Understanding the
Early Development Instrument

The **Early Development Instrument (EDI)** was developed by the Offord Centre for Child Studies at McMaster University in Canada. UCLA's Center for Healthier Children, Families, and Communities (CHCFC) has facilitated the EDI across the United States since 2009. CHCFC believes in the importance of data to drive success, and by using a common, population-level indicator such as the EDI, communities can better understand how their children are faring and the barriers to success that should be addressed, neighborhood-by-neighborhood.

What is the Early Development Instrument?

The Early Development Instrument (EDI) is a population measure of how young children are developing in communities across the United States.

The EDI measures five areas (domains) of early childhood development:

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

The EDI is helpful not only in describing how children are developing, but can also help to predict health, education, and social outcomes.

How are EDI results used?

EDI results are mapped for communities to inform community dashboards. These tools allow community members and leaders to:

- Compare the strengths and weaknesses in children's development and school readiness across communities and EDI areas
- Understand the relationship between children's EDI results and other factors that may influence their health and well-being (e.g. poverty rates, and availability of community assets like preschools, libraries, and health providers)
- Create a shared understanding of the barriers children in a community are facing
- Plan interventions and resource investments
- Track progress over time to see how changes in investments, policies, and other factors influence children's health and well-being

Who else is using the EDI?

The Center for Healthier Children, Families, and Communities has led the first national effort in the United States to provide holistic, comparable, population-level data to a large and diverse set of communities since 2009. Since the first pilot site that year, the CHCFC has helped facilitate the EDI in over 80 communities in 18 states. The data collected has measured over 150,000 children representing more than 200 school districts and 1,400 schools.

U.S. EDI Participation as of 2021

How is EDI data collected?

After receiving an hour-long training, Kindergarten teachers complete an EDI record on each child in their classroom (including children with IEPs and students who are English Language Learners) online. Teachers report that because the EDI is based on observational recall, it is relatively quick and easy to complete. Teachers report that the online portal is easy to use, and completing each assessment takes an average of 10-15 minutes per student. Children's names are never collected and teachers use student ID numbers to identify students in the online portal.

How are EDI results reported?

EDI results are reported for an entire community, neighborhood by neighborhood, as the percentage of children on track (>25th percentile) and not on track (≤25th percentile) in each of the five areas. The "not on track" category is further broken out as the percentages of children developmentally vulnerable (≤10th percentile) and at risk for becoming vulnerable (>10th and ≤25th percentile).

Geographic maps (see map below) show the percentage of children in local communities who are developmentally vulnerable in the EDI domains. The darker the green a neighborhood or community is, the higher the proportion of children who are developmentally vulnerable. Children are mapped based on where they live, not where they attend school. Other important indicators or factors that may influence health and well-being can be mapped on top of community-level EDI results. EDI maps are shaded to represent the range of developmental vulnerability.

What types reports are available to communities who collect the EDI?

In addition to the comprehensive set of maps, community profile reports include an Excel Table Book, a customizable Snapshot of young children's development in a community with contextual information, a deidentified child-level data file (for further local analysis), along with a detailed guide with information about how to understand and interpret EDI results.

What reports are offered to schools who participate?

Although no data is ever reported on individual children or teachers/classrooms, school reports are provided to any participating school with more than 10 individual EDI records and more than 1 participating teacher. The confidential school-level reports provide data to participating teachers and their school administrators about how the children in a school are doing developmentally compared to children in other local schools using the EDI. This helps schools implement programs that will help all children succeed as they progress through the school years.

How does the EDI differ from other assessments?

The EDI was uniquely designed to provide a community level index of children's health, development and school readiness, not to inform individual instruction. Other tools used to inform individual instruction often require significant teacher time, are repeated during a school year, and focus on academic skills. By contrast, the EDI is a holistic measure completed once every couple years on subsequent classes of kindergarteners to monitor changes in children's well-being and assess collective impact of community-wide early childhood efforts. Both assessment types have roles to play in improving the lives of kids.

For more information about TECCS and the EDI go to:
https://TECCS.net