among young children has been reported. The number of children between ages birth to four visiting a child psychiatry center increased four times between 1995 and 2000 (Shin, 2000). The incidence of young children's social disorders increased from 5.0% in 2001 to 6.3% in 2005 (Dong-A Daily News, 2006). According to a report by 137 special education programs serving 627

children between ages of three and five, social emotional disorders were fourth (9.1%) – the most frequent category out of 13 eligibility categories (Lee et al., 2002).

In addition to some unique factors related to the Korean culture (e.g., excessive emphasis on early academic education), there are additional factors to be considered, including (a) child factors (e.g., gender, ages, birth order), (b) family factors (e.g., parental educational levels, income levels), and (c) physical environment factors (e.g., space of daycare center). Gender also is related to the degree and type of problem behavior (Jang & Cho, 2000; Lee et al., 2004; Won, 1990; Yoon & Lee, 1999), as boys display more problem behaviors than girls. Boys also have more externalizing behavior problems such as aggression, non-compliance, and hyperactivity, and girls have more internalizing behavior problems such as anxiety and withdrawal.

Types of problem behaviors appear to change as children get older. Four year old children show more aggressive and hyperactive behavior, and 5 and 6 years old children show more anxiety (Jang & Cho, 2000; Lee et al., 2004). Birth order also is associated with problem behavior; first born children may show more depression, anxiety, hyperactivity, aggression, and internal behavior problem. In Korea, first born children tend to receive more affection and attention from their parents and grandparents. In addition, these children are expected to exhibit behaviors that may be too advanced for their developmental levels. These higher expectations can result in increased problem behaviors (Lee et al., 2004).

Family factors such as parental education and income levels are reported to be related to children's problem behavior. Children whose parents have higher education levels are often more attentive and have higher social skills (Lee et al., 2004; Hwang,

Jung, & Woo, 2005). Children from lower social economic status (SES) families may have more attention problems and externalizing behaviors problems than children from higher SES families (Lee & Kim, 2008).

Children in classrooms with adequate space and quiet areas often exhibit less aggressive and noncompliant behaviors (Chun, 2000) and teachers in these classrooms may have less difficulty managing behavior problems. In this study, higher teacher-child ratios and having more male students were related to teachers' difficulty in managing problem behavior. Researchers have reported a need for regulations to improve high teacher-child ratio and increase the availability of limited spaces in many private preschools (Kim, 2008; Park, 1999; Shim, 1989).

In summary, the numbers of children with social emotional problems and the severity of these problems have increased in Korea. In addition to general factors (e.g., gender, SES, parental educational levels), emphasis on academic achievement and extracurricular activities targeting academic skills have been associated with increasing social emotional problems. Growing numbers of children with social emotional problems call for increasing emphasis on effective social emotional interventions and assessments. In the next section, I will discuss the status of assessments conducted for young children with special needs in Korea. As research on specific assessments and measures is scanty, general assessments for young children with special needs in Korea will be the focus.

Assessment for Korean Young Children with Special Needs

To provide appropriate interventions for problem behavior, it is important to know children's current social emotional skills and areas of concerns (Lee & Kim 2008).

Without well developed measures, it is challenging to identify young children's atypical behavior because individual children develop at different rates and trajectories, and their skills are evolving in the early childhood years (Carter, Briggs-Gowan, & Davis, 2004). In addition, social emotional problems may be differently identified depending on observers' perception and tolerance of the degree of problem behavior and circumstances where the behavior is exhibited (Jang & Cho, 2000; Kang & Cho, 2008). Therefore, using research-based measures is critical to identify problem behavior and to provide appropriate interventions (Lee et al., 2004). Growing numbers of children in need of social emotional interventions increases the need of effective measures for young children.

According to the Special Education for Individuals with Disability Act (SEID) (2007), children with special needs between the age of birth to three are eligible for free special education services, and eligible children between the age of three and five can receive mandatory special education services. Numbers of children in Korea under three who received special education services has increased from 85 in 2008, to 288 in 2009 (Ministry of Education, Science, and Technology, 2009). Although this increment is impressive, many young children with special needs are still not identified nor do they receive quality special education services (Hong et al., 2010). There is a need for support systems (e.g., measures, evidence-based practices) to promote execution of the regulation.

Lack of measures to identify and diagnose disabilities is one reason for low numbers of identified children and for ineffective intervention (Heo, 2003; Hong, et al., 2010). Assessment is an essential procedure for developing educational goals, planning

developmentally appropriate intervention, and evaluating effectiveness of intervention (Kim & Kim 2004). Early intervention occurs best in a linked process of assessment, intervention, and evaluation, and the initial assessment should provide information for intervention (Lee et al., 2007). The quality of intervention can be improved by the use of appropriate measures that can provide useful information for developing goals and planning intervention (Heo, 2003).

A survey conducted by 137 early intervention programs in Korea found that 89% of the programs performed assessments for planning intervention and evaluating progress (Lee et al., 2002). The most frequently used assessments included the Portage Child Development Guide (61.5%), Psychoeducational Profile (PEP) (42.6%), Carolina Curriculum (15.6%), and self-created checklists (5.7%). The Portage Child Development Guide and PEP were also the most frequently used measures in additional survey with 257 teachers (Ha, 2003).

Approximately half of the teachers (56%) used assessment results for evaluating progress and revising intervention (Ha, 2003). Therefore, many teachers did not appear to conduct follow-up assessments to evaluate children's progress and revise interventions. Twenty-three percent of teachers conducted assessments for gathering information about family's concerns and priorities for program planning. Few teachers conducted parent interviews to gather information for intervention, and parent involvement appears to be limited (Kim & Kim 2004).

Korean researchers recently began to pay more attention to assessments that can be used for planning intervention and evaluating child progress. This attention was promoted by teachers' reports about the inappropriateness of using norm-referenced

assessment results for planning intervention (Kim & Kim, 2004). Many teachers reported that they did not use norm-referenced measures for developing Individualized Family Service Plans (IFSP) because the assessment results were not useful to develop intervention and were difficult to apply for very young children and children with special needs (Cho, 2002). The limitations of the norm-referenced assessment for instructional purposes have been reported by professionals (Cho, 2002; Kim & Ahn, 2004; Lee et al., 2002). This perception is supported by a need for linking assessment results, intervention, and progress evaluation for quality interventions (Lee, 2001).

Research on variables (e.g., goals and objectives, collaboration among teachers and parents) related to the quality of intervention also supports the need for assessments for appropriate programming (e.g., Cho, 2002; Lee et al., 2007). Because of the lack of appropriate measures and regulations, many special education programs use inappropriate measures, mostly self-created checklists for planning intervention and evaluating progress (Cho, 2002). Use of inappropriate measures increases teachers' challenges for planning interventions and produces poor quality goals and interventions. These problems caused by using inappropriate measures will be discussed further in the next section. Although there are no regulations or standards related to curriculum-based measures (CBM), researchers recommend evidence-based CBM for identifying current developmental levels and developing goals and objectives (Cho, 2002; Kim & Kim, 2004).

In summary, although the 2007 SEID Act increased the numbers of children who are provided with special education services, many of them do not receive quality intervention. Lack of appropriate measures for programming is one reason for poor

quality special education services. Recently Korean researchers began to focus on using CBM for intervention planning. In the next section, I will discuss available CBMs, problems related to lack of CBMs, and need for developing CBMs to improve the quality of early intervention services in Korea.

Curriculum-Based Measurement (CBM) in Korea

Four CBMs are published and currently used in Korea: the Assessment, Evaluation, Programming and System (AEPS) (Lee, Heo, Lee, & Jung, 2005), Carolina Curriculum for Preschool with Special Needs (Choi, Kim, Yoon, Lee, & Lee, 1996), Portage Child Development Guide (Kang & Cho, 1990), and Kongju Early Development Assessment System (KEDAS) (Jun, Cho, Lee, & Kang, 2005). Limitations of these include: (a) newly revised versions are not regularly published (e.g., Portage Child development Guide, Carolina Curriculum for Preschool with Special Needs), (b) the target age interval of assessments is limited (e.g., Carolina Curriculum for Preschool with Special Needs covers 3-5 years only), (c) standardization studies often were not conducted in Korea (e.g., Portage Child Development Guide), (d) the norm sample did not include diverse population (e.g., KEDAS), and (e) the related curriculum was not translated into Korean (e.g., AEPS) (Lee et al., 2007).

The lack of available CBMs that are culturally appropriate for Korean children is an urgent concern for early intervention professionals (Cho, 2002; Lee et al., 2007). Studies on IFSP components (e.g., goals and objectives and collaboration between teachers and parents) indicated problems resulting from the lack of appropriate measures. Although most teachers planned interventions based on IFSP goals and objectives, many

IFSPs did not include quality goals and objectives because they were based on inappropriate tests and measures (Cho et al., 2005; Heo, 2003; Kim, 2006; Kim & Kim 2004; Lee et al., 2002).

In one study, goals and objectives of 57% of IFSPs written by eight teachers were based on children's current developmental skills, and 37% of the IFSPs included observable and measurable goals (Cho et al., 2005). Assessment in the IFSP process area was the most in need of improvement. Although 60% of the IFSPs included assessment results, only 17% included comprehensive assessment results that could be useful information for IFSP development. In addition, all IFSPs did not include criteria, procedures, and methods of the assessment to evaluate whether children mastered their goals. Without this information, it is difficult to evaluate progress and determine mastery of goals and objectives (Cho et al., 2005).

Some teachers used norm referenced measures, self-created checklists, and interviews with parents to develop goals and objectives (Cho, Jun, Park, Kang, & Lee, 2005). To evaluate and report progress, they often used anecdotal observation notes. In anecdotal reports, teachers experienced challenges conducting ongoing data collection to evaluate child skills (Kim & Kim, 2004). Many teachers experienced challenges in developing IFSPs with new students because it was often difficult to know the children's developmental levels based on the anecdotal observation notes from previous teachers, and second, teacher notes did not include specific and detailed assessment criteria that are necessary for developing goals and objects. In addition, they needed to reevaluate new students after the semester began, and consequently, it was difficult to follow the legal timeline for IFSP development (Kim & Ahn, 2004; Cho, 2002). Using a CBM such as

the AEPS, teachers will be able to write better IFSP goals and objectives with more functional, general, measurable, and natural skills (Noh & Park, 2008).

This lack of appropriate measures also has an impact on collaboration between parents and professionals. Most teachers reported lack of collaboration with other teachers, specialists, and parents for assessment (Kim & Kim, 2004). Many Korean parents hesitate to visit clinics to have their children evaluated because of a cultural bias against visiting psychiatric clinics and lack of resources in special clinics for children (Kim & Jung, 2009). Therefore, teachers may be ones that parents are most likely to approach, and they reported difficulty in discussing social emotional development with parents because of the lack of available measures (Kim & Jung, 2009).

In summary, the need for culturally appropriate CBMs for Korean children is critical for providing quality interventions. Currently published CBMs are few and have limitations. The Korean translated Social Emotional Assessment Measure (K-SEAM), a CBM for social emotional development for children between the ages of birth to 63 months, has been recently published. Initial research on the English version has reported positive outcomes (Squires, Waddell, & Clifford, 2010). To use the K-SEAM for Korean children, study of the psychometric properties is necessary to examine whether the K-SEAM is a culturally appropriate measure for Korean children and families.

In the previous three sections, the status of young children's social emotional competence and need for assessments in Korea were discussed. Poor quality goals and objectives on IFSPs and lack of collaboration among families and professionals resulting from using inappropriate measures are major concerns in Korea. Developing culturally appropriate measures is a top priority for improving quality special education services

(Kim 2007). In addition, CBMs are appropriate for developing goals and objectives, planning intervention, and evaluating child progress (Kim & Kim, 2004; Lee, et al., 2002; Lee et al., 2007; Noh & Park, 2008) and may improve special education quality (Lee et al., 2007). Therefore, examining the psychometric properties of a newly developed CBM, the K-SEAM will provide empirical evidence regarding whether the measure can appropriately assess Korean children's social emotional development and provide useful information for intervention, and determine if the items are culturally acceptable for Korean families and professionals.

CHAPTER III

METHOD OF STUDY

The reliability, validity, and utility of the K-SEAM in assessing social emotional development of Korean preschool children ages three to six years old were examined. This chapter describes participants, measures, procedures, and data analysis.

Participants

Participants consisted of 160 parents and 66 teachers of 160 children between the ages of 36 and 77 months. In each age range (i.e., 36-47 months, 48-59 months, 60-71 months, and 72-77 months), there were 62, 59, 29, and 10 children respectively. The participants were recruited from 14 early childhood centers, of which two centers were located in each of seven provinces of Korea. One to ten teachers were recruited from each center and they selected one to six children and their families to participate.

All participating parents and teachers completed: 1) the Korean Social Emotional Assessment Measure (K-SEAM), preschool interval; 2) the Korean Ages and Stages Questionnaire: Social Emotional (K-ASQ:SE) (36, 48, or 60 month interval depending upon age of child); 3) Participant Information Form; 4) and Utility Survey. For Phase Two, parents and teachers of randomly selected 75 children were asked to complete the second K-SEAM for test-retest reliability, and the remaining parents were asked to complete the Korean Child Behavior Checklist 1.5-5 (K-CBCL 1.5-5), with the remaining teachers asked to complete the Kongju Early Development Assessment System (KEDAS) for convergent validity. Finally, 68 parents and 55 teachers of 70 children

completed the second K-SEAM, 83 parents completed the K-CBCL 1.5-5, and 51 teachers of 81 children completed the KEDAS.

Recruitment of Subjects

Children ages three to six years old and their parents and teachers were recruited for the study. Directors in early childhood centers that were located in seven provinces of Korea were contacted to ask if they wanted to participate in the study. Centers were randomly selected from lists of early childhood centers that were provided by early childhood associations. This selection process was continued until 15-20 families from each of two centers in each province agreed to participate. This approach, however, was not successful as only two centers were willing to participate. The second attempt was made by contacting center directors with help from the researcher's alumnus who were working with early childhood centers. Through the second attempt, 12 center directors were willing to participate. Efforts were made to select the centers to represent diverse populations (e.g., child ages, regions, family income levels, parental educational levels). Finally, two centers located in each of seven provinces in Korea participated in the study.

The researcher contacted directors of centers through the telephone or in person. A brief description of the study, requirements for participants, and benefits of participation were explained to directors. The directors who were interested in the study were asked to recruit teachers to participate. Description of the study including purpose, measures, procedures, risk and benefit was sent to participating teachers through e-mails or explained in person. The teachers also received flyers outlining the purpose of the study, with a response section for interested parents. Teachers of each center were asked

to recruit children until each center had at least total 12-16 families consisting of 3-4 children for each range of 3, 4, 5, and 6 years old. An example of the recruitment materials can be found in Appendix A.

Protection of Human Subjects

A research protocol application was submitted to the University of Oregon Institutional Review Board (IRB) for review of study procedures. Because there is no IRB process in Korea, the protocol was reviewed by only the University of Oregon IRB. Participants were informed that their participation was voluntary and they could withdraw anytime during the study. Consent forms describing purposes, procedures, benefits, and risks of the study were signed by each participant before collecting data. The participants received a copy of the consent form including contact information (i.e., phone number, email address) of the researcher for their records. Consent forms are located in Appendix B.

Procedures were undertaken to protect the privacy and confidentiality of the participants. Identification numbers were used to identify participants on measures, and all identifying materials will be disposed of five years after completion of the study. Research materials were stored in a locked, secured cabinet and electronic data stored on a secure computer. Parents and teachers were offered \$5 gift certificates for completing forms for the two phases of the study.

Measures

Six measures were used: 1) Participant Information Forms (parent and teacher versions), 2) the K-SEAM, preschool interval; 3) the K-ASQ:SE, 36, 48, or 60 month intervals depending upon age of child; 4) the K-CBCL1.5-5; 5) the KEDAS; and 6) the Utility Survey (parent and teacher versions).

Participant Information Forms

Two versions of the Participant Information Form were used: parent and teacher. The Parent Information Form included demographic information about the child and family. Child information included gender, date of birth, whether the child had disabilities, whether the child received special education services, and type of services. The information about the family included parent education level and monthly family income. The teacher information form included educational level of teacher, type of degree, years of teaching experience, whether they had received professional training regarding social emotional interventions and/or assessments, whether they had developed social emotional goals or had planned social emotional interventions for children, and whether they have used social emotional measures. The Participant Information Forms can be found in Appendix C.

Korean Social Emotional Assessment Measure (K-SEAM), Preschool Interval

The K-SEAM is a curriculum-based assessment that was designed to provide information for developing goals and planning intervention for children with social

emotional problems. It has three age intervals: Infant, with a developmental range of 3 to 18 months; Toddler, with a development range of 18 to 36 months; and Preschool, with a developmental range of 36 to 63 months. Each interval includes child and adult/caregiver benchmarks, which represent essential areas for social emotional competence in young children and their caregivers (Squires & Bricker, 2007).

The child benchmarks include social emotional competencies that children need to develop, such as emotional expression and self-regulation. The adult/caregiver benchmarks focus on whether caregivers provide the appropriate environment for their children's social emotional development (e.g., safe home and play environment, responsive interaction, appropriate activity, predictable routine). For this study, the child benchmarks for the preschool-age interval were used. The interval consists of 10 child benchmarks: (a) healthy interactions with others, (b) expression of emotion, (c) regulation, (d) empathy, (e) engage with others, (f) independence, (g) positive self-image, (h) attention and activity regulation, (i) cooperation, and (j) adaptive skills.

Each benchmark includes two or more behavioral examples. For example, the benchmark "Child can calm self when upset within 5 minutes" includes two examples: "Stop fussing after a minor fall within a few minutes," and "Finds another activity after conflict with peer." The examples are provided to give raters ideas about how the behavior might look. The examples can be used for developing goals and planning intervention, if a child does not demonstrate them.

On the K-SEAM, parents or teachers rate child's behavior in a four-point Likert scale (i.e., Very true, Somewhat true, Rarely true, Never true). For this study, each response was converted to a numerical value – 3, 2, 1, and 0 – corresponding to "Very

true”, “Somewhat true”, “Rarely true”, and “Never true”, respectively. Higher scores indicate higher social emotional competence. The four response options are followed by two additional response options: “Is a concern” and “Intervention goal.” Raters can indicate whether each item is of their concern and whether they would like this skill targeted for an intervention plan. The additional response options can promote communication between parents and teachers when they develop goals and plan intervention. Points are not given for the items that raters indicate as concerns or targets for intervention.

Initial psychometric data indicated good to strong test-retest reliability between two SEAMs completed by parents (.88-.95) and by teachers (.60-.73). Concurrent agreement of the SEAM with the Infant Toddler Social Emotional Assessment (ITSEA) ranged from .46 to .70. In addition, parents reported that the SEAM was easy to complete and help them understand their children’s social emotional behavior (Squires et al., under review). Internal consistency of the SEAM, Toddler interval was .92, and convergent validity of the SEAM and ASQ:SE, 18, 24, 30, and 36 months ranged between .47 to .65 (Ivey-Soto, 2008). The K-SEAM can be found in Appendix C.

Korean Ages and Stages Questionnaires: Social Emotional (K-ASQ:SE), 36, 48, and 60 Month Intervals

The K-ASQ:SE is a Korean translated and culturally adapted social emotional screening instrument for children from three months to five and a half years of age (Heo, Lee, Squires, & Lee, in press). The cultural adaptation for Korean families and children included adding examples to questions, changing negatively worded questions, and

adding extra criteria (i.e., Yes, No) for the response options (i.e., Most of time, Rarely) to improve clarity of the items (Heo et al., in press).

This parent/caregiver reported screening tool was developed to identify further needs warranting evaluation of children's social emotional problems. The K-ASQ:SE has eight intervals (6, 12, 18, 24, 30, 36, 48, and 60 month age) matched to the age of child. The items of K-ASQ:SE address seven behavioral areas: Self-Regulation, Compliance, Communication, Adaptive Functioning, Autonomy, Affect, and Interaction with people and has between 19 and 33 items depending upon the child's age. The 36, 48, and 60 month intervals were used for this study.

The K-ASQ:SE can be completed in 10 to 20 minutes and scored in only a few minutes. Parents or caregivers rate their children's social emotional behavior with three-point Likert scale (i.e., Most of the time, Sometimes, and Rarely). Each response is converted to a numerical value, – 0, 5, and 10 – corresponding to “Most of time (Yes),” “Sometimes,” and “Rarely (No),” respectively. Raters also can mark if an item is of concern to them; five points are added to the total score for each concern. If a child's scores are higher than the cutoff score (i.e., cutoff of 70 for 36 months, 65 for 48 and 60 months), the child is deemed to be in need of further evaluation in the social emotional domain.

A standardization study of the K-ASQ:SE was conducted in Korea with 2,562 children between the ages of 3 months and 5 years (Heo et al., in press). The internal consistency ranged from .56 to .77 with an overall alpha of .68. Test-retest reliability study conducted with parents showed an overall correlation of .84, with a range of .73 to .88. The percentage agreement between classifications of the child (i.e., at risk, ok) based

on two K-ASQ:SE completed by parents ranged from 88% to 100%. Convergent validity study with K-CBCL 1.5-5 and KEDAS showed under referral percentage of the K-ASQ:SE ranged from 1.7% for 36 month interval to 10.3% for 30 month interval. The K-ASQ:SE can be found in Appendix C.

Korean Child Behavior Checklist 1.5-5 (K-CBCL 1.5-5)

The K-CBCL 1.5-5 is a Korean translated CBCL 1.5-5 to assess behavioral and emotional disorders of children between the ages of 1.5 and 5 years. The K-CBCL 1.5-5 is a parent-reported checklist consisting of 99 items and an open ended question to ask parents to report any other problem behaviors that are not listed in the items. It is comprised of two scales, internalizing and externalizing behaviors. The internalizing scale includes four subscales (i.e., emotionally reactive, anxious/depressed, somatic complaints, and withdrawn syndrome). The externalizing scale includes two subscales (i.e., attention problems, aggressive behavior). In addition, there are questions about sleep and other problems, which are used only to calculate a total score.

The parent is asked to rate each item as describing behaviors that their child exhibits currently or has over the previous two months. Each item is rated “Not true,” “Somewhat or sometimes true,” “Very true or often true,” and is converted to a numerical value, 0, 1, and 2, respectively. Higher scores indicate the presence of behavioral problems.

Psychometrics studies were conducted on the K-CBCL with 8,167 Korean children between the ages of 18 months and 83 months (Kim, Lee, Moon, Kim, & Oh, 2009; Lee, Kim, & Oh, 2009). A normative sample included 2,433 children who had not

visited clinics for social emotional problems (Kim et al., 2009). In addition, 183 children referred from child psychiatric offices were included for a validity study and 5,551 children recruited from online parent community sites were included for a confirmatory factor analysis. The factor structure of K-CBCL 1.5-5 was similar to the factor structure of the CBCL 1.5-5; internal consistency results ranged from .56 to .94; test-retest reliability ranged from .67 to .85. Interrater reliability results from a subgroup of mothers and fathers were .55 for internalizing score, .59 for externalizing score, and .60 for total score.

Kongju Early Developmental Assessment System (KEDAS)

The KEDAS is a norm referenced test with criterion developed to diagnose developmental delays of Korean children between the ages of birth and 71 months, develop goals, and evaluate children's progress. The KEDAS includes five developmental domains (i.e., cognitive, social emotional, communication, motor, adaptive), 15 sub-domains, and total 350 items. The social emotional domain was used for this study and includes four sub-domains and 89 items related to interaction with others, emotional expression, self-concept, and problem solving skills and social roles.

The KEDAS can be completed through direct tests, observations, or interviews with adults who are knowledgeable about the child. Each domain can be completed in 10 to 30 minutes depending on how well the rater knows about the child. Each item is rated "Most of time," "Sometimes," or "Never" and converted to a numerical value, 2, 1, and 0, respectively. Higher scores indicate higher social emotional competence and can be converted to scaled scores, standard scores, and percentile ranks. The standard scores and

percentile ranks are used to explain the child's development on five levels (i.e., very higher than normal range, higher than normal range, normal range, lower than normal range, very lower than normal range).

Preliminary studies with 789 children between the ages of birth to 71 months reported information on test-retest reliability, and internal consistency (Jun, Cho, Yoo, & Lee, 2004). Test-retest results ranged from .94 to .99 and the internal consistency results ranged from .88 to .99. The study also demonstrated that there were statistically significant correlations (i.e., .37 to .97) between total scores of the domain and the sub domains. A standardized study was conducted with 2,050 Korean children between the ages of birth and 71 months (Jun et al., 2005). This study reported that test-retest reliability results ranged from .93 to .99 and internal consistency results ranged from .73 to .99.

The concurrent validity of the KEDAS was conducted with Sequenced Language Scale for Infants (SELSI) (Kim, 2002), Korean Kaufman Assessment Battery for Children (Korean K-ABC) (Moon & Byun, (1997), Korean Wechsler Primary & Preschool Scale of Intelligence (K-WPPSI)(Park, Kwark, & Park, 1996), and Social Maturity Instrument (SMI) (Kim & Kim, 1985); correlations between the KEDAS and SELSI ranged from .71 to .90; between adaptive domain of the KEDAS and SMI ranged from .54 to .70; and showed statistically significant correlations (i.e., .42 - .60) between cognitive domain of the KEDAS and sequential processing and simultaneous processing scales of the Korean K-ABC.

Utility Surveys

The Utility Surveys were administered to evaluate participants' satisfaction with the K-SEAM items, the response choices (i.e., Very true, Somewhat true, Rarely true, Never true) and whether the K-SEAM served its intended purposes (i.e., identify social emotional strengths and concerns). The Utility Surveys included teacher and parent versions with the same questions, in slightly different wording. The participants wrote answers or selected responses on a four-point Likert scales (e.g., Very easy, Easy, Difficult, and Very difficult).

The survey included four questions about the length of time it took to complete the K-SEAM, whether the K-SEAM items or four-point scales were easy to understand, and whether the K-SEAM was useful to identify social emotional concerns. All participants were asked to complete the survey at the same time that they completed the first K-SEAM. The Utility Surveys can be found in Appendix B.

Procedures

This study was conducted in two phases. Phases One gathered data for the research questions related to reliability (i.e., internal consistency, inter-rater reliability), convergent validity with K-ASQ:SE, and utility related to length of completing the items, the K-SEAM items, response choices, and outcomes of the K-SEAM. Phase Two data addressed the research questions related to test-retest reliability and convergent agreement with the K-CBCL 1.5-5 and KEDAS.

Phase One

After recruitment was completed, participating teachers and parents completed consent forms, the K-SEAM, K-ASQ:SE, Participant Information Forms, and Utility Surveys. Packages including the assessment protocols, forms, and self-addressed, stamped envelopes were mailed to program directors or delivered by the researcher. The directors were asked to distribute the packages to participating parents and teachers. Each package for parents and teachers included an envelope that can be confidentially returned. After completing the protocols and forms, parents were asked to return them to their children's classroom teachers. The teachers were asked to give the return envelopes from the parents to the program directors, as well as return their own research protocols and forms. After gathering the packages from parents and teachers, the directors mailed them to the researcher, or the researcher picked them from the directors. Collected data were entered in an Excel file that was saved in a secured computer. Hard copies were stored in the researcher's locked office cabinet.

Phase Two

Within two weeks of completion of the first assessment packages, parents and teachers of randomly selected 75 children completed K-SEAM a second time for the test-retest reliability. Parents of the remaining 85 children completed the K-CBCL and teachers of the remaining 85 children completed the KEDAS for the convergent validity. The second assessment packages also were delivered to the directors by mails or the researchers. A return envelope was enclosed in an each package for confidentiality. The

procedures for returning assessment packages and entering and saving collected data were same as for the procedures in Phase One.

Data Analysis

SPSS version 17 was used to analyze data from the Participant Information Forms, K-SEAM, K-ASQ:SE, K-CBCL, KEDAS, and Utility Surveys. Statistics and measures for each research questions are presented in Table 1. Descriptive statistics were used to analyze the demographic information. Numbers of subjects and percentages according to children's ages, family income, parental education level, teacher education level, years of teaching experience, children with disability, and children who receive special education services were summarized.

For internal consistency, Cronbach's alpha was computed to investigate the relationship between individual items and total scores. The alpha indicates how consistently each item of the K-SEAM measure a single concept, social emotional development. Individual item scores and total scores of the first K-SEAMs completed by parents and teacher were used for the internal consistency. The alpha was calculated separately for parent data and teacher data.

Inter-rater reliability was estimated by measuring agreement between parents and teachers. Intraclass correlation coefficient was calculated to show relation between parents completed K-SEAM and teacher completed K-SEAM. The coefficient indicates how the K-SEAM produces similar results for the same children regardless of raters within a short period.

Test-retest reliability shows the stability of scores that assessments yield over a short period. Parents and teachers of randomly selected 75 children were given the second K-SEAM to complete within two weeks of completing the first K-SEAM. Correlations between the two K-SEAM completed by parents or teachers were calculated to estimate test-retest reliability of the K-SEAM.

The convergent validity was estimated by examining the relationship between the total scores of K-SEAM and the total scores of K-ASQ:SE, K-CBCL, and KEDAS. Correlations between the K-SEAM and other social emotional assessments reflect whether the K-SEAM measures social emotional development.

To measure the utility of the K-SEAM, parents and teachers completed a Utility Survey when they completed the first K-SEAM. Descriptive statistics were used to calculate the percentages of answer. Participants' narrative comments were also summarized.

Table 1

Data Analysis and Measures for Research Questions

Phase	Research question	Measure	Statistics
One	Internal consistency	1 st K-SEAM	Cronbach's alpha
	Inter-rater reliability (between parents and teacher)	1 st K-SEAM (parent-teacher)	Intraclass Correlation
	Parent - utility for assessing children's social emotional competencies	Utility Survey for parent	Descriptive
	Teacher - utility for assessing children's social emotional competencies	Utility Survey for teacher	Descriptive
	Convergent validity with K-ASQ:SE	1 st K-SEAM, K-ASQ:SE	Correlation
Two	Test-retest reliability (parent and teacher)	1 st K-SEAM, 2 nd K-SEAM	Correlation
	Convergent validity with K-CBCL 1.5-5	1 st K-SEAM, K-CBCL 1.5-5	Correlation
	Convergent validity with KEDAS	1 st K-SEAM, KEDAS	Correlation

Note. Descriptive statistics include mean, standard deviation, maximum, and minimum. K-SEAM = Korean Social Emotional Assessment Measure; K-ASQ:SE = Korean Ages and Stages Questionnaires: Social Emotional; KEDAS = Kongju Early Development Assessment System; K-CBCL = Korean Child Behavior Checklist 1.5-5

CHAPTER IV

RESULTS

This chapter presents the research results in four sections. First, demographic information about children, parents and teachers is summarized. Second, the reliability of the K-SEAM including internal consistency, test-retest, and inter-rater is described. Third, the convergent validity of the K-SEAM with the K-ASQ:SE, K-CBCL, and KEDAS is discussed. The final section includes parent and teacher evaluations of the utility of the K-SEAM.

Participants

A total of 160 parents of preschool children between 36 months and 77 months participated in the study. In addition, the 66 teachers of these children were participants. The participants were recruited from 14 early childhood centers that served children with ages from 24 months to 83 months; two centers were located in each of seven provinces of Korea.

All participants completed the K-SEAM, preschool interval and the relevant K-ASQ:SE interval (i.e., 36, 48, or 60 months) based on the child's age. For this study, the 60 month interval, which was designed for children with ages up to 65 months, was used for children up to 77 months. Two other intervals were used for children within the age ranges indicated in the measure (i.e., 36 month interval for children with ages between 33 months and 41 months, 48 month interval for children with ages between 42 months and 53 months). The participants also completed the Participant Information Forms and the Utility Surveys.

Parents and teachers of randomly selected 75 children were asked to complete a second K-SEAM within two weeks after the completion of the first K-SEAM to measure test-retest reliability. Among the selected parents and teachers, 55 teachers of 70 children and 68 parents returned the completed second K-SEAM. Thus, some children had the second K-SEAM completed by only teachers or parents. Five children had the second K-SEAM completed by only their parents and seven children had the second K-SEAM completed by only their teachers. Sixty-three children had the second K-SEAM completed by both of their parents and teachers.

The parents and teachers of the remaining 85 children were asked to complete the K-CBCL and KEDAS. Eighty-three parents completed the K-CBCL and 51 teachers of the 81 children completed the KEDAS. Table 2 shows the number of parents, teachers, and children who completed the first K-SEAM, second K-SEAM (test-retest reliability), K-ASQ:SE, K-CBCL, KEDAS, Participant Information Forms, and Utility Surveys.

Children ranged in age from 36 months to 77 months. Similar numbers of three (38.7%) and four (36.9%) years old children and fewer numbers of five (18.1%) and six (6.3%) years old children participated. More boys (57.5%) participated and a majority (92.5%) were typically developing. Twelve children (7.5%) had developmental delays or disabilities and received special education services. Demographic information for children is presented in Table 3.

Table 2

Number of Participants Completing Study Measures

Measure	Children (<i>n</i> = 160)	Parent (<i>n</i> = 160)	Teacher (<i>n</i> = 66)
1 st K-SEAM	160	160	66
2 nd K-SEAM	75	68	55
K-ASQ:SE	160	160	66
36 Interval (33-41 months)	40	40	21 ^b
48 Interval (42-53 months)	55	55	24 ^b
60 Interval (54-65 months)	65	65	26 ^b
K-CBCL 1.5-5	83	83	^a
KEDAS	81	^a	51
Participant Information Forms	160	160	65
Utility Surveys	160	160	64

Note: K-SEAM = Korean Translated Social Emotional Assessment Measure; K-ASQ:SE = Korean Ages and Stages Questionnaires: Social Emotional; K-CBCL 1.5-5 = Korean Child Behavior Checklist 1.5-5; KEDAS = Konju Early Developmental Assessment System

^aK-CBCL was completed by only parents; KEDAS was completed by only teachers.

^bFive teachers completed two intervals and all other teachers completed one interval

Table 3

Demographic Information of Children

	<i>n</i> (total 160)	%
Age		
36-47 months	62	38.7
48-59 months	59	36.9
60-71 months	29	18.1
72-77 months	10	6.3
Gender		
Male	92	57.5
Female	68	42.5
Disability Status		
Identified Delay or Disability	12	7.5
Typically Developing	148	92.5

As seen in Table 4, most parents (78.2% of mothers and 80.7% of fathers) had college degrees. Monthly family income shows participants had diverse financial backgrounds. Families were evenly distributed across income categories, with the fewest number making less than \$870 monthly.

Table 4

Demographic Information of Parents

	<i>n</i> (total 160)	%
Mother's Education		
Less than high school	3	1.9
High school	31	19.4
2 or 3 years college	35	21.9
4 years college	90	56.3
Missing	1	.6
Father's Education		
Less than high school	1	.6
High school	29	18.1
2 or 3 years college	23	14.4
4 years college	106	66.3
Missing	1	.6
Monthly Family Income		
Less than \$870	4	2.5
\$871-1,740	16	10.0
\$1,741-2,610	23	14.4
\$2,611-3,480	25	15.6
\$3,481-4,350	28	17.5
\$4,351-5,220	34	21.3
More than \$5,221	26	16.3
Missing	4	2.5

Demographic information of teachers is presented in Table 5. All teachers had two or four-year college degrees. A majority (69.7%) had completed a four-year college education including general education and special education. Most teachers (69.7%) had

early childhood education degrees and a few teachers had early intervention and special education degrees (3.0% each).

Table 5

Demographic Information of Teachers

	<i>n</i> (total 66)	%
Education Level		
2 year college	5	7.6
3 year college	14	21.2
4 year college	46	69.7
Missing	1	1.5
Type of Degree		
Early childhood education	46	69.7
Early intervention	2	3.0
Special education	2	3.0
Care and education for young children	9	13.6
Child development	6	9.1
Missing	1	1.5

The Teacher Information Form asked teachers whether they had received teacher training to learn about the evaluation of social emotional development and activity-based intervention for social emotional development. They also were asked if planning social emotional goals and interventions for children were part of their teaching, and if they had used any social emotional assessment tools. One third of teachers (33.3%) had participated in professional development for evaluating young children’s social emotional development and approximately half of teachers (53%) had planned social emotional goals and intervention. Six (9.1%) teachers had used tools to measure children’s social emotional development. Table 6 represents the status of teachers’ professional

development and practices pertaining to preschool children’s social emotional development.

Table 6

Status of Teachers’ Training and Practices Regarding Preschool Children’s Social Emotional Development

	Yes (%)	No (%)	Missing (%)
Professional Development			
Evaluation of SE development	22 (33.3)	42 (63.6)	1 (1.5)
Planning SE Activity	46 (69.7)	19 (28.8)	2 (3.0)
Practices			
Using SE Assessments	6 (9.1)	59 (89.4)	1 (1.5)
Planning SE goals and Intervention	36 (53.0)	30 (45.5)	1 (1.5)

Note. SE = Social Emotional; M= Missing data

Reliability

To examine the reliability of the K-SEAM in measuring preschool children’s social emotional skills, internal consistency, test-retest, and inter-rater reliability were investigated. Cronbach’s coefficient alpha was calculated to estimate how consistently each item of the K-SEAM measures the same concept, which is social emotional development. Using data from the initially-completed K-SEAM (n=160), Cronbach’s alpha was .95 for parent and teacher data.

Test-retest reliability was examined by comparing the results of two K-SEAMs completed by parents and teachers in a two-week period. All participants completed the first K-SEAM, and 55 teachers (of 70 children) and 68 parents completed the second K-SEAM. Pearson’s Product-Moment Correlations were calculated to determine

consistency of results of the K-SEAM administered at two different times in a short period. Correlations between the first and second K-SEAM completed by parents were statistically significant, $r = .87, p < .01$. Correlations between the first and second K-SEAM completed by teachers were also statistically significant, $r = .81, p < .01$). Table 7 shows the means, standard deviations, and correlations for the first and second K-SEAM.

Table 7

Means, Standard Deviations, and Correlations of K-SEAMs Administered Within Two Weeks for Test-retest Reliability

	<i>n</i>	<i>M</i>	<i>SD</i>	<i>r</i>
Parent				
First K-SEAM	68	97.04	16.65	.87**
Second K-SEAM	68	98.04	16.95	
Teacher				
First K-SEAM	70	91.77	17.02	.81**
Second K-SEAM	70	94.21	17.17	

Note. *n* = the number of children; K-SEAM = Korean translated Social Emotional Assessment Measure.

** $p < .01$.

Inter-rater reliability measures the consistency of results of K-SEAMs completed by two different raters on the same child. Using the first K-SEAM data completed by parents and teachers ($n=160$), the intraclass correlation coefficient (ICC) was calculated. The ICC was statistically significant, $r = .31, p < .01$. The means and standard deviations of the first K-SEAM completed by parents and teachers are shown in Table 8.

Table 8

Means, Standard Deviations, and Correlation of K-SEAMs Completed by Parents and

Teachers

K-SEAM	<i>N</i>	<i>M</i>	<i>SD</i>	<i>r</i>
Parent	160	98.96	15.48	.31**
Teacher	160	92.62	16.05	

Note. K-SEAM = Korean translated Social Emotional Assessment Measure.

** $p < .01$.

Validity

To examine whether the K-SEAM measures what it is supposed to measure-- social emotional competence-- convergent validity of the K-SEAM was tested by comparing scores between the K-SEAM and other social emotional measures including the K-ASQ:SE, K-CBCL, and KEDAS. The first K-SEAM completed by parents and teachers was used to assess validity. All 160 participants were asked to complete the K-ASQ:SE at the same time that they completed the first K-SEAM. Within 2 weeks of completion of the first K-SEAM, parents and teachers of 85 randomly selected children were asked to complete the K-CBCL or KEDAS. Fifty-one teachers completed the KEDAS for 81 children and 83 parents completed the K-CBCL for the same children. The K-ASQ:SE and K-CBCL are scored in the opposite way of the K-SEAM; higher scores on the K-ASQ:SE and K-CBCL indicate more social emotional problems. The KEDAS is scored in the same way as the K-SEAM; higher scores indicate higher social emotional competence.

Moderate correlations were found between the K-SEAM and the K-ASQ:SE completed by parents as well as teachers. The correlation between the K-SEAM and the K-ASQ:SE ($n = 160$) completed by parent was statistically significant, $r = -.61, p < .01$. The correlation between the K-SEAM and the K-ASQ:SE ($n = 160$) completed by teachers was also statistically significant, $r = -.54, p < .01$. Table 9 shows means, standard deviations, and correlations of the K-SEAM and the K-ASQ:SE completed by parents and teachers.

Table 9

Means, Standard Deviations, and Correlations of the K-SEAM and K-ASQ:SE

	<i>n</i>	<i>M</i>	<i>SD</i>	<i>r</i>
Parent				
K-SEAM	160	98.96	15.48	
K-ASQ:SE	160	34.22	25.62	-.61**
Teacher				
K-SEAM	160	92.62	16.05	
K-ASQ:SE	160	45.69	33.25	-.54**

Note. K-SEAM= Korean Translated Social Emotional Assessment Measure; K-ASQ:SE= Korean Translated Ages and Stages Questionnaires: Social Emotional.

** $p < .01$.

The results show moderate agreement between the K-SEAM and KEDAS or K-CBCL. The correlation between the K-SEAM and the K-CBCL completed by parents was statistically significant, $r = -.58, p < .01$. The correlation between the K-SEAM and the KEDAS completed on children by their teachers was also statistically significant, $r = .48, p < .01$. Means and standard deviations of the K-SEAM, K-CBCL, and KEDAS are presented in Table 10.

Table 10

Means, Standard Deviations, and Correlations of the K-SEAM, K-CBCL, and KEDAS

	<i>n</i>	<i>M</i>	<i>SD</i>	<i>r</i>
Parent				
K-SEAM	83	101.43	13.22	
K-CBCL	83	22.05	14.34	-.58**
Teacher				
K-SEAM	81	94.26	15.47	
KEDAS	81	146.57	21.45	.48**

Note. *n* = the numbers of children; K-SEAM= Korean Translated Social Emotional Assessment Measure; KEDAS = Konju Early Development Assessment System; K-CBCL = Korean Translated Child Behavior Checklist.

***p* < .01.

Utility

The Utility Survey included four questions about amount of time needed to complete the K-SEAM, the easiness of understanding the K-SEAM items and response choices (i.e., Very true, Somewhat true, Rarely true, Never true), and the usefulness of the information from the K-SEAM. All participants (i.e., 160 parents, 66 teachers with 2 missing data) completed Utility Surveys on their first K-SEAM. Parents took an average of 25.28 minutes to complete the K-SEAM with a range of 5 minutes to 100 minutes. Teachers took an average of 22.17 minutes, with a range of 5 minutes to 120 minutes. Most of parents (77.6%) and teachers (74.2%) completed the K-SEAM within 10 to 30 minutes.

A majority of parents (88.1%) and teachers (89.4%) felt that items of the K-SEAM were very easy or easy to understand. When asked to indicate vague items, three parents (2.9 %) reported that item 8.5 (i.e., “Child regulates his activity level to match

setting”) and item 9.3 (i.e., “Child responds appropriately when corrected by adults”) were unclear questions. When asked for feedback on the K-SEAM, five parents commented items that needed to be changed because English names or unfamiliar games used for the items were culturally inappropriate (i.e., items 6.2, 7.3, 8.1, 8.4, 9.1, 9.3, and 10.1).

Some items could be observed more easily at home than school and vice versa. Twelve parents (7.5%) had difficulty in answering items regarding school routines such as group activities and peer interaction (e.g. items 5.3, 5.4, and 8.4). Teachers working in early childhood centers that served children for a half day (e.g., 9 am to 12pm) felt it was difficult to answer items about routines that are more easily observed at home or a full day centers, such as eating various foods and sleeping behaviors (items 10.1, 10.3). Table 11 summarizes parent and teacher understanding of items of the K-SEAM.

Table 11

Easiness of Understanding K-SEAM Items

Feedback	Parent (%)	Teacher (%)
Very easy	36 (22.5)	8 (12.1)
Easy	105 (65.6)	51 (77.3)
Difficult	19 (11.9)	5 (7.6)
Very difficult	0	0
Missing	0	2 (3.0)
Total	160 (100)	66 (100)

When asked about items that were difficult to apply to their children, 14 parents and four teachers felt that participating in early literacy activities (item 8.2) and awareness of personal information (item 7.1) were too advanced skills for their children

under five years old. Two parents whose children had language or physical disabilities reported that some items (e.g., 1.3, 2.3, 5.2, 7.3, 8.1, 10.2, and 10.6) asked linguistic or physical responses that their children were not able to do.

Most participants felt that the response choices were very easy or easy to select (77.5% of parents, 63.8% of teachers). When asked to select unclear response choices, 22.5% of parents and 27.2% of teachers felt that ‘Rarely True’ was vague and 9.4% of parents and 15.1% of teachers reported that ‘Somewhat True’ was also unclear. Four parents reported that a gap between ‘Somewhat True’ and ‘Rarely True’ was too big. Hence, there seems to be need for a middle score between the choices. Table 12 displays how parents and teachers evaluations of response choices on the K-SEAM.

Table 12

Easiness to Select Response Choices on the K-SEAM

Feedback	Parent (%)	Teacher (%)
Very easy	29 (18.1)	5 (7.6)
Easy	95 (59.4)	37 (56.1)
Difficult	36 (22.5)	20 (30.3)
Very difficult	0	1 (1.5)
Missing	0	3 (4.5)
Total	160 (100)	66 (100)

Over 70% of parents and teachers indicated that the K-SEAM was helpful to identify previously suspected or newly detected concerns about their children’s social emotional development. Participants’ evaluations of the usefulness of the K-SEAM are presented in Table 13.

Table 13

Helpfulness of the K-SEAM

Feedback	Parent (%)	Teacher (%)
Very helpful	17 (10.6)	0
Helpful	116 (72.5)	52 (78.8)
Rarely helpful	23 (14.4)	11 (16.7)
Never helpful	2 (1.3)	0
Missing	2 (1.3)	3 (4.5)
Total	160 (100)	66 (100)

In summary, participants for this study included 160 parents and 66 teachers of 160 preschool children ages between 36 and 77 months recruited from 14 early childhood centers across Korea. Participating children included 15% more boys than girls and 7.5% (n = 12) children with disabilities. Participating families were similarly distributed in each of the monthly income ranges. Parental education levels were high; over 50% of parents had four-year college degrees. All teachers had college degrees with valid years of training (i.e., 2, 3, 4 years) and degrees. When asked about having received training for assessment and intervention for social emotional development, one third of teachers had received training about conducting assessment and about 70% of teachers had received training for intervening with social emotional difficulties. The results show over a half of teachers had planned social emotional interventions but only 9.1% of teachers had used assessments to measure children's social emotional development.

To examine whether the K-SEAM consistently assesses preschool children's social emotional development, internal consistency, test-retest reliability, and inter rater reliability were estimated. The Cronbach's alphas indicated that there was consistency between the K-SEAM total scores and individual item scores. Correlation coefficients of

the two K-SEAM scores completed at two different times by the same rater indicated the K-SEAM produced similar outcomes across a short period of time. In addition, intraclass correlation coefficient showed weak to moderate relationship between the K-SEAMs completed by two different raters (i.e., parent and teacher). The reliability results indicated that individual items and total score of the K-SEAM tended to provide consistently similar outcomes regardless of raters within a short period of time. To investigate whether the K-SEAM measures a single concept, social emotional development, relationship with other social emotional measures such as the K-ASQ:SE, K-CBCL, and KEDAS were examined. The results indicated that correlations with the measures were moderate to strong and statistically significant.

The Utility Survey results indicated that many parents and teachers easily understood the K-SEAM items, selected response choices with clarity, and positively evaluated information drawn from the K-SEAM. Some parents reported unclear items and items including culturally inappropriate examples (e.g., serving plates). Other parents and teachers indicated that some behaviors were more likely to be exhibited in certain places (e.g., sleeping patterns can be more easily observed at home than school). This feedback supports a need of collaboration between teachers and parents for assessments of children's social emotional development.

CHAPTER V

DISCUSSION

Early social emotional skills have received growing interest because of their critical relation with later school performance. Children's social skills help children engage in positive social relationships with peers and teachers that can promote learning (Miller et al., 2003). In addition, children may be better able to adapt to challenging classroom demands (Rave, 2002). The influences of social emotional skills on later school performance are apparent early on and persist across ages. A longitudinal study demonstrated that three-year-old children with negative emotionality or poor attention are more likely to exhibit externalizing problems (e.g. non-compliance, aggression) at age 15 (Caspi et al., 1995). A large body of research has demonstrated children's school performance is related to their emotionality (e.g., Belsky et al., 2001; Eisenberg, 1995; Lawson & Ruff, 2004), self-regulation (e.g., McClelland et al., 2000; Shields, 2001; Teo et al., 1996), emotional knowledge and expression (e.g., Hughes, 2001; Lzard, 2001; Miller & Olson, 2000), relationship with teachers and peers (e.g., McLoed & Kaiser, 2004; Ladd & Burgess, 2002; Pianta & Stuhlman, 2004). To prevent negative effects of early social emotional problems on later school performance, it is important to identify children's social emotional problems and provide appropriate intervention at early ages.

Many studies have suggested that appropriate intervention promotes social emotional competencies (e.g., Domitrovich et al., 2007; Lynch, et al., 2004; Webster-Stratton et al., 2004). The transactional developmental model supports early intervention to change atypical developmental paths to more positive directions (Davies, 2004). In addition, the transactional approach to assessment and intervention provides avenues to

increase positive learning opportunities (Webb, 2003). To provide effective intervention, functional assessment outcomes are needed to develop quality goals that lead to effective intervention (Squires & Bricker, 2007). Curriculum-based assessment (CBM) can provide functional assessment results that can be used for developing goals and planning intervention, because CBM can be completed by observing children's natural behavior during daily routines. In addition, CBM includes developmental sequences of items and performance criterion that are useful for development goals and planning intervention. Therefore, it supports connections among assessment, intervention, and evaluation.

In Korea, social emotional problems of preschool children have increased due to the influence of Korea's cultural and social factors such as the strong emphasis on academic achievement. This emphasis results in parents teaching their children academic skills from very early ages (Woo et al., 2005). Moreover, parents' lack of knowledge of the importance of children's social emotional development leads them to devote full attention to academic skills (Jeong, 2007). As a result of cultural and social factors, young children spend much times doing developmentally inappropriate academic lessons. A study of 425 children with ages between four and six years reported that 96.5% of the participating children received academic lessons in private learning centers (Jeong, 2007). One psychiatric clinic for children stated that stress related to academic lessons accounted for 70% of their consultations (Kim & Lee, 2004). The number of children under four visiting a child psychiatry center increased four times between 1995 and 2000 (Shin, 2000). Growing numbers of children in need of social emotional interventions increases the need of effective measures for young children.

Many young children with special needs are still not receiving quality special education services due to lack of appropriate measures (Heo, 2003; Hong, et al., 2010). The quality of intervention can be improved by the use of appropriate measures that provide useful information for developing goals and intervention (Heo, 2003). Professionals have reported limitations of the norm referenced assessment for instructional purposes and began to focus on using CBM for intervention planning (Cho et al., 2002; Kim & Ahn, 2004; Lee et al., 2002). The lack of available and culturally appropriate CBM is an urgent concern for early intervention professional (Cho, 2002; Lee et al., 2007). As results of the lack of CBM, teachers had difficulty in developing effective IFSPs including functional goals, evaluating progress, and collaborating with parents (Kim & Jung, 2009; Kim & Kim, 2004). The K-SEAM is a curriculum-based assessment that can provide useful information for developing goals and planning intervention. The K-SEAM has been recently translated and needed to be evaluated with Korean preschool children. This study examined reliability and validity of the K-SEAM in measuring Korean preschool children's social emotional development. It also investigated how Korean parents and teachers evaluated items, response choices, and information drawn from the K-SEAM.

Participants

For this study, 160 parents and 66 teachers assessed the social emotional development of 160 preschool children. The K-SEAM preschool interval targeted children between 36 months and 63 months. This study included 29 children whose ages were older than 63 months. Because the Korean early childhood education system serves

children with ages up to 83 months and there are a lack of appropriate assessments to measure social emotional development of the children, it is important to include children whose with ages spanning this broad age period while examining K-SEAM.

Children between 36 months and 63 months were the target population for recruitment. During the recruitment period, some teachers who worked in inclusive classrooms stated that their children's developmental ages were within the ranges (i.e., 36-63 months), although their physical ages were more than 63 months. In addition, other teachers wanted to assess children whose ages were out of the range, but whom they served in the centers. In consideration of children's age ranges in the Korean early childhood education system, the age criterion for recruitment included children between 36 months and 83 months. Therefore, 29 children older than 63 months participated. Excluding these 29 children did not make any differences in the reliability and validity results.

Children were assigned to one of four age ranges: 36-47 months, 48-59 months, 60-71 months, and 72-77 months. The two younger age ranges involved similar numbers of children (i.e., 62 for 36-47 months, 59 for 48-59 months), and fewer five and six years old children participated (29 for 60-71 months, 10 for 72-77 months). The distribution of children across the three K-ASQ:SE intervals (i.e., 33-41 months, 42-53 months, 54-65 months) showed a more even distribution across intervals, with the largest numbers at the 60 month interval.

Fifteen percent more boys participated in the study than girls. The 2010 Population and Housing Census calculating gender rate for children age up to nine reported that there are about 6% more boys than girls under four, and 8% more boys than

girls between ages five and nine (Statistics Korea, 2011). The gender distribution of participants was slightly higher for boys than the 2010 Korean Census Report. (Teachers were not asked to balance gender rate in selecting children.) Teachers might have selected more boys because they were more likely to show problem behaviors than girls. Studies have demonstrated that boys exhibit more problem behaviors (Jang & Cho, 2000; Lee et al., 2004; Won, 1989; Yoon & Lee, 1999). Analysis of child assessment scores also supports the previous research results: 25% of boys and 8.8% of girls showed problem behaviors that needed further evaluation and intervention.

Twelve children with special needs (7.5%) participated. Of the 14 participating centers, two centers served children with special needs, and eight centers reported that they gave priority to children with special needs for admission. Early childhood centers that had special education teachers and provided inclusive or special education services were fewer in comparison to centers served children with no special needs. Because of this, it was difficult to find centers that served children with special needs and were willing to participate.

Parent's education level showed that many parents (78.1% of mothers, 80.7% of fathers) had college degrees. The 2010 Population and Housing Census reported that 28.4% of the 30 years olds and older had college degrees. Because the Census did not report college graduation rate for different age ranges, it is difficult to determine whether the participating parents are over-represented in terms of education levels. It can be speculated that college graduation rates in 30s and 40s might be higher than the Census report, because the population with college degrees has steadily increased since 2005 Census. However, there is the possibility that participants might have marked this option

incorrectly to hide their educational levels. Many Korean people think education levels determine their competency as well as quality. Participating children had diverse backgrounds in terms of family income levels. Similar numbers of children from each income range participated. When comparing the two lowest income levels with two highest income levels, more children came from families with higher income levels.

All teachers had college degrees such as early childhood education, early childhood care and education, and child development. Most teachers have earned college degrees including an early childhood teaching certificate as these are required if you work as a teacher in kindergartens (i.e., centers for children between 36 and 83 months) and daycare centers (i.e., centers for children birth to 83 months) in Korea. Many teachers (69.7%) graduated from four-year colleges and had early childhood education degrees. This high percent of teachers with early childhood education degrees as opposed to special education reflects the fact that few colleges provide early intervention and early childhood special education certificates. In addition, the study included more centers that served children with no special needs.

The Teacher Information Form provided information about teacher's training related to evaluation or intervention for social emotional development. The form also asked whether teachers used assessments and planned intervention for children with social emotional problems. Two times more teachers participated in trainings for planning social emotional intervention (69.7%) than for evaluation of social emotional development (33.3%). This result might imply that training on social emotional evaluation was less likely to be offered to teachers. When asked about their practices, 53% of teachers reported they had planned social emotional goals and interventions;

however only 9.1% had used social emotional assessment to measure children's social emotional development. This indicates many teachers developed goals and planned intervention based on their observation without using any assessments. Three teachers used a checklist for social emotional development that they made themselves, three teachers used the Korean translated Ages and Stages Questionnaires, Carolina Curriculum for Preschool with Special Needs, and Potage Child Development Guide.

Reliability

For evaluating psychometric properties, reliability is one of essential factors to investigate. A measure with appropriate reliability needs to have following characteristics: 1) scores of individual items of measure are consistent with total scores, 2) measures yield similar results when administrated to the same person by different raters, and 3) in a short period of time. This study estimated internal consistency, inter-rater, and test-retest reliability of the K-SEAM. Cronbach's alphas were calculated to examine internal consistency of the first K-SEAM completed by parents and teachers. The results indicated that individual items of the K-SEAM consistently were associated with total scores. That is, children with lower scores for items tended to have lower total scores.

In addition, same Cronbach's alpha levels (.95) were found on parent-completed K-SEAM and teacher-completed K-SEAM. The results show internal consistency of the K-SEAM regardless of raters. All items of teacher and parent data showed moderate to strong correlation with the total scores (i.e., larger than .35 for teacher data, larger than .31 for parent data). A study on SEAM reported that Cronbach's alphas were .90 for

Infant SEAM and .91 for Toddler SEAM (Squire et al., under review). Although the intervals are different, there was similarity between Cronbach's alpha levels of SEAM and K-SEAM.

Test-retest reliability of the K-SEAM was examined by calculating correlations between the two K-SEAM total scores completed by parents and teachers within two weeks. Mean scores on the second K-SEAM were slightly higher than on the first K-SEAM for parents data, and same pattern appeared for teachers data. Younger children might have developed more skills in the short period. Raters might also have consciously marked higher scores compared to the first K-SEAM due to the lapse of time. Means of K-SEAM completed by parents are higher than means of K-SEAM completed by teachers for both first and second K-SEAM. This result indicates that parents tend to assess their children's skills more positively than teachers do. Parents' positive perceptions of their children's behavior were observed in a study on comparison of parents' and teachers' rating of preschool children using K-CBCL (Kang & Cho, 2008). The second K-SEAM completed by parents or teachers had strong correlations with the first K-SEAM. The results indicate that when the K-SEAM measures preschool children's social emotional development, it consistently produces similar scores at two different times during a short period time. Moreover, regardless of raters, the K-SEAM yields similar outcomes across short times.

Test-retest reliability of SEAM show strong correlations for infant ($r = .99$) and toddler intervals ($r = .97$) (Squires et al., under review). These correlations were calculated using online SEAM scores that parents completed. Most parents completed second SEAMs right after completion of their first SEAMs. Therefore, these relatively

high correlations can be resulted from completion of two SEAMs within a very short period of time. Test-retest reliability of K-ASQ:SE completed by parents within one week was .92 (Heo, 2006), which is similar with the correlation of the K-SEAM found in this study.

Inter-rater reliability of the K-SEAM was examined by calculating intraclass correlations between the initial K-SEAMs completed by parents and teachers. Although the correlation coefficient was statistically significant ($r = .31$), the correlation between parents and teachers was not large. Weak to moderate correlations between parents and teachers in measuring children's behavior have been reported (e.g., Gagnon, Nagle, & Nickerson, 2007; Hwang, 2006; Satake, Yoshida, Yamashita, Kinukawa, & Takagishi, 2003; Winterbottom, Smith, Hind, & Haggard, 2008). Observing children's behavior in difference places (e.g., home, classroom) or by different observers (e.g., parent, teacher) could contribute to the low correlations. Parents tend to perceive their children's behavior more positively because they are familiar with their children's behavior patterns and nonverbal cues (Diamond & Squires, 1993). In addition, parents are not likely to have many opportunities to compare their children's behavior with other children's behavior. Therefore, parents might think their children's behaviors are age appropriate. Preschool children might not consistently exhibit their emerging competencies across settings (Diamond & Squire, 1993).

As shown in Figure 1, closer distribution of K-SEAM scores are found between 100 and 120 for parent data and 80 and 100 for teacher data, indicating parents scored higher than teachers. Teacher data spread more widely than parent data.

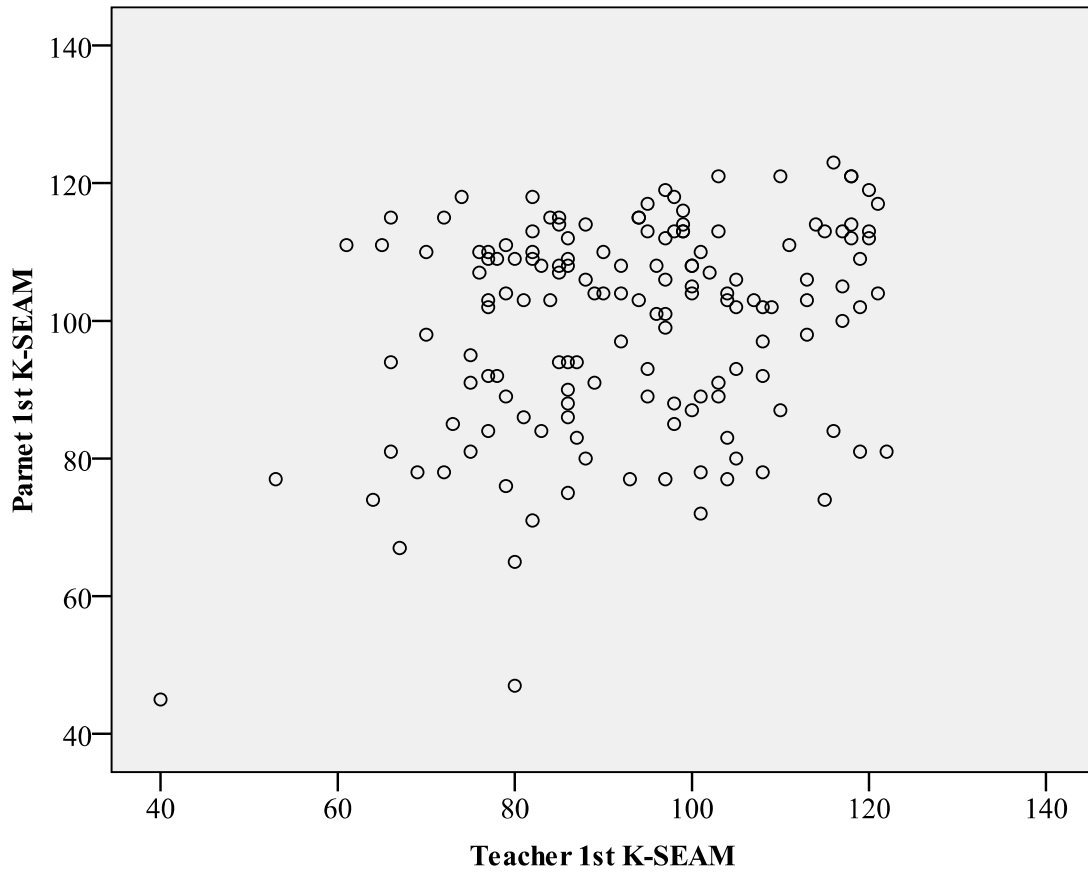


Figure 1. Scatter Plot of the first K-SEAM completed by parents and teachers

As shown in Figure 2, box plots of parent K-SEAM and teacher K-SEAM data by the age ranges indicated there was more variability in means and range of distribution of K-SEAMs completed by parents than for those completed by teachers for three and four years old children.

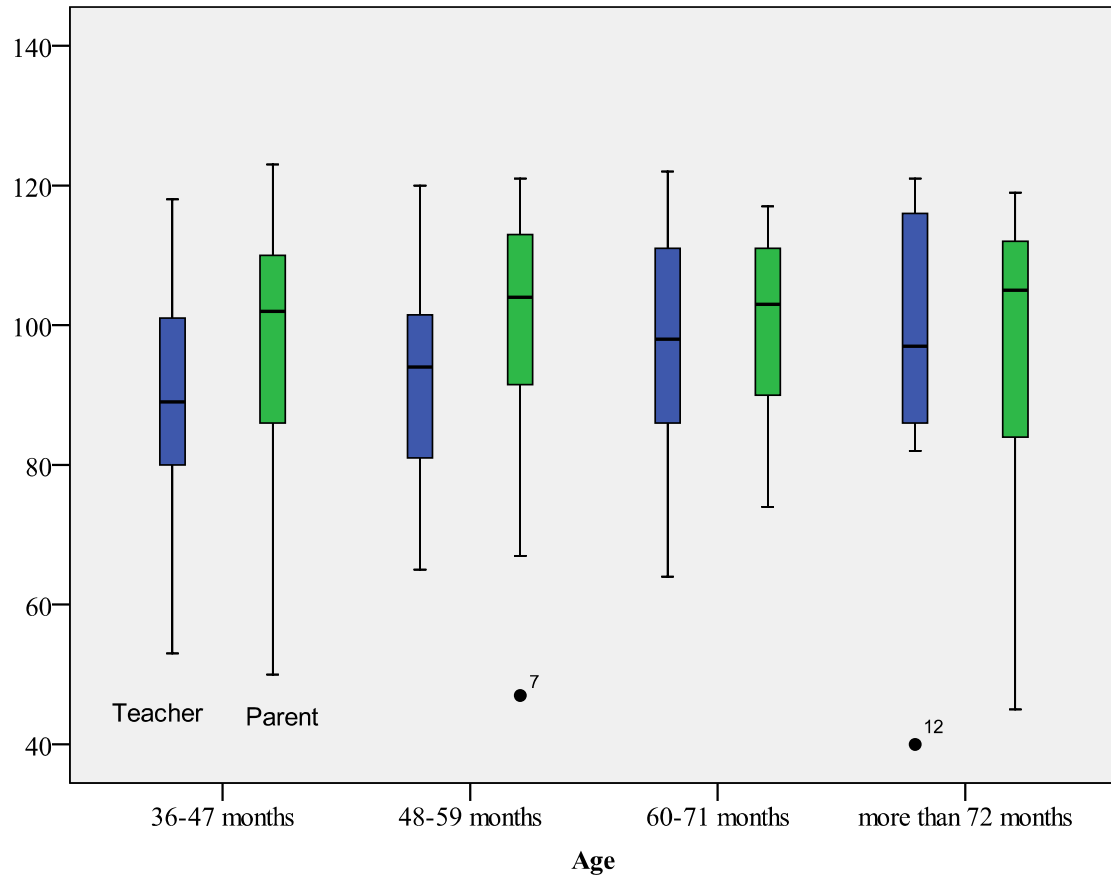


Figure 2. Box Plots of parents and teachers completed first K-SEAM by the age ranges

Validity

Validity is another important factor that should be investigated, evaluating if tests are measuring what they are designed to assess. To examine validity of the K-SEAM, convergent validity was estimated by comparing the K-SEAM scores with other assessments for preschool children’s social emotional development such as the K-ASQ:SE, K-CBCL, and KEDAS. Examination of relation between the K-SEAM, a curriculum-based assessment, and other types of assessment (i.e., screening, diagnosis)

can support utility of the K-SEAM as a tool for developing goals and interventions in a linked system including identification, diagnosis, intervention, and evaluation of children with social emotional problems.

The K-ASQ:SE is a Korean translated screening tool for early identification of preschool children's social emotional problems. The K-ASQ:SE is scored in the opposite way as the K-SEAM; that is, higher scores on the K-ASQ:SE indicate more social emotional problems. As on the K-SEAM, parents gave their children more positive scores on the K-ASQ:SE than teachers. Correlations between the K-SEAM and K-ASQ:SE were moderate. Correlations between the K-ASQ:SE and K-SEAM completed by parents were $-.61$ ($p < .01$) and $-.54$ ($p < .01$) for teachers. Ivey-Soto (2008) reported similar correlations (i.e., $.47$ to $.65$) between ASQ:SE 18, 24, 30, 36 month intervals and the SEAM toddler interval. Squires et al. (under review) also found similar correlations between ASQ:SE and Infant SEAM ($.56$) and Toddler SEAM ($.52$). These results indicate that children with higher scores on the K-ASQ:SE (i.e., less social emotional competences) had lower scores on the K-SEAM, meaning lower social emotional skills. Whereas the K-ASQ:SE identifies a child with social emotional problems, the K-SEAM can indicate items on which the child has lower scores, indicating skills he has not yet mastered. Teachers and parents can develop goals and plan interventions based on this information.

The K-CBCL is another Korean translated social emotional development measure used to diagnose whether the child has behavior problems. Like the K-ASQ:SE, higher scores on the K-CBCL indicate more problem behaviors. Correlations between the K-SEAM and K-CBCL were moderate, $r = -.58$; children with lower K-SEAM scores had

higher K-CBCL scores. Correlations between the K-SEAM and KEDAS support the utility of the K-SEAM for Korean families and children. The KEDAS completed by teachers was moderately correlated with the K-SEAM ($r = .48$), indicating the K-SEAM might have assessed slightly different social emotional skills.

The correlations with the KEDAS look relatively low in comparison with those between the K-ASQ:SE or K-CBCL. The differences in sub-domains included in the each measure might result in this lower agreement. The K-SEAM includes 10 sub domains (e.g., regulation, empathy, engage with others, independence, cooperation) while the KEDAS consists of four sub domains (e.g., interaction with others, emotional expression, self-concept). Different cultural orientations of these two measures might result in targeting different behaviors within similar sub-domains, thus in lower correlations. In addition, because age ranges of the KEDAS include younger children (i.e., infant and toddler) than the K-SEAM, preschool interval, the KEDAS includes developmentally less advanced or different skills that are appropriate for infants and toddlers. For instance, six-year-old children who have mastered fewer social emotional skills might receive better scores on the KEDAS than on the K-SEAM.

Moderate correlations between measures indicate that outcomes of the K-SEAM can provide information about different social emotional skills that are not included in other measures. Social emotional development is multifaceted (Squires & Bricker, 2007) and each assessment includes slightly different constructs. Moreover, the results indicate the K-SEAM can provide information for goal and intervention development when it is used with other types of assessments in a linked system including screening, diagnosis, intervention, and evaluation.

Utility

Parents and teachers completed Utility Surveys after completing their first K-SEAM. Cultural fairness (e.g., whether the items are culturally appropriate) was assessed to be certain that Korean parents and teachers completed the K-SEAM with a clear understanding of items and response choices, and that the K-SEAM produced the outcomes it was designed to provide.

Parents took slightly more minutes to complete the K-SEAM than teachers. Most parents (79.9%) and teachers (83.1%) completed the K-SEAM within 30 minutes. Average parent time (i.e., 25.28 minutes) was longer than the average time of English-speaking parents (i.e., 17.65 minutes) measured by Ivey-Soto (2008). In her study, a researcher helped parents, which may have added to completion time. Ivey-Soto (2008) also stated that participants in her study were used to completing assessments as a part of service delivery procedures. Some participants in the current study mentioned unfamiliar wording of items and response choices added to completion time. It also can be inferred that Korean parents may be less likely to have opportunities to complete assessments, given the lower number of teachers (9.1%) using assessments. Minutes to complete the K-SEAM were not associated with participant's education levels or family income levels.

A majority of parents and teachers indicated that the K-SEAM items and response choices were easy or very easy to understand and select. These similar results were reported in a study with English speaking participants using SEAM (Squires, et al., under review). Over 90% of parents and teachers agreed that SEAM items are clearly worded and easy to understand

Approximately twice as many parents (22.5%) as teachers (12.1%) reported this. More parents (11.9% vs. teachers = 7.6%) felt there were difficult to understand the items. It was expected that more parents would have difficulty understanding items than teachers due to their training and teaching experience. The numbers of parents (22.5%) who felt that items were very easy to understand was unexpectedly high. Further analyses were conducted to see whether parent responses were related to educational or income levels. The results showed parent educational and income levels were related to their responses for this question. It is impossible, however, to infer more about parents responses due to the nature of data collected. Therefore, future research needs to investigate variables related to parent understanding of the K-SEAM items.

Few parents indicated items that needed to be changed due to culturally inappropriate examples. Although jam, butter, or toast have become a popular daily food in Korea, it seems that some parents did not feel comfortable with examples including Western foods. In addition, it should not be overlooked that low income families are less likely to eat these things, which are more expensive than Korean foods. Items including Western eating manners (e.g., using a knife to spread jam, using serving plates) and unfamiliar games (e.g., board games, Chutes and Ladders) should be revised to fit the Korean culture.

Over the twice the number of parents (18.1%) reported that the response choices were “very easy” to select, than did teachers (7.6%). Slightly fewer parents (22.5%) felt it was difficult to select response choices than teachers (30.3%), indicating more teachers than parents had difficulty answering questions. When asked to report unclear response choices, more teachers mentioned that the meaning of ‘Rarely True’ and ‘Somewhat

True' were vague. As the mean scores of K-SEAMs completed by parents were higher than those completed by teachers, more parents were most likely to select their responses from 'Very True' and 'Somewhat True.' On the other hand, teachers might have considered more of the various response options. Selecting a response from diverse choices might have caused more complications for teachers.

When asked about the usefulness of information drawn from completing the K-SEAM, most participants thought the K-SEAM was helpful in detecting suspected or new concerns. Some parents (10.6%) evaluated the K-SEAM as very helpful while there were no teachers who evaluated it this same way, indicating more parents were satisfied than teachers. Because most of participating children were typically developing, the K-SEAM might not have offered new information to teachers. On the other hand, as some parents reported, they had an opportunity to contemplate the social emotional skills that their children had or should have mastered during the preschool years.

Limitations

Limitations of this study include: 1) small sample size of five and six year old children, 2) small numbers of children with special needs, 3) lack of diversity in the sample population, 4) no data on how participants subsequently used information from the K-SEAM, and 5) lack of qualitative analyses.

To improve utility of the K-SEAM, research with a larger sample size is needed. Larger numbers of participants that are more representative of the Korean population in terms of education and income are needed. In addition to the small size of total participants, this study included few five and six years old children compared to younger

children. Korean translated assessments for preschool children such as the K-SEAM and K-CBCL target children ages up to five year old. Because children are in the preschool system until 83 months and there is a lack of available measures, translated assessments have been used with children whose ages are older. It is necessary to investigate the utility for these older children. The numbers of five and six year old children who participated in this study were too small to be representative of children of these age ranges.

Children with social emotional problems can benefit from being assessed with the K-SEAM, which provides useful information for developing goals and planning intervention. Therefore, more data with children with special needs, their families, and teachers are needed to improve the utility of K-SEAM. It was not easy to recruit early childhood centers serving children with special needs and their families to participate. Both the lack of centers and available teachers resulted in including two centers serving children with special needs. In the future, more effort should be made to contact centers serving children with special needs. Few teachers with special education degrees also participated. They may have had different opinions based on their pre-services training and teaching experience than teachers with general education degrees. In addition, the K-SEAM will be more likely to be used by special education teachers working with children with special needs. Therefore, it is important to include more special education teachers in future research on the utility of the K-SEAM.

Although participating parents were from various financial backgrounds, their educational levels did not represent diverse populations. More parents with high school diplomas or less should be recruited as lower parental education levels could indicate a

risk for children's development because of its relation with family income. Therefore, it is important to study how families with risk factors evaluate the utility of the K-SEAM. Teachers' educational levels and types of degrees should have been more diverse as well. Pre-service experiences can be different depending on years of training and types of degrees; evaluation of teachers from various backgrounds will provide useful information for a wide use of K-SEAM users.

This study provided information about how the K-SEAM assesses Korean preschool children and how participants evaluated use of the K-SEAM. It is also important to investigate how teachers and parents utilize information from the K-SEAM. The researcher planned to conduct a second survey about usefulness of the K-SEAM for developing goals and planning intervention within two months after the Phase Two. Analysis of children's assessment scores found 31 children with social emotional problems who might have needed further evaluation and intervention from nine centers. The researchers mailed the centers to ask whether teachers and parents of the children wanted to develop goals and plan interventions using the K-SEAM. There was no response from the teachers and parents. The reason might be that it was the end of last term with the children so the teachers felt there was not enough time to plan and implement interventions. In addition, teachers had challenges devoting time and effort to do extra works at the busiest time of year. Future studies need to investigate evaluation of teachers and parents for usefulness of the K-SEAM in developing goals and planning intervention.

The study results show that some parents and teachers experienced difficulty understanding items and selecting response choices. In addition, some participants felt

information from the K-SEAM was rarely helpful or never helpful to identify suspected or new concerns. Collected data do not provide enough information to investigate this negative feedback about the K-SEAM. More qualitative data collection through interviews or focus groups can add to information about the utility of the K-SEAM.

Implications

This study is the initial evaluation of the utility of the K-SEAM with Korean families and teachers. Results from the study support the reliability and validity of K-SEAM in assessing Korean preschool children's social emotional development. This section addresses implications for research and practice.

Research

Results regarding utility call for further research on K-SEAM items and response choices to make them culturally relevant for Korean population. Several parents indicated that wordings and examples of some items (e.g., English names, unfamiliar games, serving dish) needed revisions. Table 14 shows the items and parents' feedback on them.

Table 14

Items that Parents Requested for Revisions

Item	Questions (Q) or Examples (E)	Feedback
6.2	Tries spreading jam or butter on toast independently (E)	'Jam and butter' need to be changed to 'Korean food'.
7.3	My tower is taller than Paul's (E)	It is more culturally appropriate to use a Korean name.
8.1	Play games like Garasadae for 10 minutes (E)	Not many children play Garasadae. More popular motor activities should be included.
8.4	Plays board games with playmates (E)	We do not play board games at home. I do not know which types of games are included in board games.
8.5	Child regulates his activity level to match setting (Q)	I can not understand what the question is asking about.
9.1	Enjoy games with rules, such as Chutes and Ladders (E)	The example (Chutes and Ladders) is not appropriate for Korean culture.
9.2	Child does what he is asked to do & (Q)	Those two questions seem to ask same behavior.
9.3	Child responds appropriately when given directions (Q)	
9.3	Returns too-large portion of food to serving plate when told (E)	Serving plates is not appropriate for Korea culture. Preschool children usually do not serve food at home.
10.1	Uses knife to spread jam on toast (E)	Preschool children do rarely use knife to spread jam on toast. Jam and toast should be changed to Korea food.

Note. Questions and examples in this table are back translated to English from the K-SEAM; G = questions; E = examples; Some words may be slightly different from the English SEAM.

There is one item that has translation problems. The K-SEAM item 9.3 (i.e., Child responds appropriately when given directions) delivers slightly different meaning from the English SEAM item 9.3 (i.e., Child responds appropriately when corrected by adults). Consequently, the K-SEAM items 9.2 and 9.3 appear to be the same question. Most of items and examples that parents indicated need for revisions were related to cultural difference. Cultural fairness considers not only differences between Western and Eastern cultures but also between different social economic positions in the Korean population. Therefore, when reviewing items and examples of the K-SEAM, one must be certain they fit for the general Korean culture as well as for populations with different social, economic, and educational backgrounds.

Future research needs to be conducted to elicit parent and teacher feedback on items and examples from the K-SEAM. Future research should include a large sample of children, parents, and teachers with diverse backgrounds. Qualitative data drawn from interviews or focus groups could provide more detailed information about parent and teacher opinions about K-SEAM items. Based on the data collected in this study, researchers need to revise some items and examples. After these revisions are made, reliability, validity, and utility should be re-examined to measure any differences.

More research with children with diverse disabilities should be conducted. Two parents whose children had linguistic or physical disabilities mentioned that some items required verbal or physical responses that their children could not show. Table 15 shows inappropriate items for children with disabilities, as indicated by parents. Future research needs to include more children with different disabilities and their families and teachers. Based on data from feedback from parents and teachers of children with disabilities,

revision of items or examples should be made. Moreover, it is necessary to investigate whether the revised items and examples are appropriate for children with varying disabilities.

Table 15

Inappropriate Items for Children with Physical or Linguistic Disability

Item	Question
1.3	Child uses words to let you know if she needs help, attention, or comfort.
2.3	Child describes emotions of others.
5.2	Child greets adults and peers.
7.3	Child makes positive statements about self.
8.1	Child stays with motor activity for 10 minutes or longer.
10.2	Child dresses self.
10.6	Child keeps himself safe in potentially dangerous conditions.

Most of assessments that are used in Korea do not use the response options that were used for the K-SEAM (i.e., Very true, Somewhat true, Rarely true, Never true). Most response choices have almost the same meaning as the K-SEAM response choices, but they are differently worded in Korean. Some parents and teachers who were used to previously widely used response choices were not familiar with the K-SEAM response choices and took longer time to complete it. Other parents and teachers indicated the K-SEAM response choices were more clear than the previously used response choices. They mentioned, however, that the K-SEAM response choices should be improved to help parents and teachers select responses based on a similar understanding of meaning

of each response choice. Some parents asked to add frequency to the current response choices (e.g., Very true [9 out of 10 opportunities], Somewhat true [7 out of 10 opportunities]).

In addition, most parents and teachers who wanted revision of the response choices indicated that there was not much difference in meanings between ‘Rarely true’ and ‘Never true,’ as currently appear on the K-SEAM. Current Korean translation of ‘Rarely true’ is more likely to mean ‘Not true’ and ‘Never true’ means ‘Rarely not true’. Therefore, parents and teachers were confused between ‘Not true’ and ‘Rarely not true’. Current translation of the K-SEAM response choices should be investigated to improve them for better understanding by parents and teachers, helping them accurately assess their children, and get more useful information from the K-SEAM. It would also be helpful to conduct a focus group with parents and teachers about the use of several different response choices. In addition, reliability and validity of the K-SEAM with revised response choices should be investigated to examine whether the new response choices result in any differences.

Some parents thought examples provided under each item were criteria to select response choices. They selected response choices based on how many examples their children mastered. The newly revised SEAM includes a sentence of explanation with these examples: “Some example might be appropriate for your child”. The K-SEAM does not include the sentence. Although the front page mentions the examples help parent understand how behavior might look like, other sentences (e.g., The way in which your child displays these behaviors may or may not be illustrated by the examples. It is not expected that all children in the preschool interval will exhibit every behavior) were

omitted in the K-SEAM. The absence of these sentences might result in parents' misunderstanding the purpose of the examples. Information on the instructions page should be revised to make them clearer for parents and teachers

Practice

Study results pertain to the reliability and validity of the K-SEAM in assessing preschool children's social emotional development. Correlations between the K-SEAM and the other types of social emotional measures (e.g., screening, diagnosis) support the use of the K-SEAM for developing goals and planning intervention within a linked system of identification, diagnosis, intervention, and evaluation. In addition, feedback from parents and teachers was positive regarding the utility of the K-SEAM. Although future research is needed, all of these results indicate that the K-SEAM can be a useful tool for assessing children's social emotional development in Korea.

Recently, TV news and newspapers report that middle and high school student suicides due to school violence and bullying have been proliferating in Korean (Yoo & Kim, 2011; Digital News Team, 2011). The National Policy Agency announced that reports of school violence filed between 1st and 13th of January was 20 times the total reports filed in 2011 (Baek, 2012). Recent news regarding school violence and children's suicide are encouraging victims of school violence to disclose their experiences. A survey with 1,377 elementary students in fourth to six grades showed that 25% students experienced school violence and 18% students frequently have observed violence (Kim, 2012). The Chorok Woosan Foundation for Children conducting the survey argued that school policy, adult involvement, and intervention for problem solving skills are needed

to prevent school violence (Acrofan Editing Team, 2012). Many professionals and parents agreed that the high emphasis on children's academic skills from young ages and relatively less attention on social emotional skills are causes of the current situation (Yoo & Kim, 2011). Parents of the victims from school violence did not notice that their children were suffering from classmates' bullying. Parents of the bullies also did not know that their children were cruel to other children. In addition, teachers of the students did not perceive the seriousness of their problem behaviors.

Lots of attention is given to how to intervene with children's social emotional problems in order to develop healthy relationship between peers. Social emotional problems appear at early ages and tend to persist across time. Early identification of the problems and providing intervention is important for changing negative developmental paths to more positive directions before the problems get severe (Davies, 2003). In addition, early childhood is an initial stage in which children have opportunities to learn important skills to interact with others. Therefore, it is essential that parents and teachers are aware of preschool children's social emotional competencies and can provide them with necessary supports.

Teachers reported difficulties in discussing social emotional development with parents without assessments (Kim & Jung, 2009). Benefits of the K-SEAM are that parents and teachers can use the same assessment to understand their children's social emotional development. Using a same tool will help parents and teachers to acquire a comprehensive picture of the child by combining observations of the child's behaviors across different places. Communication between them will be enhanced by providing shared topics for discussion and collaboration.

Because the K-SEAM is a newly developed measure, professional trainings on using the K-SEAM should be provided. Teachers' responses on the Teacher Information Form indicated few teachers had participated in trainings on assessment and very few teachers had used social emotional measures. Teacher trainings on assessment should be provided more frequently. Various trainings are offered for in-service teachers during the summer from public or private institutes in Korea. The summer sessions could be opportunities to provide training on assessment procedures and measures. Teachers with different types of degrees could receive pre-service training and acquire knowledge and experience with assessments. Different demands of teachers with various backgrounds should be considered in planning professional development.

Another way to advocate for use of the K-SEAM could be providing free trainings for teachers and parents in centers that are willing to use it. Children's problem behaviors have been reported as the most challenging issue for teachers and parents. Providing teachers and parents with intervention and behavior management strategies using the K-SEAM could be beneficial. Parent's participation in assessment of their child is important in order to get a holistic picture of the child. The low correlations between parents and teacher in this study might indicate parent report is necessary to thoroughly understand children's social emotional development and provide interventions in the school and home settings. Therefore, parent trainings on the importance of assessing children's social emotional development and using the K-SEAM are needed.

Because most pre-service programs in early childhood education departments do not offer courses on assessment, it could be an unfamiliar topic for teachers graduating from these programs. As shown in this study, many preschool teachers have early

childhood education degrees. Providing more opportunities for training on assessment to teachers could be helpful but might not be enough to promote teachers to use these measures. For early identification of children with social emotional difficulties, use of screening tools in finding children who might need further assessments is critical. Therefore, pre-service programs in early childhood education departments need to provide their pre-service teachers with knowledge and experience regarding assessments for children's development.

Completing the K-SEAM provides information about a child's social emotional development. It can be more beneficial and effective when the K-SEAM is used in a linked system of screening, assessment, intervention, and evaluation. Parents and teachers took an average of 24 minutes to complete the K-SEAM; therefore it might best be used for only those children with identified or suspected delays and problems. Screening tools such as the K-ASQ:SE have a smaller number of questions that teachers and parents can complete within 10 minutes. Teachers and parents can use the K-ASQ:SE to screen their classrooms and the K-SEAM can then be effectively used for children who are identified with potential problems by the K-ASQ:SE.

The K-SEAM includes items describing functional behaviors that are daily exhibited and items can be easily changed to goals for intervention. Interventions based on these functional goals can be embedded into daily routines. In addition, after providing intervention, teachers can use the K-SEAM to evaluate the effectiveness of the intervention and children's progress. Finally, using the K-SEAM saves time when assessing children, developing goals, planning intervention, and evaluating children's

progress because information drawn from the K-SEAM can be used for all procedures from assessment to evaluation.

To prevent increasing victims of school violence, teachers and parents should be aware of their children's social emotional problems at very early stages. The K-SEAM can assist teachers and parents to understand their children's social emotional strengths and weaknesses. In addition, the information from the K-SEAM can help parents and teachers feel comfortable in discussing complicated social emotional development.

Unlike assessments for screening or eligibility determination, the K-SEAM, which was developed for programming, can assist parents and teachers to collaborate in the process of developing goals, planning interventions, and improving their social emotional skills.

To increase the effectiveness of the K-SEAM, it should be used in a linked system including identification of children with social emotional problems using screening tools, planning for intervention, evaluation of children's progress, and revision of intervention.

Programs and teachers using this linked system will improve social emotional outcomes for young children and families.

APPENDIX A
RECRUITEMENT

Verbal Recruitment Script

Hello,

My name is Young-Ah Park and I am a doctoral student at the University of Oregon, Early Intervention program. I am calling to invite teachers in your program to participate in my dissertation study. This study is to examine the utility of the Korean translated Social Emotional Assessment Measure (K-SEAM).

If teachers decide to participate in this study, they will be asked to select three children and complete 3 social emotional measures including the K-SEAM for each child, which will approximately take 10-30 minutes each. In addition, they will be asked to complete a demographic survey and utility survey, which will approximately take 5 minutes each.

Their participation is voluntary and they may withdraw their consent at any time. If teacher would like to participate, I will send consent forms including more information about the research. If you and your teachers need more time to decide if you would like to participate, I can call you in two or three days.

Do you have any questions for me at this time?

If you have any more questions about this process or if you need to contact me about participation, I may be reached at 010-5032-XXXX or ypark3@uoregon.edu.

Thank you so much for your time.

Do you want to learn more about your child's social emotional development?



Parents of children ages 36-66 months are invited to participate in a research on a measure for social emotional development.

Parents will be asked to complete 5 questionnaires, which will take 5-30 minutes each. Parents will receive \$5 gift certificate for completion of the measures.

For more information, please contact Young-Ah Park at 010-5032-XXXX or ypark3@uoregon.edu

If you want to participate in the study, please fill in the below portion and send this flyer back to your child's teacher no later than (date). You will receive a consent form including information about the study.

Thank you

I would like to participate in the study. Please send me a consent form.

Child's name:

APPENDIX B
CONSENT FORM

Parent Consent Form

Dear Parents,

You are invited to participate in a research that will study how “Korean translated Social Emotional Assessment Measure (K-SEAM)” fit well for Korean children and families. I am a doctoral student at the University of Oregon, Early Intervention Program, Department of Special Education and Clinical Sciences.

Your child was selected as a possible participant in this study because he/she is between 36 and 66 month olds. You will be asked to complete 3 social emotional questionnaires, which will take about 10-30 minutes each. In addition, you will be asked to complete a demographic survey and utility survey(s) about the K-SEAM. You will receive the first package including the K-SEAM, another social emotional questionnaire, a demographic survey, and a utility survey-part I. Within 2 weeks of completion of the first package materials, you will receive the second package including a social emotional questionnaire. At the end of study, you will be asked to whether you want to complete a utility survey-part II, if you are eligible. The survey will take about 5 minutes. Once you have completed each package, please send it to your child’s teacher. You will receive a \$5 gift card for completing the questionnaires and surveys.

At the end of study, you will receive a summary of your child’s assessment results completed by you and the teacher. The summary will be mailed to your child’s center and distributed to you.

I will not record child or family names, addresses, phone numbers, or identity numbers. All materials completed by parents will be coded for anonymity and stored in a locked cabinet. All data will be analyzed according to groups and not by individual children or centers.

Participation in the study may give you extra work to do and make you feel overwhelmed. You also may feel uncomfortable (e.g., anxious, embarrassed) about your child’s behaviors or your responses. If you have any of these feelings, please feel free to contact Young-Ah Park at any time. You may have benefit from participation in the study such as getting knowledge about your child’s social emotional strength and weakness.

If you have any questions about the research at any time, please contact Young-Ah Park at 010-5032-XXXX, ypark3@uoregon.edu or my faculty advisor, Dr. Jane Squires at 1-541-346-2634. If you have questions about your rights as a participant in research projects, please call the Office of Protection of Human Subjects, University of Oregon, 1-541-346-2510.

Your signature on the reverse side indicates that you have read and understand the information. Your participation is voluntary and you may withdraw your consent at any time without penalty. You are not waiving any legal claims, rights, or remedies. You will receive a copy of this form.

Sincerely,
Young-Ah Park

Parent Consent Form

I have read and understand the information provided in this letter about participating in this study. I will complete 3 social emotional questionnaires that will take approximately 1 ½ -2 hours. I willingly agree to participate in the research, and understand that I may withdraw my consent at any time without penalty, and that I will receive a copy of this form, and that I am not waiving any legal claims, rights, or remedies.

Child's Name:

Parent's Name:

Program:

Signature:

Date:

Practitioner Consent Form

Dear EC Practitioner:

You are invited to participate in a research study that will investigate the utility of “Korean translated Social Emotional Assessment Measure (K-SEAM)” I am a doctoral student at the University of Oregon, Early Intervention Program, Department of Special Education and Clinical Sciences.

You will be asked to complete 3 social emotional questionnaires including K-SEAM for each of three children in your classroom. Each measure will take approximately 10-30 minutes. In addition, you will be asked to complete a demographic survey and utility survey(s) about the K-SEAM, which will take 5 minutes each. You will receive two packages. The first package includes the K-SEAM, another social emotional questionnaire, a demographic survey, and utility survey-part I. Within 2 weeks of completion of the materials in the first package, you will receive second package including a social emotional questionnaire. At the end of study, you will be asked to whether you want to complete utility survey-part II, if you are eligible. The survey will approximately take 5 minutes. Once you have completed each package and received completed packages from families, please give them to your center’s coordinator. You will receive a \$5 gift card for completing the questionnaires.

At the end of study, you will receive a summary of each child’s assessment results completed by you and the parent. The summary for you and the parents will be mailed to your center. You will be asked to distribute the summary to each family.

Participation in the study may give you extra work to do and make you feel overwhelmed. You may have benefit from participation in the study such as getting knowledge about children’s social emotional strength and weakness, which help you plan intervention. In addition, you may identify children who need further assessment and special needs.

I will not record teachers’ names, addresses, phone numbers, or identity numbers. All materials completed by teachers will be coded for anonymity and stored in a locked cabinet. All data will be analyzed according to groups and not by individual children, teachers, or programs.

If you have any questions about the research at any time, please contactl Young-Ah Park at 010-5032-XXXX, ypark3@uoregon.edu or my faculty advisor, Dr. Jane Squires at 1-541-346-2634. If you have questions about your rights as a participant in research projects, please call the Office of Protection of Human Subjects, University of Oregon, 1-541-346-2510.

Your signature on the reverse page indicates that you have read and understand the information. Your participation is voluntary and you may withdraw your consent at any time without penalty. You are not waiving any legal claims, rights, or remedies. You will receive a copy of this form.

Sincerely,

Young-Ah Park

Practitioner Consent Form

I have read and understand the information provided in this letter about participating in this study. I will complete 3 social emotional measures and two or three surveys that will take approximately 1 ½ - 2 hours total. I willingly agree to participate in the research, and understand that I may withdraw my consent at any time without penalty, that I will receive a copy of this form, and that I am not waiving any legal claims, rights, or remedies.

Practitioner's Name:

Program:

Signature:

Date:

APPENDIX C
MEASURES

Social Emotional
Assessment/Evaluation Measure
SEAM

Preschool Interval

(for developmental range 36-63 months)

Child's name: _____

Child's date of birth: _____

Today's date: _____

Family's name: _____

Name of person completing form: _____

Date of administration: _____

INSTRUCTIONS:

When completing the Social Emotional Assessment/Evaluation Measure: Preschool Interval (SEAM: Preschool) it is important to read each item carefully and think about your child's behavior before selecting an answer. In some cases, it may be necessary to observe your child before selecting a response to the item. Each item is accompanied by several examples to give you ideas about how the behavior *might* look. Please keep in mind that these behaviors may be displayed in different ways depending on your child's age, the developmental stage of your child and the expectations of your culture and family. The way in which your child displays these behaviors may or may not be illustrated by the examples. It is not expected that all children in the preschool interval will exhibit every behavior.

The four scoring options include: *Very True*, *Somewhat True*, *Rarely True* and *Not True*. For example, when indicating whether your child shares and takes turns with other children, check the box under:

- *Very True* if your child shares and takes turns with other children consistently or most of the time.
- *Somewhat True* if your child shares and takes turns with other children sometimes, though not consistently.
- *Rarely True* if your child shares and takes turns with other children rarely or only once in a while.
- *Not True* if your child does not share and take turns with other children.

In addition, each item has a circle that you can check to indicate if an item is a concern. Each item also has a triangle that you can check if you would like this item to become an intervention goal for your child.

CHILD BENCHMARKS AND ASSESMENT ITEMS: PRESCHOOL INTERVAL

Please read each question carefully and

1. Check the box that best describes your child's behavior.
2. Check the circle if this item is a concern, and
3. Check the triangle if this will be an intervention goal.

Very True
 Somewhat True
 Rarely True
 Not True

CHECK IF THIS IS A CONCERN

INTERVENTION GOAL

C-1.0 PRESCHOOL-AGE CHILD DEMONSTRATES HEALTHY INTERACTIONS WITH OTHERS.

1.1 Child shows affection toward you and other familiar adults and children.

V S R N

Some examples might be:

- Smiles at other children
- Calls friends by name
- Hugs you and favorite friends
- Makes plans to sit by you or favorite friends at lunch

1.2 Child talks and plays with you and other familiar adults and children.

V S R N

Some examples might be:

- Uses phrases or sentences to talk to others
- Plays ball or other games with you
- Names a friend with whom she likes to play
- Plays favorite games with other children or adults
- Engages in back-and-forth conversations with you and other familiar adults

1.3 Child uses words to let you know if she needs help, attention, or comfort.

V S R N

Some examples might be:

- Asks for help to find a lost toy
- Finds you when hurt and asks for a band-aid or hug
- Talks about recent experiences, such as, "At Granny's, I fell off my bike and hurt my foot"
- Can resolve some conflicts with words: "It's my turn with the fire hat"

1.4 Child shares and takes turns with other children.

V S R N

Some examples might be:

- Takes turns on swing with reminders from you
- Shares toys, such as rolling pins and shape cutters, when playing with playdough
- Takes turns in simple games, such as tag
- Offers paints or crayons to a friend when drawing
- Takes turns when playing board games, such as Chutes & Ladders, and playing other games, such as Red Rover

1.5 Child plays with other children.

V S R N

Some examples might be:

- Plays in sandbox near other children
- Plays imaginatively with peers for short times
- Plays dress up with other children, sharing clothing
- Plays pretend games such as kitties, house
- Plays imaginary games with peers that don't depend on objects, such as superheroes

CHILD BENCHMARKS AND ASSESMENT ITEMS: PRESCHOOL INTERVAL							
Please read each question carefully and							
1.	Check the box <input type="checkbox"/> that best describes your child's behavior.						
2.	Check the circle <input type="radio"/> if this item is a concern, and						
3.	Check the triangle <input type="checkbox"/> if this will be an intervention goal.						
		Very True	Somewhat True	Rarely True	Not True	CHECK IF THIS IS A CONCERN	INTERVENTION GOAL
C-2.0 PRESCHOOL-AGE CHILD EXPRESSES A RANGE OF EMOTIONS.							
2.1	<u>Child smiles and laughs.</u> Some examples might be: • <i>Laughs when another child makes a funny face</i> • <i>Smiles when you come to pick her up from child care</i> • <i>Smiles and laughs when playing with peers</i> • <i>Laughs at fun books during group time</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>
2.2	<u>Child expresses a range of emotions using a variety of strategies.</u> Some examples might be: • <i>Laughs, cries, shouts in excitement, shows anger physically such as crossing arms, stomping feet</i> • <i>Expresses many feelings such as happy, sad, mad, tired</i> • <i>Says, "I'm mad at you," or "I'm scared"</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>
2.3	<u>Child describes emotions of others.</u> Some examples might be: • <i>Says, "He is sad" when another child cries</i> • <i>Identifies others' emotions; says, "you're tired" when teacher yawns</i> • <i>Describes others' emotions and reason for the emotion, "Teacher, you are sad because the kids are noisy and not listening"</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>
2.4	<u>Child identifies own emotions.</u> Some examples might be: • <i>Says she is mad or upset when angry</i> • <i>Tells you she is happy when given a toy she wants</i> • <i>Identifies feelings and why she has them: "I am mad because I never get to be teacher's helper"</i> • <i>Identifies some subtle feelings, such as frustration, disappointment, surprise</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>
C-3.0 PRESCHOOL-AGE CHILD REGULATES SOCIAL EMOTIONAL RESPONSES.							
3.1	<u>Child responds to peer's or caregiver's soothing when upset.</u> Some examples might be: • <i>Quiets when physically comforted by you or a peer</i> • <i>Quiets in response to your comforting: "Sebastian- you will have a turn next"</i> • <i>Stops fretting when you explain why he needs to come inside</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>

CHILD BENCHMARKS AND ASSESMENT ITEMS: PRESCHOOL INTERVAL

Please read each question carefully and

1. Check the box that best describes your child's behavior,
2. Check the circle if this item is a concern, and
3. Check the triangle if this will be an intervention goal.

Very True
Somewhat True
Rarely True
Not True

CHECK IF THIS IS A CONCERN

INTERVENTION GOAL

3.2 Child can calm self when upset within 5 minutes.

V S R N

Some examples might be:

- Stops fussing after a minor fall within a few minutes
- Finds another activity after conflict with peer

3.3 Child can calm self after periods of exciting activity.

V S R N

Some examples might be:

- Calms down after a game of chase within 10 minutes, with some guidance from you
- Stops laughing after funny event is over
- Transitions from outside to inside activities

3.4 Child remains calm in disappointing situations.

V S R N

Some examples might be:

- Finds another game or toy when you remove a favorite toy, with some guidance from you
- Says it's okay when she did not win a prize

C-4.0 PRESCHOOL-AGE CHILD SHOWS EMPATHY FOR OTHERS.

4.1 Child responds appropriately to others' emotional responses.

V S R N

Some examples might be:

- Laughs when group of children are enjoying a game
- Gives a toy back when another child shows distress
- Asks why a friend or caregiver is feeling sad or angry
- Shows understanding that people have mixed emotions; may comment about peer, "She is sad and mad"

4.2 Child tries to comfort others when they are upset.

V S R N

Some examples might be:

- Comforts another child who is crying, by offering a toy or reassuring words: "Are you okay?"
- Asks why adult is sad and listens to response
- Expresses understanding of others' feelings: "It is sad that she doesn't have a bike."

C-5.0 PRESCHOOL-AGE CHILD SHARES AND ENGAGES WITH OTHERS.

5.1 Child focuses on or joins activities.

V S R N

Some examples might be:

- Looks at a picture pointed out by another child
- Helps you with household tasks, helps to feed the dog, wipe the table
- Joins peers who are engaged in an activity, such as feeding baby dolls or making roads in a sand box

CHILD BENCHMARKS AND ASSESMENT ITEMS: PRESCHOOL INTERVAL

Please read each question carefully and

1. Check the box that best describes your child's behavior,
2. Check the circle if this item is a concern, and
3. Check the triangle if this will be an intervention goal.

Very True
Somewhat True
Rarely True
Not True

CHECK IF THIS IS A CONCERN
INTERVENTION GOAL

- | | Very True | Somewhat True | Rarely True | Not True | CHECK IF THIS IS A CONCERN | INTERVENTION GOAL |
|---|--------------------------|--------------------------|--------------------------|--------------------------|----------------------------|--------------------------|
| <p>5.2 <u>Child greets adults and peers.</u></p> <p>Some examples might be:</p> <ul style="list-style-type: none"> • Says "Hi" to friend; says "Bye" when leaving preschool • Uses friends' and teachers' names | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | <input type="checkbox"/> |
| <p>5.3 <u>Child cooperates in play or when completing a task.</u></p> <p>Some examples might be:</p> <ul style="list-style-type: none"> • Helps another child stack blocks to build a tall tower • Engages in dramatic play: "You be the dad and I will be the baby" • Can switch roles when playing: "Now I am the bus driver and you are the kid" | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | <input type="checkbox"/> |
| <p>5.4 <u>Child participates appropriately in group activities.</u></p> <p>Some examples might be:</p> <ul style="list-style-type: none"> • Participates in group singing. • Helps with cooking project, taking turns pouring ingredients and stirring with your guidance • Sits quietly in a small group while a story is being read | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | <input type="checkbox"/> |
| <p>C-6.0 PRESCHOOL-AGE CHILD DEMONSTRATES INDEPENDENCE</p> | | | | | | |
| <p>6.1 <u>Child explores new materials and settings.</u></p> <p>Some examples might be:</p> <ul style="list-style-type: none"> • Is becoming more independent and leaves your side for a short time at the park • Becomes independent and plays by self at the playground • Tries out equipment at new playground • Explores new activity in the classroom, such as sensory table with shaving cream or dry beans | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | <input type="checkbox"/> |
| <p>6.2 <u>Child tries new task before seeking help.</u></p> <p>Some examples might be:</p> <ul style="list-style-type: none"> • Tries to complete puzzle before seeking help • Tries to open jar before asking for assistance • Tries spreading peanut butter on toast or muffin independently | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | <input type="checkbox"/> |
| <p>6.3 <u>Child stays with or returns to challenging activities.</u></p> <p>Some examples might be:</p> <ul style="list-style-type: none"> • Asks to skate again after falling • Helps clean up until all objects are put away • Builds a block tower again after it falls over • Clean up toys by self until all objects are put away | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | <input type="checkbox"/> |

CHILD BENCHMARKS AND ASSESMENT ITEMS: PRESCHOOL INTERVAL

Please read each question carefully and

1. Check the box: that best describes your child's behavior.
2. Check the circle: if this item is a concern, and
3. Check the triangle: if this will be an intervention goal.

Very True
 Somewhat True
 Rarely True
 Not True

CHECK IF
 THIS IS A
 CONCERN

INTER-
 VENTION
 GOAL

6.4 Child can leave you without distress.

V S R N

Some examples might be:

- Leaves you on park bench to play with friends in the playground.
- Tells you "Bye" and does not cry when left at familiar child care.

C-7.0 PRESCHOOL-AGE CHILD DISPLAYS A POSITIVE SELF-IMAGE.

7.1 Child knows personal information.

V S R N

Some examples might be:

- Gives first name, age, and gender when asked.
- Tells you first and last name and siblings' first names.
- Knows identifying information: phone number, address, birthday.

7.2 Child shows off work, takes pride in accomplishments.

V S R N

Some examples might be:

- Shows you a completed drawing.
- Says "Look at me" when painting.
- Tells other adults, "Watch me run fast".
- Describes what she has done: "Mom, I cut this out, taped it, and put glitter on it. Isn't it beautiful?"

7.3 Child makes positive statements about self.

V S R N

Some examples might be:

- Tells you: "I can do it myself".
- Describes performance: "I made a huge dinosaur".
- Describes work: "My tower is taller than Fernando's".
- Describes traits: "I'm good at cutting".
- Says, "I'm smart".

C-8.0 PRESCHOOL-AGE CHILD REGULATES ATTENTION AND ACTIVITY LEVEL.

8.1 Child stays with motor activity for 10 minutes or longer.

V S R N

Some examples might be:

- Rides tricycle for 10 minutes.
- Plays games like Simon Says for 10 minutes.

CHILD BENCHMARKS AND ASSESMENT ITEMS: PRESCHOOL INTERVAL					CHECK IF THIS IS A CONCERN	INTERVENTION GOAL	
Please read each question carefully and			Very True	Somewhat True			
1.	Check the box <input type="checkbox"/> that best describes your child's behavior.						
2.	Check the circle <input type="radio"/> if this item is a concern, and						
3.	Check the triangle <input type="checkbox"/> if this will be an intervention goal.						
8.2	<u>Child participates in early literacy activities.</u>	<input type="checkbox"/> V	<input type="checkbox"/> S	<input type="checkbox"/> R	<input type="checkbox"/> N	<input type="radio"/>	<input type="checkbox"/>
	Some examples might be:						
	<ul style="list-style-type: none"> • Holds book correctly and turns pages • Recognizes a few letters of the alphabet • Copies and prints some letters and shapes • Recognizes many letters of the alphabet, printed name and some words • Writes first name and many letters 						
8.3	<u>Child moves from one activity to another without problems.</u>	<input type="checkbox"/> V	<input type="checkbox"/> S	<input type="checkbox"/> R	<input type="checkbox"/> N	<input type="radio"/>	<input type="checkbox"/>
	Some examples might be:						
	<ul style="list-style-type: none"> • Shifts from group time to free play activities, with adult prompt and without problems • Moves from bath to bed with adult prompt 						
8.4	<u>Child participates in games with others.</u>	<input type="checkbox"/> V	<input type="checkbox"/> S	<input type="checkbox"/> R	<input type="checkbox"/> N	<input type="radio"/>	<input type="checkbox"/>
	Some examples might be:						
	<ul style="list-style-type: none"> • Plays cars with other children • Plays card games such as Go Fish with others • Plays board games with playmates 						
8.5	<u>Child regulates his activity level to match setting.</u>	<input type="checkbox"/> V	<input type="checkbox"/> S	<input type="checkbox"/> R	<input type="checkbox"/> N	<input type="radio"/>	<input type="checkbox"/>
	Some examples might be:						
	<ul style="list-style-type: none"> • Plays with peers in sandbox with safety reminders • Sits safely in the bath while bathing, with your supervision • Jumps and runs outside • Participates in small and large group with help from you or other adult; sits and listens to story with group; dances with friends to music • Entertains self, such as taking book to reading corner to look at pictures • Plays safely outside with peers or at parks, with your supervision 						
C-9.0 PRESCHOOL-AGE CHILD COOPERATES WITH DAILY ROUTINES AND REQUESTS.							
9.1	<u>Child follows routines and rules.</u>	<input type="checkbox"/> V	<input type="checkbox"/> S	<input type="checkbox"/> R	<input type="checkbox"/> N	<input type="radio"/>	<input type="checkbox"/>
	Some examples might be:						
	<ul style="list-style-type: none"> • Follows clean-up routine after meals with reminders • Helps get self dressed • Follows simple rules at home and school • Enjoys games with rules, such as Chutes and Ladders, Candyland • Transfers rules from different settings: "My teacher says we walk outside" 						

CHILD BENCHMARKS AND ASSESMENT ITEMS: PRESCHOOL INTERVAL							
Please read each question carefully and							
1. Check the box <input type="checkbox"/> that best describes your child's behavior,							
2. Check the circle <input type="radio"/> if this item is a concern, and							
3. Check the triangle <input type="checkbox"/> if this will be an intervention goal.							
		Very True	Somewhat True	Rarely True	Not True	CHECK IF THIS IS A CONCERN	INTERVENTION GOAL
9.2	<u>Child does what he is asked to do.</u> Some examples might be: • Stops running when asked • Gets coat on when asked • Remembers a rule when reminded, such as using a quiet voice, walking indoors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>
9.3	<u>Child responds appropriately when corrected by adults.</u> Some examples might be: • Takes appropriate toy when prompted by adult • Returns too-large portion of food to serving plate when told	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>
C-10.0 PRESCHOOL-AGE CHILD SHOWS A RANGE OF ADAPTIVE SKILLS.							
10.1	<u>Child feeds self and eats a variety of foods without a problem.</u> Some examples might be: • Eats most foods that are offered • Eats small bites of new foods • Eats with utensils and can pour juice from a pitcher or jug • Prepares food (e.g. opens bag of fruit snacks, uses knife to spread peanut butter on crackers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>
10.2	<u>Child dresses self.</u> Some examples might be: • Undresses independently (no buttons or snaps) • Dresses independently • Uses buttons and unzips • Manipulates buttons, zippers, and shoes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>
10.3	<u>Child goes to bed and falls asleep without a problem.</u> Some examples might be: • Goes to bed when prompted by you, without crying • Follows naptime or sleeping routine at home, child care, or preschool • Falls asleep shortly after going to bed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>
10.4	<u>Child uses the toilet appropriately.</u> Some examples might be: • Indicates need and seeks bathroom when necessary • Uses toilet with little help from caregiver and remains dry at night • Takes care of toileting needs independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>

CHILD BENCHMARKS AND ASSESSMENT ITEMS: PRESCHOOL INTERVAL

Please read each question carefully, and

1. Check the box that best describes your child's behavior.
2. Check the circle if this item is a concern, and
3. Check the triangle if this will be an intervention goal.

Very True
 Somewhat True
 Rarely True
 Not True

CHECK IF THIS IS A CONCERN

INTERVENTION GOAL

10.5 Child manages changes in settings and conditions.

V S R N

Some examples might be:

- Accepts changes in familiar routine, such as field trip at school, father picking her up instead of mother
- Adjusts to sleeping in a new place
- Eats without problem in a restaurant

10.6 Child keeps himself safe in potentially dangerous conditions.

V S R N

Some examples might be:

- Waits for you or other adult before crossing a street
- Climbs a jungle gym safely
- Follows rules when in public, such as stopping at crosswalks, not going away with strangers

10.7 Child solves problems to meet her needs.

V S R N

Some examples might be:

- Asks you for help when hungry or thirsty
- Finds you when needing help with problems, such as opening outside door
- Gets cup of water when thirsty
- Problem-solves with peer to decide rules of a game or roles in imaginary play (e.g. playing house or grocery store)

SEAM 사회 정서 사정/평가도구

Social Emotional Assessment/Evaluation Measure(SEAM™)



유치원 연령 유아용

(발달 범위: 36~63개월)

유아의 이름: _____

유아의 생년월일: _____

가족 이름: _____

작성자의 이름: _____

시행 일시: _____

작성방법

답을 작성하기 전, 각 기준과 항목을 주의 깊게 읽는 것은 중요하다. 어떤 문항은 답을 하기 전에 유아의 행동을 먼저 관찰하는 것이 필요할 수 있다. 각 문항에는 몇 가지의 예가 제시되어 그 문항이 유아의 어떤 행동을 의미하는지를 파악할 수 있도록 돕는다. 이 문항의 행동들은 유아의 발달 단계, 문화, 가족의 수준에 따라 달라질 수 있음에 주의를 기울여야 한다. 유아에 따라 이 유아용 사정도구의 모든 문항을 완성하는 것이 적절하지 않을 수 있다.

다음과 같은 네 가지 종류의 채점 방식이 있다 — 매우 사실, 대부분 사실, 사실이 아님, 전혀 사실이 아님. 예를 들어 유아가 다른 놀이할 때 유아들과 나누어 쓰고 자기 순서를 지키는 행동을 파악하기 위해 다음 중 하나의 네모 옵션에 표한다.

- 매우 사실: 유아가 다른 유아와 대부분 일관성 있게 나누어 쓰고 자기 순서를 지킬 때
- 대부분 사실: 유아가 다른 유아와 때때로 나누어 쓰고 자기 순서를 지키나 일관성은 없을 때
- 사실이 아님: 유아가 다른 유아와 나누어 놀이하거나 자기 순서 지키기를 거의 하지 않거나 가끔 한 번씩만 할 때
- 전혀 사실이 아님: 유아가 다른 유아와 나누어 놀이하지 않고 자기 순서를 지키지 않을 때

더하여, 각 문항이 우려사항이라면 ●에 표할 수 있다. 또한 그 항목이 유아의 중재목표이기를 희망할 경우는 ▲에 표한다.

유아 기준 및 사정 항목(유치원 연령 유아용)

각 질문을 주의 깊게 읽은 후,

1. 유아의 행동을 가장 잘 묘사한 네모 틀에 표시하세요.
2. 이 행동이 우려(걱정)된다면 동그라미 ●에 표시하세요.
3. 이 항목이 중재목표가 될 것이라면 세모 ▲에 표시하세요.

기준	매우 사실	대부분 사실	사실이 아님	전혀 사실이 아님	우려 사항	중재 목표
C-1.0 유아가 다른 사람과 건강한 상호작용을 보여 준다.						
1.1 유아가 당신, 친숙한 성인들과 다른 유아들에게 관심애정을 보인다. 다른 유아들에게 미소를 짓는다. 친구들의 이름을 부른다. 당신과 좋아하는 친구들을 안아 준다. 점심 시간에 당신이나 좋아하는 친구들 옆에 앉기 위해 계획을 세운다.	■	■	■	■	●	▲
1.2 유아가 당신과 자신이 아는 성인들과 이야기하고 놀이한다. 다른 사람들과 대화하기 위해 문장을 사용한다. 당신과 공놀이의 다른 게임을 한다. 같이 놀이하고 싶은 친구의 이름을 말한다. 좋아하는 게임을 한다. 당신 및 다른 친숙한 성인들과 함께 대화를 주고받는다.	■	■	■	■	●	▲
1.3 유아가 도움, 관심, 위로가 필요하면 당신에게 언어를 사용하여 알린다. 잃어버린 장난감을 찾기 위해 도움을 청한다. 다쳤을 때 당신을 찾는다. 최근의 경험을 이야기한다(예: "할머니 집에서 자전거를 타다 넘어져 발을 다쳤어요"). 단어를 사용하여 감정을 해결할 수 있다(예: "이제는 내기 소방관 모자를 쓸 차례야").	■	■	■	■	●	▲
1.4 유아가 다른 유아들과 나누어 쓰고 자기 순서를 지킨다. 장난감(예: 철쭉 놀이에서 밀대, 모양 랍을 나누어 쓴다. 차레 지키기를 도와주면 그대를 차례대로 탄다. 간단한 게임(예: 얼음 팽)을 순서대로 한다. 볼감이나 크레용을 자기 순서에 사용한다. 보드게임이나 다른 종류의 게임(순서대로-턴 씌기)을 할 때 자기 순서를 지킨다.	■	■	■	■	●	▲

기준	매우 사실	대부분 사실	사실이 아님	전혀 사실이 아님	우려 사항	중재 목표
1.5 유아가 다른 유아들과 놀이한다. 다른 유아들과 역할 영역에서 옷을 나누어 입 으며 놀이한다. 모래놀이에서 다른 유아들 곁에서 놀이한다. 단기간 동안 또래와 상상놀이를 한다. 고양이, 집과 같은 가상 게임을 한다. 또래와 사물에 의존하지 않는 상상 게임을 한 다(예 : 슈퍼 영웅)	■	■	■	■	●	▲
C-2.0 유아가 여러 가지 감정을 표현한다.						
2.1 유아가 미소 짓고 웃는다. 다른 유아가 웃스운 표정을 지으면 웃는다. 어린이집/유치원에서 돌아올 때 당신을 보고 웃는다. 또래와 놀이하면서 미소 짓고 웃는다. 집단 활동 시간에 책을 보고 웃는다.	■	■	■	■	●	▲
2.2 유아가 여러 가지 방법으로 다양한 정서를 표현 한다. 웃기, 울기, 신이 나서 소리 치르기, 팔짱을 끼 거나 발을 구르는 것과 같이 신체적으로 화 난 것을 표현한다. 행복함, 슬픔, 화남, 피곤함과 같은 여러 감정과 얼굴 표정이 적절하다. 화남 때 또래를 때리지 않고, 당신이나 다른 성인 에게 "나는 화가 났어." 혹은 말로 표현한다.	■	■	■	■	●	▲
2.3 유아가 다른 사람들의 정서를 표현한다. 다른 아이가 우는 걸 보고, "슬프겠다"라고 말한다. 다른 사람들의 정서를 파악한다. 교사가 하품 을 하면, "저 아이들이 시끄럽게 하고 잘 듣 지 않아서 선생님이 피곤해요."라고 말한다.	■	■	■	■	●	▲
2.4 유아가 자신의 정서를 파악한다. 화가 났을 때 화가 났다고 말한다. 자신이 원하는 장난감을 갖고는 행복하다고 말 한다. 감정들을 파악하고 이유를 설명한다. "나는 (유 치원에서) 도우미가 되지 않아서 화가 나요." 명백하게 나타나지 않은 감정들(예 : 좌절, 실 망, 놀람)을 파악한다.	■	■	■	■	●	▲

기준	매우 사실	대부분 사실	사실이 아님	전혀 사실이 아님	우려 사항	중재 목표
C-3.0 유아는 사회 정서 반응을 조절한다.						
3.1 화가 난 유아를 또래나 양육자가 위로해 주면 반응한다.	■	■	■	■	●	▲
당신이나 또래가 신체적으로 위로해 주면 조용해진다. 당신 관심에 반응하여 조용해진다. "주나, 다음이 네 차례야." 왜 안으로 들어와야 하는지 설명하면 초조해하는 것을 멈춘다.						
3.2 유아가 화가 난 후 5분 안에 진정한다.	■	■	■	■	●	▲
기법적 넘어지면, 이후 몇 분 이내에 울음이나 짜증을 멈춘다. 또래와 갈등이 있을 후 다른 활동을 찾는다.						
3.3 유아는 신나는 활동 후에 흥분을 가라앉힌다.	■	■	■	■	●	▲
잡기놀이 후 당신이 도와주면 10분 내로 진정할 수 있다. 재미있는 사건이 끝난 후에 웃음을 멈춘다. 비밀 활동에서 실내 활동으로의 전환한다.						
3.4 유아가 실망스러운 상황에서 평온함을 유지한다.	■	■	■	■	●	▲
당신이 유아가 좋아하는 장난감을 치우면, 다른 게임이나 장난감을 찾는다(당신이 지도해 줄 수 있다). 유아가 상품을 타지 못했어도 "괜찮아."라고 말한다.						
C-4.0 유아가 다른 사람과의 감정이입을 보여 준다.						
4.1 유아가 다른 사람의 감정 반응에 적절히 반응한다.	■	■	■	■	●	▲
유아들이 게임을 즐기는 것을 보고 웃는다. 다른 유아기 슬퍼하는 것을 보고 장난감을 돌려준다. 왜 친구 혹은 양육자가 슬프거나 화가 났는지 묻는다. 사람들의 감정이 혼합되게 나타낼 수 있음을 이해하고 또래에 대해 코멘트를 할 수도 있다. (예: "저 유아는 슬프고 화가 났어.")						
4.2 유아가 다른 사람들이 화가 났을 때 그들을 위로하려고 시도한다.	■	■	■	■	●	▲
울고 있는 유아를 위로하려고 장난감을 주거나 말로 "괜찮아?" 하고 묻는다. 왜 저 어린이 슬픈지 듣고 반응을 경청한다. 다른 사람들의 감정에 대한 이해를 나타낸다. "저 유아는 자전거가 없어서 슬픈 거야."						

기준	매우 사실	대부분 사실	사실이 아님	전혀 사실이 아님	우려 사항	중재 목표
C-5.0 유아가 다른 사람과 나누어 쓰고 함께한다.						
5.1 유아가 다른 사람이 제시하는 사건에 주의를 집중한다.	■	■	■	■	●	▲
다른 유아가 가리키는 그림을 바라본다. 당신이 집안 일하는 것을 듣는다(예 : 개 먹이를 주기, 식탁을 닦기). 또래들과 가족 역할 놀이를 한다. 성인들보다는 또래들과의 놀이를 선택한다.						
5.2 유아가 성인과 또래에게 인사한다.	■	■	■	■	●	▲
친구에게 "안녕" 하고 인사하고, 학교에서 집에 갈 때에 "바이~"한다. 친구 이름을 부르고, 선생님을 부른다.						
5.3 유아가 놀이나 과제를 완수할 때 협동한다.	■	■	■	■	●	▲
다른 유아가 블록으로 높은 탑을 쌓을 때 도움을 준다. 역할 놀이에 참여한다. "네가 아빠 하면 내가 아기가 될게." 놀이할 때 역할을 바꿀 수 있다. "이제 내가 버스 운전사를 하고 네가 아기가 돼."						
5.4 유아가 집단 활동에 적절하게 참여한다.	■	■	■	■	●	▲
그룹으로 노래할 때 참여한다. (성인의 도움하에) 요리시간에 도움을 준다. 순서대로 재료를 넣고 휘젓는다. 소집단 동화 듣는 시간에 조용하게 앉아 있다.						
C-6.0 유아가 독립성을 표현한다.						
6.1 유아가 새로운 재료와 환경을 탐색한다.	■	■	■	■	●	▲
공원에서 보다 독립적이 되어서 단기간 동안 당신 곁을 떠난다. 독립적으로 놀이터에서 혼자 놀이한다. 새로운 바깥놀이에서 놀이시찰을 이용한다. 교실에서 새로운 활동을 탐색한다(예 : 면도 크림 혹은 팔린 종이 있는 감각 테이블).						
6.2 유아가 도움을 구하기 전에 새로운 과제를 시도한다.	■	■	■	■	●	▲
도움을 구하기 전에 퍼즐 완성하기를 시도한다. 도움을 청하기 전에 병뚜껑을 열려고 시도한다. 빵에 잼/버터를 혼자서 바르려고 시도한다.						

기준	매우 사실	대부분 사실	사실이 아님	전혀 사실이 아님	우려 사항	중재 목표
6.3 유아가 도전적인 활동을 재시도하거나 지속한다. 넘어져도 스케이트를 다시 타치고 한다. 모든 사물들이 정리될 때까지 정리하기를 돕는다. 무너진 후에 블록으로 탑을 다시 올린다. 모든 사물이 정리될 때까지 스스로 정난감을 정리한다.	■	■	■	■	●	▲
6.4 유아가 어려움 없이 양육자에게서 떠난다. 당신이 공원벤치에 앉아 있도록 두고 잔디밭에서 친구와 놀이한다. 아이가 친숙한 어린이집에서 울지 않고 당신에게 "안녕바이" 하고 인사한다.	■	■	■	■	●	▲
C-7.0 유아는 긍정적인 자아상을 나타낸다.						
7.1 유아가 자신의 개인 정보를 안다. 물어보면 자신의 이름, 나이, 성별이 무엇인지를 말한다. 당신에게 자신의 성과 이름을 말하고, 형제자매의 이름을 말한다. 전화번호, 주소, 생일 같은 자신의 신원정보를 안다.	■	■	■	■	●	▲
7.2 유아가 자신의 일을 자랑하고, 달성한 것에 자긍심을 갖는다. 당신에게 자신이 완성한 그림을 보여 준다. 그림을 그리면서, "나 좀 봐,"라고 말한다. 다른 성인에게, "내가 얼마나 빨리 달리는지 봐요,"라고 말한다. 자신이 한 일을 설명한다. "엄마, 내가 이것을 오리고, 테이프로 붙이고, 반짝이를 뿌렸어요. 정말 예쁘죠?"	■	■	■	■	●	▲
7.3 유아가 자신에 대하여 긍정적으로 묘사한다. 유아가 "내가 할 수 있어,"라고 말한다. 자신이 수행한 것을 묘사한다. "내가 엄청 큰 공룡을 그렸어." 자기가 한 작업을 묘사한다. "내 탑은 Paul의 것보다 더 높아." "나는 똑똑해." 하고 말한다. 자신의 좋은 특성을 설명한다. "나는 지르거를 잘해."	■	■	■	■	●	▲

기준	매우 사실	대부분 사실	사실이 아님	전혀 사실이 아님	우려 사항	증재 목표
C-8.0 유아는 관심과 활동 수준을 조절한다.						
8.1 유아는 10분 이상 동적인 활동을 지속한다. 세발자전거의 페달을 10분 이상 움직인다. 기차사대'와 같은 게임을 10분 이상 놀이한다.	■	■	■	■	●	▲
8.2 유아는 초기 문해 활동에 참여한다. 책을 올바르게 들고 장을 넘긴다. 몇 개의 문자를 인식한다. 몇 개의 문자와 형태를 보고 쓰거나 쓸 수 있다. 한글을 20개 인식하고, 이름과 몇 개의 단어를 쓴다. 자신의 이름과 여러 문자를 쓴다.	■	■	■	■	●	▲
8.3 유아는 문재없이 한 활동에서 다른 활동으로 전이한다. 문재없이 집단 활동에서 자유놀이 활동으로 이동한다(당신의 도움이 제공될 수 있다). 성인의 지원과 함께 목욕에서 장지리로 이동한다.	■	■	■	■	●	▲
8.4 유아는 다른 사람들과 게임에 참여한다. 다른 유아들과 자동차를 가지고 놀이한다. 다른 사람들과 카드 게임을 한다(예 : 친구들이랑 낱시를 가져). 놀이친구와 함께 보드게임을 한다.	■	■	■	■	●	▲
8.5 유아는 자신의 활동수준을 환경에 맞춘다. 또래와 함께 모래놀이를 한다(안전에 대하여 상기시켜 줄 수 있음) 스스로 활동을 하면서 즐거워한다(예 : 독서영역에서 책을 선택하여 그림을 본다). 유아가 목욕을 하면서 목욕탕에 안전하게 앉아 있다(성인의 지도와 함께). 바깥에서 점프하고 달린다. 당신이나 다른 성인들의 지도와 함께 소집단과 대집단에 참여한다. 집단과 읽고 이야기를 듣는다. 친구와 함께 음악에 맞춰 움직임을 한다. 바깥 혹은 공원에서 또래와 안전하게 놀이한다(성인의 지도와 함께).	■	■	■	■	●	▲

기준	매우 사실	대부분 사실	사실이 아님	전혀 사실이 아님	우려 사항	증재 목표
C-9.0 유아는 매일의 일과에 협력하고, 요청한다.						
9.1 유아가 일과 및 규칙에 따른다.	■	■	■	■	●	▲
<p>식사 후 정리 규칙을 따른다(성인이 상기시켜 줄 수 있음).</p> <p>스스로 옷을 입을 수 있도록 한다.</p> <p>가정과 학교의 간단한 규칙을 따른다.</p> <p>허락을 받을 때까지 식탁에 앉아 있다.</p> <p>규칙이 있는 게임을 즐긴다(예 : Chutes & Ladders).</p> <p>다른 환경으로부터의 규칙을 다른 환경에서도 진이하여 사용한다(예 : "우리 선생님이 바깥에서는 걸으라고 했어요").</p>						
9.2 유아가 지시사항을 따른다.	■	■	■	■	●	▲
<p>달라는 것을 멈추라고 하면 멈춘다.</p> <p>겉옷을 입으라고 하면 입는다.</p> <p>상기시켜 주면 규칙(예 : 조용한 소리로 이야기 하기, 교실에서는 걸어 다니기)을 따른다.</p>						
9.3 어른이 지시하면 유아가 적절하게 반응한다.	■	■	■	■	●	▲
<p>어른이 도움을 주면 유아가 적절한 장난감을 선택한다.</p> <p>이야기를 하면 유아가 먹기에는 너무 많았던 음식을 (서빙 접시에) 돌려 놓는다.</p>						
C-10.0 유아가 다양한 적응 기술을 보여 준다.						
10.1 유아가 문제없이 다양한 음식을 선택하고 스스로 먹을 수 있다.	■	■	■	■	●	▲
<p>제공된 음식의 대부분을 먹는다.</p> <p>새로운 음식을 조금 배어 시도해 본다.</p> <p>식기도구를 사용하여 먹고, 주스 병에서부터 컵에 주스를 따를 수 있다.</p> <p>먹을 수 있도록 음식을 준비한다(예 : 과일 그릇을 열기, 유아가 문제없이 다양한 음식을 선택하고 스스로 먹을 수 있다. 빵에 나이프를 사용하여 잼 바르기).</p>						
10.2 유아가 스스로 옷을 입는다.	■	■	■	■	●	▲
<p>독립적으로 옷을 벗는다(단추나 똑딱이 단추는 제외).</p> <p>독립적으로 옷을 입고 벗는다.</p> <p>단추를 사용하고 지퍼를 내린다.</p> <p>버튼, 지퍼, 신발을 다룬다.</p>						

기준	매우 사실	대부분 사실	사실이 아님	전혀 사실이 아님	우려 사항	중재 목표
10.3 유아가 문제없이 잠자리에 가서 잠이 든다. 당신이 격려하면, 울지 않고 잠자러 간다. 가정, 어린이집, 유치원에서의 친숙한 일과를 따른다. 잠자리에 들면 단기간 내에 잠이 든다.	■	■	■	■	●	▲
10.4 유아가 적절하게 화장실을 사용한다. 필요할 때 화장실을 찾고 필요를 나타낸다. 양육자가 조공한 도우면 변기를 사용하고 밤에도 이불을 적시지 않는다. 화장실 요구를 독립적으로 다룰 수 있다.	■	■	■	■	●	▲
10.5 유아는 환경과 상황의 변화를 조정할 수 있다. 친숙한 일과의 변화를 수용한다(예 : 학교에서의 야외 학습, 엄마 대신 아빠가 데리러 올), 낯선 잠자리에 적응하여 잘 수 있다. 식당에서 문제없이 음식을 먹는다.	■	■	■	■	●	▲
10.6 유아가 잠재적으로 위험한 상황에서 자신을 안전하게 지킨다. 길을 건너기 전에 당신이나 다른 성인을 기다린다. 안전하게 정글짐(jungle gym)을 기어오른다. 공공장소에서 규칙을 따른다(예 : 낯선 사람을 따라가지 않음).	■	■	■	■	●	▲
10.7 유아가 자신의 요구를 달성하기 위해 문제를 해결한다. 배가 고프거나 목이 마르면 당신에게 도움을 청한다. 목이 마르면 물 한잔을 가지고 온다. 문제가 있어 도움이 필요하면 당신을 찾는다(예 : 바깥놀이로 향하는 문을 열기). 놀이나 게임을 계획할 때 또래와 협상한다.	■	■	■	■	●	▲

Ages & Stages Questionnaires[®]: Social-Emotional
A Parent-Completed, Child-Monitoring System for Social-Emotional Behaviors
By Jane Squires, Diane Bricker, & Elizabeth Twombly
with assistance from: Suzanne Yockelson, Maura Schoen Davis, & Younghee Kim
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60 Month/5 Year Questionnaire

(For children ages 54 through 65 months)

.....

Important Points to Remember:

- Please return this questionnaire by _____.
- If you have any questions or concerns about your child or about this questionnaire, please call: _____.
- Thank you for your participation in this project.



Ages & Stages Questionnaires®: Social-Emotional
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60 Month/5 Year ASQ:SE Questionnaire

(For children ages 54 through 65 months)

Please provide the following information:

Child's name: _____

Child's date of birth: _____

Today's date: _____

Person filling out this questionnaire: _____

What is your relationship to the child? _____

Your telephone: _____

Your mailing address: _____

City: _____

State: _____ ZIP code: _____

List people assisting in questionnaire completion: _____

Administering program or provider: _____



Please read each question carefully and

1. Check the box that best describes your child's behavior *and*
2. Check the circle if this behavior is a concern

MOST
OF THE
TIME

SOMETIMES

RARELY
OR
NEVER

CHECK IF
THIS IS A
CONCERN

1. Does your child look at you when you talk to her?

 z

 v

 x

2. Does your child cling to you more than you expect?

 x

 v

 z

3. Does your child like to be hugged or cuddled?

 z

 v

 x



4. Does your child talk and/or play with adults he knows well?

 z

 v

 x

5. When upset, can your child calm down within 15 minutes?

 z

 v

 x

6. Does your child seem too friendly with strangers?

 x

 v

 z

7. Can your child settle herself down after periods of exciting activity?

 z

 v

 x

8. Does your child seem happy?

 z

 v

 x



9. Does your child cry, scream, or have tantrums for long periods of time?

 x

 v

 z

TOTAL POINTS ON PAGE: ____

		MOST OF THE TIME	SOMETIMES	RAEELY OR NEVER	CHECK IF THIS IS A CONCERN
10.	Is your child interested in things around him, such as people, toys, and foods? 	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
11.	Does your child go to the bathroom by herself? (Reminders and help with wiping are okay.) 	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
12.	Does your child have eating problems, such as stuffing foods, vomiting, eating nonfood items, or _____? (You may write in another problem.)	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
13.	Can your child stay with activities he enjoys for at least 15 minutes (not including watching television)?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
14.	Do you and your child enjoy mealtimes together?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
15.	Does your child do what you ask her to do?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
16.	Does your child seem more active than other children his age?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
17.	Does your child sleep at least 8 hours in a 24-hour period?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
TOTAL POINTS ON PAGE: _____					

	MOST OF THE TIME	SOMETIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN
18. Does your child use words to tell you what she wants or needs?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
19. Does your child use words to describe his feelings and the feelings of others, such as, "I'm happy," "I don't like that," or "She's sad"?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
20. Does your child move from one activity to the next with little difficulty, such as from playtime to mealtime?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
21. Does your child explore new places, such as a park or a friend's home?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
22. Does your child do things over and over and can't seem to stop? Examples are rocking, hand flapping, spinning, or _____ . (You may write in something else.)	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
23. Does your child hurt herself on purpose?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
24. Does your child follow rules (at home, at child care)?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
25. Does your child destroy or damage things on purpose?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>

TOTAL POINTS ON PAGE —



	MOST OF THE TIME	SOMETIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN
26. Does your child stay away from dangerous things, such as fire and moving cars?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
27. Does your child show concern for other people's feelings? For example, does he look sad when someone is hurt?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
28. Do <i>other</i> children like to play with your child?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
29. Does <i>your child</i> like to play with other children?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
30. Does your child try to hurt other children, adults, or animals (for example, by kicking or biting)?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
31. Does your child take turns and share when playing with other children?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
32. Does your child show an interest or knowledge of sexual language and activity?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
33. Has anyone expressed concerns about your child's behaviors? If you checked "sometimes" or "most of the time," please explain:	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
<hr/> <hr/> <hr/> <hr/>				
TOTAL POINTS ON PAGE —				



34. Do you have concerns about your child's eating, sleeping, or toileting habits? If so, please explain:

35. Is there anything that worries you about your child? If so, please explain:

36. What things do you enjoy most about your child?

K-ASQ^{SE}: 부모 작성형 유아 사회-정서 행동 모니터링 체계

지자: 허계형 이준석 Jane Squires 원저:Squires Bricker Twombly

2009 Seoul Community Rehabilitation Center

K-ASQ^{SE}

K-ASQ^{SE}

60개월/5세

(54-65개월 대상)

※유의사항

- 이 질문지를 _____까지 작성해 주세요.
- 유아에 관련된 것이나 질문에 대한 의문이 있으시면
(전화번호: _____)로 연락주시기 바랍니다.
- 다음 K-ASQ^{SE} 질문지는 _____개월 때 작성해 주십시오.

K-ASQ^{SE}: 부모 작성형 유아 사회-정서 행동 모니터링 체계

저자: 허계형 이준석 Jane Squires 원저:Squires Bricker Twombly

2009 Seoul Community Rehabilitation Center

K-ASQ^{SE}

60개월/5세

(54-65개월 대상)

.....

다음 내용을 작성해 주십시오.

유아 이름 : _____

유아 생년월일 : 년 월 일

작성일 : 년 월 일

질문지 작성자 : _____

유아와의 관계 : _____

전화번호 : _____

주소 : _____

이메일주소 : _____

질문지 작성에 도움을 준 사람들 : _____

프로그램 담당자 : _____

각 질문을 주의 깊게 읽고 ① 아이의 행동을 가장 잘 묘사한 □에 표시시오. ② 열려있는 아이의 행동 항목의 ○에 표시시오.	대부분 (예)	가끔	드물게 하거나 하지 않음 (아니오)	이 행동이 열려있으면 표하시오.
1. 당신이 아이에게 말을 하면 아이가 당신을 바라볼까요?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	○
2. 아이가 평소엔 당신에게 너무 달라붙어 있다고 느낍니까?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	○
3. 아이가 안아주거나 토닥여주는 것을 좋아합니까?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	○
4. 아이가 잘 아는 어른과 놀거나 이야기 합니까?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	○
5. 아이가 화가 났을 때 15분 이내에 진정이 됩니까?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	○
6. 아이가 낯선 사람에게 지나치게 친근하게 대하는 것 같습니까?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	○
7. 아이가 신나는 활동을 한 후에 스스로 진정이 됩니까?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	○
8. 아이가 행복해 보입니까?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	○
9. 아이가 긴 시간동안 울거나 소리 지르거나 성질을 냅니까?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	○
10. 아이가 자신 주변의 것들(사람, 장난감, 음식)에 관심을 갖습니까?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	○
11. 아이가 혼자서 화장실에 갑니까? (화장실 가는 것을 상기시켜 주거나 도와줘도 됩니다.)	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	○
12. 당신의 아이는 의논데 문제가 있습니까? (예, 음식을물 입에 가득 채우거나 구토를 함, 음식이 아닌 것을 먹음) 혹시 먹는 것과 관련된 다른 문제가 있다면 적어주십시오. 제시된 예 이외: _____	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	○
13. 아이가 자신이 좋아하는 활동에 최소한 15분 이상 참여 할 수 있습니까? (텔레비전 보는 것은 제외합니다)	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	○
14. 당신과 아이 모두 식사시간을 즐거워합니까?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	○
15. 아이가 당신이 요구한 지시를 따릅니까?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	○

	대부분 (예)	가끔	드물게 하거나 하지 않음 (아니오)	이 행동이 얼려지면 표하시오
16. 아이가 같은 연령대의 다른 아이들보다 너무 활동적인 것처럼 보입니까?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	○
17. 아이가 24시간 중 적어도 8시간 이상 잠니까?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	○
18. 아이가 자신이 필요한 것이나 원하는 것을 단어를 사용하여 표현합니까?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	○
19. 아이가 "행복해", "싫어" 혹은 "저 사람 슬퍼"와 같이 자신과 다른 사람의 느낌을 묘사하는 단어를 사용합니까?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	○
20. 한 가지 활동에서 다른 활동(예, 놀이시간에서 식사시간으로)으로 큰 어려움 없이 잘 넘어갑니까?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	○
21. 아이가 공원이나 친구 집과 같은 새로운 장소에서 탐색합니까? (탐색이란, 환경속에서 호기심을 가지고 이것저것 살펴보는 것을 의미함)	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	○
22. 아이가 어떤 행동을 지속적으로 반복하면서 멈출 수 없는 것처럼 보입니까? (예, 몸을 상하 혹은 좌우로 흔들기, 손을 흔들기, 빙빙 돌기) 제시된 예 이외:	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	○
23. 아이가 고의적으로 자신을 해합니까?(예, 머리로 벽을 치기)	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	○
24. 아이가 규칙을 따릅니까? (집, 유치원에서)	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	○
25. 아이가 의도적으로 무엇인가를 부수거나 해를 입힙니까?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	○
26. 아이가 장소에 위험물(물, 움직이는 자동차)로부터 피합니까?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	○
27. 아이가 다른 사람들의 감정에 관심을 보입니까? 예를 들어 누군가 아파하면 슬퍼하는 것 같습니까?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	○
28. 다른 아이들이 당신의 아이와 함께 놀이하는 것을 좋아합니까?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	○
29. 당신의 아이가 다른 아이들과 함께 놀이 하는 것을 좋아합니까?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	○
30. 아이가 다른 아이들이나 어른 혹은 동물을 해하려고 합니다(예를 들어 차거나 물기)	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	○

	대부분 (예)	가끔	드물게 하거나 하지 않음 (아니오)	이 행동이 일어지면 표하십시오
31. 당신의 아이가 다른 아이들과 장난감을 나누어 쓰고 번갈아가며 놀이합니까?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	O
32. 아이가 성적인 언어 및 활동에 대해 관심을 보이거나 알고 있습니까?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	O
33. 누군가 아이의 행동에 대해 염려된다고 한 적이 있습니까? 만약 있다면 "가끔"이나 "대부분"에 표시하고 아래에 설명해 주십시오.	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	O
34. 당신은 아이의 먹고 자는 행동에 대해 염려되는 점이 있습니까? 있다면 설명해 주십시오.				
35. 그밖에 아이에 대해 염려되는 것이 있습니까? 있다면 설명해 주십시오.				
36. 당신이 아이와 가장 즐겨하는 것은 무엇입니까?				

Parent Information Form

1. Child's gender: ___M ___F

2. Child's Date of Birth: ___ / ___ / ___ (year / month / day)

3. Mother's Level of Education:

___ Less than high school

___ 2-year college

___ High school

___ 4-year college or above

4. Father's Level of Education:

___ Less than high school

___ 2-year college

___ High school

___ 4-year college or above

5. Family Monthly Income:

___ Less than Korean \$1,000,000

___ K \$4,000,000 – K \$ 4,999,999

___ K \$1,000,000 – K \$ 1,999,999

___ K \$5,000,000 – K \$ 5,999,999

___ K \$2,000,000 - K \$ 2,999,999

___ K \$6,000,000 – or more

___ K \$3,000,000 – K \$ 3,999,999

6. Does your child have a disability or developmental delay ? ___Yes ___No

If yes, what is his/her disability or delay? (specify)

7. Does your child receive special services? ___Yes ___No

If yes, what type of service does he/she receive? (specify)

Thank you

Teacher Information Form

1. Level of education:

- High school
 2-year college
 3-year college
 4-year college or above

2. Type of degree:

- Early childhood education
 Early Intervention
 Elementary Special education
Others (specify): _____

3. Total duration of teaching experience with children (birth to five):

4. Have you received professional trainings regarding social emotional interventions

or assessment? Intervention: Yes No Assessment: Yes No

If yes, how many trainings did you receive? Intervention: _____ Assessment: _____

5. Have you developed goals/objectives and planned interventions for children with social_ emotional problems? Yes No

6. Have you used social emotional assessment tools for young children (birth to five)? (specify: _____)

Thank you

Parent Utility Survey for K-SEAM

Please write your responses or check one choice from the four response choices

	Item	Answer choices			
1	Approximately how many minutes did it take to complete the assessment?				
2	The assessment items were easy to understand	Very Easy	Easy	Difficult	Very Difficult
	If not, which items were unclear?				
	If not, which items were difficult to apply to your child				
3	The four answer choices (very true, somewhat true, rarely true, never true) were easy to choose among.	Very Easy	Easy	Difficult	Very Difficult
	If not, which choices were difficult to distinguish? Please mark the choices : very true / somewhat true / rarely true / never true				
4	The assessment was helpful to identify new or suspected concerns about my child's social emotional development	Very Helpful	Helpful	Rarely Helpful	Not Helpful
	Your comments are valuable to improve the K-SEAM:				

Thank you

Teacher Utility Survey for K-SEAM

Please write your responses or check one choice from the four response choices

	Item	Response choices			
1	Approximately how many minutes did it take to complete the assessment?				
2	The assessment items were easy to understand	Very easy	Easy	Difficult	Very Difficult
	If not, which items were unclear?				
	If not, which items were difficult to apply to your child				
3	The four response choices (very true, somewhat true, rarely true, never true) were easy to choose among.	Very easy	Easy	Difficult	Very Difficult
	If not, which choices were difficult to distinguish? Please mark the choices : very true / somewhat true / rarely true / never true				
4	The assessment was helpful to identify new or suspected concerns about the child's social emotional development	Very Helpful	Helpful	Rarely Helpful	Not Helpful
	Your comments are valuable to improve the K-SEAM:				

Thank you

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