



Assessment of School Readiness: A Health-Based Multidisciplinary Model for Türkiye

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School readiness (SR) refers to the set of abilities and competencies considered essential for a smooth transition into primary school.¹ International organizations such as the Organization for Economic Co-operation and Development² and the United Nations Children's Fund³ advocate for SR practices that prioritize early childhood education, including developmental screening, parental participation, immunizations, health evaluations, and ensuring equal opportunities. The American Academy of Pediatrics has outlined the responsibilities of pediatricians in relation to SR.⁴ In contrast to many other countries, healthcare providers in Türkiye have access to the entire child population. Despite this advantage, 46% of pediatricians do not recommend any form of developmental assessment, and only 2.7% have received SR-related training.⁵ In Türkiye, primary school enrollment is determined by age: children aged 66-68 months may start school upon parental request; for those aged 69-71 months, school attendance is mandatory but can be deferred; for ages 72-78 months, enrollment is compulsory but may be postponed with a diagnostic report from a guidance and research center. No deferral is allowed for children aged 79-84 months.⁶ This study introduces a health-oriented, multidisciplinary SR model designed specifically for Türkiye.

Step 1. General health assessment

Families may initially consult a pediatrician⁷ or family physician⁸ regarding their child's SR status. These physicians should conduct comprehensive physical examinations and consider the child's medical history, including previous infections, immunization records, and growth patterns.

Step 2. Development and SR screening

Developmental screening should be conducted in accordance with the national guideline "Halk Sağlığı-Bebek, Çocuk, Ergen İzlem Protokolleri."⁹ The process begins with taking a detailed

developmental history. This includes evaluating whether the child has reached key developmental milestones within the expected timeframes and identifying any significant life events that may have impacted development. Following the anamnesis, a developmental screening is performed using standardized tools. It is important to use developmental screening instruments that are validated and reliable in Türkiye, such as the Denver Developmental Screening Test or the Ankara Development Screening Test, as outlined in the national routine follow-up protocols.¹⁰ Non-standardized tools not adapted for use in Türkiye should be avoided. At this stage, the child development specialist evaluates the findings. If both the developmental history and the screening results indicate typical development, the SR assessment can begin. Common tools for assessment include the Metropolitan School Readiness Test or the Marmara Primary School Readiness Scale.¹⁰ The Marmara Scale is preferred due to its more current normative data. If the screening results raise concerns, suggest atypical development, or indicate a potential developmental disorder, the SR assessment is postponed. In such cases, a comprehensive developmental assessment is carried out using appropriate tools (e.g., GECD, HAGÖ II). Based on this assessment, individualized family counseling is provided.

Step 3. Assessment of learning-related factors: vision and hearing

For children whose developmental screening results are within the typical range and meet standardized SR indicators, it is recommended according to the national guideline "Halk Sağlığı-Bebek, Çocuk, Ergen İzlem Protokolleri"⁹ that they be referred to an ophthalmologist, otolaryngologist, and audiologist for vision and hearing assessments. These assessments should be conducted shortly before the child starts school or during the first grade, as part of the routine national follow-up.

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Step 4. Decision-making for children with special needs

In certain situations, support from child mental health professionals may be required in addition to the previous steps. Such cases include the recent loss of a loved one close to start entry, disparities in SR between twins, or preparing children with chronic conditions or assistive devices for the school environment.

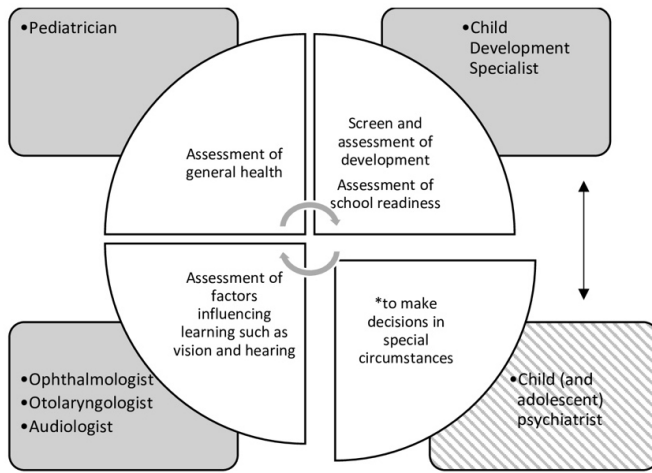


FIG. 1. Professionals and roles in the health-based SR system for Türkiye. SR, school readiness.

This study proposes a health-centered, multidisciplinary model for SR assessment tailored specifically for implementation in Türkiye. Figure 1 below illustrates the proposed model, the professionals involved, and their respective roles.

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