Section 4: Self-Assessment and Observation Tools to Assess Inter-rater Reliability in Action

Table of Contents

Introduction 2
Child Outcomes Summary Team Collaboration Toolkit 3
Herman Family Scenario – Facilitator's Guide 39
Child Outcomes Summary Team Collaboration Toolkit 51
Collaboration to Learn and Grow Checklist 82
Communication for Teaming and Collaboration Checklist 83
Families are Full Team Members Checklist 84
Building on Child's Strengths Practices Checklist 85
Authentic Child Assessment Practices Checklist 86
Informed Clinical Reasoning Checklist 87
Engaging Families as Partners in their Child's Assessment Checklist 88
Child Outcomes Continuum of Practices 89
Documenting Indicator Ratings 95
The Decision Tree – 5 Questions to Ask Yourself about Your Last Assessment 96

Self-Assessment and Observation Tools to Assess Inter-rater Reliability in Action

This section contains materials that can be used for self-assessment or documentation of observations to guide in assessing implementation of key foundational components of inter-rater reliability.

Coming Soon in Virginia:

The Infant & Toddler Connection of Virginia will soon be implementing two new activities that will give local systems additional information about local implementation of evidence-based functional assessment and child outcome rating practices:

1. Annual Provider Implementation Survey – This new electronic survey, based on the ENHANCE survey referenced in Section 1, will give the state and local systems information about the consistency of provider use of expected practices as well as the type, amount and perceived effectiveness of professional development resources and activities used by providers.
2. Fidelity Assessment – Providers and supervisors will use short checklists to assess the extent to which providers implement evidence-based functional assessment and child outcome rating practices as intended.

COS-TC

Child Outcomes Summary Team Collaboration

TOOLKIT

Herman Family Scenario: Facilitator's Guide

July 2016

Barbara Jackson
Munroe-Meyer Institute,
University of Nebraska Medical Center

Judy Swett
PACER Center

Lauren Barton
SRI International

Naomi Younggren
Educational & Developmental Intervention Services,
U.S. Department of Defense, U.S Army

EDIS

ECTA Center

The contents of this document were developed under a grant from the U.S. Department of Education, # H373Z120002, and a cooperative agreement, #H326P120002, from the Office of Special Education Programs, U.S. Department of Education. However, those contents do not necessarily represent the policy of the U.S. Department of Education, and you should not assume endorsement by the Federal Government. DaSy Center Project Officers, Meredith Miceli and Richelle Davis and ECTA Center Project Officer, Julia Martin Eile.

IDEAs that Work
U.S. Office of Special Education Programs

SRI International

UNC
FRANK PORTER GRAHAM
CHILD DEVELOPMENT INSTITUTE

Herman Family Scenario: Facilitator's Guide
Communicating with Families: A Scenario Approach

Table of Contents

Introduction 1

Part 1: Gathering Assessment Information as Part of the Eligibility Process 3

- Activity Suggestions 3
- Trainer Resources 7
  - Meeting with the Family 7
  - The Assessment Process 9
  - Joining with the Family to Review the Results of the Initial Assessment 12

Part 2: Determining the Child Outcomes Summary (COS) Rating at Program Entry 17

- Activity Suggestions 17
- Trainer Resources 20
  - Planning for the COS 20
  - Explaining the COS to Families 23
  - Understanding Child Functioning and Building Consensus for a High Quality COS Rating 26

Appendix A: Herman Family Scenario 1

- Part 1: Gathering Assessment Information as Part of the Eligibility Process 2
- Part 2: Determining the Child Outcomes Summary (COS) Rating at Program Entry 8

Herman Family Scenario: Facilitator's Guide
Communicating with Families: A Scenario Approach
Introduction

Purpose

The purpose of *The Herman Family Scenario Facilitator's Guide* is to assist program administrators and technical assistant providers use *The Herman Family Scenario* as a companion to the COS – Team Collaboration (COS-TC): Toolkit (Younggren, N., Barton, L., Jackson, B., Swett, J. & Smyth, C., 2016). Facilitators should have a strong understanding of the COS-TC quality practices, Agreed Upon Practices, and DEC recommended practices to support rich conversations with early intervention and early childhood providers about the challenges and opportunities demonstrated in *The Herman Family Scenario.*

.

Background of the Scenario

The scenario was developed to address the need in the field to (1) to effectively engage families as full partners in the assessment and COS rating processes, and (2) to effectively incorporate quality practices in the COS rating process. The participants are teams involved with the COS process. The scenario describes a 2 year old child entering early intervention services.

The two activities in *The Herman Family Scenario Facilitator's Guide* designed to help TA providers engage training participants in an analysis of quality practices aligned with Agreed upon Practices, DEC recommended practices and COS-TC. Challenging situations in this scenario result in less than optimal practices and will allow the group to explore multiple alternative strategies, by benefitting from the collective expertise of participants. Specific facilitation experiences that are found in *The Herman Family Scenario Facilitator's Guide* include:

The scenario presents examples of challenging situations (e.g., communicating difficult information to families, determining ways to engage families when they have limited time or availability, finding ways to fully understand children's functional abilities beyond conventional testing alone, etc.) to provide opportunities for participants to problem solve and identify effective strategies that could be used in their work.

Uses of the Scenario

This scenario can be used in several ways with providers:

- In small or large group discussions as part of a COS Process training
- Role playing to practice interactions with families
- As part of a review and reflection of current program practices

Contents of this Facilitator's Guide:

- COS-TC Quality practice (supported by DEC recommended practices and Agreed Upon practices) checklists with rating opportunities for individuals or small groups
- Detailed explanations of recommended ratings with number-matched instances in the scenario content
- Discussion "Points to Consider" and "Questions to Ponder" for COS-TC Quality Practices as addressed in the Scenario
- Guided discussion questions designed to evaluate strengths and needed improvements of the Scenario team collaboration process
- Recommended communication efforts that could be used in future team meetings and role-playing exercises
- Deeper analysis of the connection between the COS-TC Quality Practices and the DEC Recommended Practices and the Agreed Upon Practices
- Reflection question guidance

Additional Resources

These resources provide supporting materials that could be used to enrich training content. Facilitators can use the resources to gain more in-depth background knowledge on information that formed the basis of the scenario activities.

Print Resources

Division for Early Childhood. (2014). *DEC recommended practices in early intervention/early childhood special education 2014*. Retrieved from http://www.dec-sped.org/recommendedpractices
Harvard Family Research Program. (2013). Many of the Assessment and Family practices have been incorporated into the training checklists

> The DEC recommended practices, first developed by the Division for Early Childhood (DEC) in 1991, emphasize practices that have been shown to result in better outcomes for young children with disabilities and their families. The practices are intended to be used by individuals providing services to young children with disabilities or delay. In the Herman Family Scenario Facilitator's guide, users will observe the extent to which DEC recommended practices are present in the scenario.

Tips for administrators, teachers, and families: How to share data effectively. Harvard, MA.
Facilitators will find more information about sharing data with families at:
http://www.hfrp.org/publications-resources/browse-our-publications/tips-for-administrators-teachers-and-families-how-to-share-data-effectively

> This resource is a set of tip sheets intended to help teachers and administrators discuss student data with families in an understandable and accessible way. After using the Herman Family Scenario Facilitator's guide to learn quality and recommended practices for engaging families, providers can refer to *Tips for administrators, teachers and families* for specific tips on facilitating ongoing formal and informal conversations with families about student data.

National Parent Technical Center at the PACER Center in collaboration with Early Childhood Technical Assistance (ECTA Center). (2013). *A family guide to participating in the child outcomes measurement process*. Facilitator will find more information about family participation at: http://olms.cte.jhu.edu/olms2/data/ck/sites/2865/files/FamilyGuide_ChildOutcomes_PACER_2013(1).pdf

This family guide provides families with a foundational understanding of the Child Outcomes Summary (COS) process, including information about the three outcomes, why states' measure progress, and how families can be involved. Providers can share this resource with families to more fully engage them in COS team collaboration.

Work Group on Principles and Practices in Natural Environments. (2008). *Agreed upon practices for providing early intervention services in natural environments*. OSEP TA Community of Practice-Part C Settings. Additional information on early intervention practices can be found at: http://www.ectacenter.org/~pdfs/topics/families/AgreedUponPractices_FinalDraft2_01_08.pdf

The agreed upon practices use evidence-based research to suggest a series activities for providers to implement during each part of the IFSP process, including first contact with families, the IFSP meeting, and ongoing intervention activities. In this guide, users will rate the extent to which providers in the Herman Family Scenario implement the agreed upon practices throughout the initial meeting with the Herman family and the assessment process.

Video Resources

Child Outcomes Summary-Team Collaboration video guides. (in press).

The COS-TC video guides are excerpts of real-life scenarios in which providers are interacting with each other and families at various points in the COS process. While watching these video clips, viewers apply their learning of COS-team collaboration by answering guiding questions and rating the extent to which providers in the video implement COS-TC quality practices.

Desired Results Access Project. (2014). Harpers Hope: A Parent's View of the Power of Early Intervention. More information can be found at: http://draccess.org/videolibrary/harperhope.html

This video provides deep insight into one family's experience, first, discovering that their newborn baby, Hope, will need early intervention. Then, the family describes their relationship with their early intervention provider and how the early intervention process has given them tools to help Hope progress. This video is a useful resource to share with families who are, or will be, receiving early intervention services.

Herman Family Scenario – Part 1: Gathering Assessment Information as Part of the Eligibility Process Activity Suggestions

Purpose

The Herman Family Scenario Part 1 provides an illustration of an early intervention team's assessment practices. In training, participants review the team's approach and critically examine the extent to which it reflects quality practices. Key ideas are from the Division for Early Childhood (DEC) Recommended Practices (DEC, 2014) and the Agreed Upon Practices (Work Group on Principles and Practices in Natural Environments, 2008). The scenario intentionally presents a range of positive practices and missed opportunities in order to generate a lively discussion.

Target Audience

Administrators and providers who deliver early intervention services (birth to age 3).

Learning Objectives

- Apply recommended practices to planning and implementing early intervention assessments.
- Identify assessment practices that are family-centered, functionally based, and reflect collaborative teaming.
- Adopt effective communication skills in relaying assessment findings to parents.

Activity One: Is there a problem?

Activity time: 40–60 minutes

Preparation time: 30 minutes

Participant handout: Herman Family Scenario: Part 1

Purpose: The purpose of this activity is for participants to review the assessment process for the Herman family in light of quality practices. Based on the description provided, participants will rate whether specific practices were observed or evident, observed to a limited extent, or not observed/can't tell.

Activity description:

Step 1: Invite participants to read each section and use the scale in the scenario to rate each item and jot down notes on what could be improved and which practices they would want to adopt in their work.
Step 2: Have the participants discuss both the strengths and the areas that could be enhanced for each section of the outlined quality practices, using their ratings and notes. The charts in Appendix A include a key of the ratings as well as additional points to ponder. These are provided for the facilitator to use during the group discussion.
Step 3: Use the following questions to guide the group discussion.

Based on your ratings, what were the team's strengths in completing the assessment process with the family?

Examples:

- The team observed Lily's skills and behavior across multiple settings.
- The providers identified the parents' concerns.
- The providers acknowledged the parents' wishes to assess Lily at her grandmother's house and at school.

What could have been improved in the assessment process? (Think about what the contributing factors were.)

Examples:

- Although the team respected the family's wishes to schedule the assessments in community settings, the providers should have determined with the family some other strategies to obtain their input.
- At the team meeting, the family was not asked about their concerns and what they wanted to gain from the multidisciplinary team (MDT).
- The providers could have described some of the social-emotional behaviors they saw (or were concerned about) and determined if these align with behaviors the family sees at home. This would have helped to validate the assessment. This would also allow the providers an opportunity to discuss typical development and compare that to what the team is seeing and why these behaviors are a concern.
- A better explanation as to why the Modified Checklist for Autism in Toddlers (M-CHAT) was used as a screener.

- The providers inappropriately diagnosed Lily as having autism.
- Since the family was not part of the assessment process, the team had limited time to build a trusting relationship with the family.
- During the eligibility process, the family was not included as part of the discussion, limiting their voice and role in the decision-making process. For example, engaging the parents could include discussing what the family sees with respect to Lily's social-emotional skills, talking about typical expectations for children her age, together interpreting what the differences mean, and determining together the next steps.

What words could you use to support the family in understanding the team's concerns regarding Lily's development?

Examples:

- The providers may want to use words such as, "We have some concerns about her social-emotional skills. It sounds like what we saw is similar to what you see at home, where frequently it is hard to engage her in social interactions and where she enjoys more solitary play. The screener you completed also suggests that further assessment is needed in this area. It does not mean that she has autism. Often an evaluation by a developmental pediatrician will help to answer those questions. How does this information fit for you? Do you need any more information to help you decide what next steps you want to take?"

What steps would you recommend the team take next?

Activity variation: This activity could be done with administrators and/or supervisors. Have the supervisors review the scenario and discuss the feedback or approach they would use with the team.

Activity Two: What words should I use?

Activity time: 30–40 minutes

Preparation time: 20 minutes

Participant handout: Herman Family Scenario: Part 1

Purpose: The purpose of this activity is to have participants practice their communication skills as they partner with parents in the assessment process. This activity could build on Activity One or can be used as a standalone activity.

Activity description:

Step 1: Have the participants individually read each section of the Herman Family Scenario: Part 1 and identify areas that could be enhanced. Invite large group discussion to identify key areas to be improved.

Step 2: Based on areas they target for improvement from the scenario, have the participants "try another way" of communicating with the family that better reflects DEC and family-centered care practices. Role plays could occur in multiple ways depending on the size of the group. Here are some possible strategies:

- Divide into groups with each group taking one of the sections. Have two individuals volunteer to role play [e.g., taking the roles of a parent and a speech/language pathologist, (SLP) or developmental specialist], identifying the areas needing improvement, and ask the group if they need support finding the words to say.
- Divide the participants into groups of three. Assign the roles of parent, provider, and observer to each of the three in the group. Have each parent-provider pair role play the areas identified that could be enhanced. Then have each observer reflect on the role play and offer suggestions and comments.

Step 3: Have the group reflect on their experiences. How did it feel? What went well? What was difficult?

Trainer Resources for Part 1: Gathering Assessment Information as Part of the Eligibility Process

Quality Practice Ratings, Facilitator Points to Consider, and Questions to Ponder

The trainer resources for part one provides the facilitator with the ratings for each of the items in the scenario. The scenario is displayed with numbered lines that facilitators can refer to as a rationale for decisions about ratings. The facilitator can use these segments as examples during the training. Below each rating table is a space for facilitators to create their own notes with points they will want to make during the training.

Meeting with the Family

1 The Hermans called the early intervention program because their pediatrician expressed concern
2 regarding Lily's communication skills. Lily was 26 months old and an only child. The service coordinator,
3 Amber, met with the family to provide them with information about the program and the
4 evaluation/assessment process that would be used to determine if Lily would be eligible for services,
5 and to identify her strengths and needs. The Hermans were interested in having Lily evaluated, mostly
6 because of their pediatrician's concern about her language development. The service coordinator and
7 family discussed the family's questions about Lily's development beyond what the pediatrician stated.
8 The Hermans were worried about Lily's communication but otherwise did not have any concerns. They
9 were proud that she could already play videos on the iPad and could complete simple puzzles. She
10 played well by herself, although sometimes it was difficult to get her to transition and play something
11 new, like interacting with her parents as they read books to her. They shared that Lily uses 10–20 words,
12 but mostly imitates these words and does not use words to communicate what she wants; rather she
13 tends to use gestures to lead her parents where she wants to go, like to the snack cupboard or to the
14 shelf where the iPad is kept.

15 The service coordinator thanked the family for their descriptive information about Lily and described
16 that the first step would be to complete the assessment process. The team would set up several
17 appointments to evaluate Lily's skills across all developmental areas. If Lily were found to be eligible, the
18 early intervention program would provide the services she needed. Amber explained that services and
19 supports would be available to Lily and her family and could be provided either in their home or in a
20 child care setting, whichever worked best for the family. The parents said that they would like the
21 assessments to take place as soon as possible but that they also had limited time to meet with the team.
22 They indicated that they both had busy work schedules and asked if the assessments could be
23 completed at Lily's grandmother's home or at the child care center where Lily spends the day. Amber
24 gave the parents two forms to complete, the Ages and Stages Questionnaire and the Modified Checklist
25 for Autism in Toddlers (M-CHAT). She briefly explained that this information would help the team have a
26 better understanding of Lily's skills at home.

Meeting With the Family

Place a checkmark in the appropriate column to indicate the extent to which there is evidence that each practice is observed. 'No' indicates that the practice is not observed, 'Partly' indicates that the practice is observed to a limited extent , and 'Yes' indicates that the practice is fully observed most or all of the time.

DEC Recommended Practice	No	Partly	Yes	Points to Consider	Questions To Ponder	Line # from scenario that supports rating
A1. Practitioners work with the family to identify family preferences for assessment processes.			x	This family chose not to be actively involved in the assessment process.		20-23
F1. Practitioners build trusting and respectful partnerships with the family through interactions that are sensitive and responsive to cultural, linguistic, and socio-economic diversity.	x			Team was respectful of the parents' request for the assessment settings. However, the team did not build a trusting relationship with the parents. To do so, they might have provided the family with information as to why they were having the family complete the M-CHAT so the family would not be caaughtoff0guard later when the team mentions autism.	How could you approach the parents regarding concerns about Lily's autistic-like behaviors that would be more helpful?	24-26
Agreed Upon Practice for Providing Early Intervention Services in Natural Environments	**No**	**Partly**	**Yes**	**Points to Consider**	**Questions To Ponder**	**Line # from scenario that supports rating**
1. Become acquainted and develop rapport.		x		Brief interaction with family limited the provider's ability to develop rapport.	What strategies could have been used to help build rapport in light of this choice?	20-23
2. Engage in conversation to find out why the family is contacting early intervention and to identify the next appropriate steps in the referral process.			x	Family indicated why they were concerned and contacted early intervention.		1-2, 5-8, 15-16
3. Describe early intervention as a system of supports and services for families to assist them in helping their children develop and learn.		x		The service coordinator said "the program could provide the services the child needs," but it could be expanded.	What additional information would be helpful to include about early intervention that would inform the parents about their options?	17-18

Facilitator Notes:

The Assessment Process

Based on family preference, the majority of the assessments were completed at Lily's child care center and through an interview with her grandmother. The assessments took two weeks to schedule and complete. The multidisciplinary assessment team (MDT) included the psychologist, speech/language pathologist (SLP), and developmental specialist. The team members worked together to schedule times to complete their assessments with Lily's child care center staff and grandmother. They gathered information about Lily's functional skills during daily routines, through interviews with Lily's grandmother and a short interview over the phone with her parents. Two standardized assessments [i.e., the Preschool Language Scale 4 and Bayley Scales of Infant Development-III (BSID-III, cognitive subscale)] also were completed. The team had a difficult time collecting assessment information because it was hard to engage Lily in the activities. Lily attended to the activities she chose, frequently repeating the activity over and over (e.g., repeatedly putting the puzzle pieces in and out). Even during preferred activities, such as playing with an iPad or shape boxes, Lily did not typically look at the adult or imitate adult actions. The child care staff reported seeing similar behavior from Lily in their program. They reported that Lily most often played by herself without initiating interactions with her peers and without imitating peers' play. The child care staff also reported she rarely used words to communicate what she needed or to interact with the other children. The assessment team will synthesize the information gathered across these settings and from the people who know Lily best and will share it at the multidisciplinary team meeting with the parents.

The Assessment Process

Place a checkmark in the appropriate column to indicate the extent to which there is evidence that each practice is observed. 'No' indicates that the practice is not observed, 'Partly' indicates that the practice is observed to a limited extent, and 'Yes' indicates that the practice is fully observed most or all of the time.

DEC Recommended Practice	No	Partly	Yes	Points to Consider	Questions to Ponder	Line # from scenario that supports rating
A2. Practitioners work as a team with the family and other professionals to gather assessment information.			x	The parents provided some input on people who could be included in the assessment process. Team worked with others to gather assessment information.	Was there other information that should have been gathered that would be helpful to the decision-making process (e.g., physician, additional information from the parents)?	1-5
A3. Practitioners use assessment materials and strategies that are appropriate for the child's age and level of development and accommodate the child's sensory, physical, communication, cultural, and social and emotional characteristics.			x	Strategies are appropriate and observations of preferred activities imply use of authentic assessment.		7-9
A6. Practitioners use a variety of methods, including observation and interviews, to gather assessment information from multiple sources, including the child's family and other significant individuals in the child's life.			x	Early intervention team used a variety of strategies including interview, observation, and direct assessment.		5-9
A7. Practitioners obtain information about the child's skills in daily activities, routines, and environments such as home, center, and community.		x		Gathered some information on daily activities through interviews, but needed to also complete observations across settings.	What other settings would you recommend gathering information regarding daily routines?	5-7

DEC Recommended Practice	No	Partly	Yes	Points to Consider	Questions to Ponder	Line # from scenario that supports rating
A8. Practitioners use clinical reasoning in addition to assessment results to identify the child's present levels of functioning and to determine the child's eligibility and plan for instruction.	x				In what ways does your team integrate clinical reasoning with assessment findings?	16-18
Agreed Upon Practice for Providing Early Intervention Services in Natural Environments	**No**	**Partly**	**Yes**	**Points to Consider**	**Questions to Ponder**	**Line # from scenario that supports rating**
10. Evaluate and assess the functional needs and strengths of the child.		x		The team was beginning to assess functional skills, however needed to complete the assessment across additional settings and routines.	What other settings would you recommend would add information regarding Lily's functional skills?	9-13
11. Throughout the assessment process, observe and ask the family about their teaching and learning strategies with their child.	x			The team interviewed the grandmother, but did not observe her teaching and learning strategies for Lily.	What interview questions could be added to that would provide more information on the parent's or grandmothers learning strategies?	5-7

Facilitator Notes:

Joining with the Family to Review the Results of the Initial Assessment

The service coordinator briefly talked with Lily's mother over the phone to schedule the meeting to discuss the results of the assessments. Amber shared that the providers completed standardized assessments with Lily and observed her at the child care center and at her grandmother's home. She asked Mrs. Herman if she had any questions about the process; Mrs. Herman indicated that she did not have questions. Together they coordinated a time for the meeting; it was scheduled for the next time the team had an opening, which was the following week.

At the meeting, the team greeted the family and then the service coordinator began the meeting by describing the assessments and observations that were completed. The psychologist described the results of the standardized assessment, the BSID-III, including the cognitive and language domains. She explained that this assessment is designed to evaluate how Lily is doing compared to other children her age and that it provides one source of information on her strengths and areas that are less well-developed. Her strengths on this assessment were in the area of her learning or cognitive skills. For example, areas of strength for Lily were her problem solving skills (e.g., she tried a number of different strategies to place puzzle pieces into a form board) and matching skills (e.g., Lily matched pictures to pictures). The psychologist reported that overall Lily is doing well in the area of cognitive skills. Lily's score of 92 places her within the average range, which includes scores from 85 to 115.

The speech/language pathologist (SLP) reported the main area of concern seen in the assessment results matched what the parents had described: how Lily has limited functional use of language when interacting with others. She indicated that the results of the standardized assessments and the informal observations at the child care center and grandmother's home found that Lily is demonstrating significant communication delays, with scores in the low 70s. (Lily's overall score on Receptive Language Skills was 72 in Expressive Language Skills, Lily scored 74 overall). These scores are significantly below the average range (i.e., 85-115). These assessments confirmed the parents' observations that although Lily knew and could express several words, she typically did not use them to communicate with others. Based on her delays in language development, Lily would be eligible for early intervention services in our program. In addition, the psychologist indicated, "Lily is also demonstrating delays in the ways she socializes which interfered with how she interacted with adults and children during our observations. The behaviors we saw were consistent with children with autism. In addition, your completion of the M-CHAT indicates behaviors associated with autism. We would suggest that you make an appointment with your pediatrician to confirm our suspected diagnosis." The team then asked the family if they had any questions.

The family was stunned and did not immediately respond. Mrs. Herman began to cry. Mr. Herman asked, "Don't most 2 year olds act like Lily?" He did not see any problem with her behavior. The parents said they were only concerned about her language. It didn't seem like Lily could have autism: "Wouldn't our pediatrician have suggested this was a problem?" Mr. Herman said that he wanted to get a second opinion. The family expressed that they needed time to talk together about the news they heard. They wanted to go back and discuss the findings with their physician, with whom they had a good relationship, and they would follow up with the service coordinator later (maybe) by calling her to let

her know the next steps they wanted to take. The service coordinator indicated that she would call the Hermans the following week.

Joining with the Family to Review the Results of the Initial Assessment

Place a checkmark in the appropriate column to indicate the extent to which there is evidence that each practice is observed. 'No' indicates that the practice is not observed, 'Partly' indicates that the practice is observed to a limited extent, and 'Yes' indicates that the practice is fully observed most or all of the time.

DEC Recommended Practice	No	Partly	Yes	Points to Consider	Questions to Ponder	Line # from scenario that supports rating
A11. Practitioners report assessment results so that they are understandable and useful to the family interests.		x		Purpose and results of this assessment provided information but could be expanded. Language assessment was described with results and triangulated with parents' descriptions. The information was not understandable for the family; Providers used jargon. Instead providers needed to use descriptive examples (e.g. Lily frequently named objects and used a reach to request what she needed.)		7-12 19-22
F1. Practitioners build trusting and respectful partnerships with the family through interactions that are sensitive and responsive to cultural, linguistic, and socio-economic diversity.	x			The team needed to provide more description of the assessments used and specific descriptions of the behaviors Lily demonstrated. There was no discussion on what autism is. The family did complete the M-CHAT. The team did not provide a sensitive approach to describing	How could the team use the M-CHAT information to help the family understand their concerns in this area? Are there other ways that the team could have helped the parents confirm whether or not their observations were consistent with the team's observations? What could the speech pathologist have added to her	28-30

DEC Recommended Practice	No	Partly	Yes	Points to Consider	Questions to Ponder	Line # from scenario that supports rating
				these results. The providers had not developed a relationship with family in delivering these results.	discussion of the results that would have made it more meaningful for the parents?	
F2. Practitioners provide the family with up-to-date, comprehensive, and unbiased information in a way that the family can understand and use to make informed choices and decisions.	x			Providers presented the assessment results but did not give concrete examples that would help the family get a clear picture of why the team was concerned (e.g., examples from the M-CHAT).	Should early intervention teams be making a diagnosis of autism? Suggest other ways the providers could have handled sharing their concerns with the parents.	19-21, 26-27
Agreed Upon Practice for Providing Early Intervention Services in Natural Environments	**No**	**Partly**	**Yes**	**Points to Consider**	**Questions to Ponder**	**Line # from scenario that supports rating**
10. Give equal weight to the family's observations and reports about their child's behaviors, learning, and development.	x			This was a very provider-directed discussion. The parents were not engaged in the conversation in a meaningful way.		No Evidence
11. In order to make the eligibility decision, review and summarize findings, sharing perspectives among the team, which includes the family.		x		The team did not get any perspectives from the family that would engage them as an equal partner in the discussion (e.g., such as asking, "How does this fit with what you are seeing at home?")	What could have been done differently to support the parents in sharing their perspectives?	28-31

Reflection questions:

What would you suggest to improve this team's practices?

Are there practices here you would like to incorporate in your practices?

Facilitator Notes:

Herman Family Scenario – Part 2: Determining the Child Outcomes Summary (COS) Rating at Program Entry

Purpose

The purpose of Herman Family Scenario – Part 2 is to provide participants an opportunity to view how a team determines the COS ratings within the context of an Individual Family Service Plan (IFSP) meeting. This scenario provides participants an opportunity to reflect on quality practices using the Child Outcomes Summary-Team Collaboration (COS-TC) Toolkit (Younggren, Barton, Jackson, Swett, Smyth, 2016), DEC Recommended Practices (DEC, 2015), and Agreed Upon Practices (Work Group on Principles and Practices in Natural Environments, 2008). Part 2 intentionally presents a range of positive and more challenging practices in order to generate a lively discussion. In Part 2, questions and ratings are only provided for Outcomes 1 and 3, in order to streamline the discussion. The following activities are intended to be used in training.

Target Audience

Administrators and providers who deliver services in early intervention (birth to age three) and other interested stakeholders.

Learning Objectives

- Identify the assessment practices that promote quality practices during the COS rating process.
- Apply DEC recommended assessment practices to the COS rating process.
- Improve communication skills so providers can partner with families during the COS rating process.

Activity One: Is there a problem?

Activity time: 40–60 minutes

Preparation time: 30 minutes

Participant handout: Herman Family Scenario: Part 2

Purpose: The purpose of this activity is to provide participants an opportunity to review a COS entry rating process at an IFSP meeting while considering the Child Outcomes Summary-Team Collaboration (COS-TC, Younggren, 2015) framework. The participant ratings will form the basis for the group discussion using the questions at the end of each session and the end of the scenario.

Step 1: Invite participants to read each section and rate the COS-TC practices

.

Step 2: Based on the ratings of the COS-TC practices, facilitate a group discussion of both the strengths and the areas that could be enhanced for each section. The charts in Appendix B also include the ratings, key points, and questions to ponder that the facilitator can bring forward if they do not emerge during the group discussion.

Step 3: Facilitate a group discussion based on the questions provided for each session and at the end of the scenario.

Activity variations: This activity could be done with administrators/supervisors. Review the scenario as a group and discuss what feedback or approach participants would use with the providers.

Activity Two: What words should I use?

Activity time: 40–60 minutes

Preparation time: 30 minutes

Participant handout: Herman Family Scenario: Part 2

Purpose: The purpose of this activity is to have participants practice their communication as they partner with parents in the COS rating process. This activity could either build on the first activity or can be an activity by itself.

Step 1: Have the participants read each of the sections and identify quality practices and areas that could be enhanced.

Step 2: Based on the ratings from the checklist in Part 2 handout, have the participants "try another way" of communicating with the family that reflects quality practices. Role plays could occur in multiple ways depending on the size of the group. Here are some possible strategies:

- Divide into groups with each group taking one of the sections. Have two individuals (parent and provider roles) volunteer to role play the areas identified as needing improvement and tag team with the group if they need support in finding the words to say.
- Divide participants into groups of three. For each group, assign a participant to role play a parent, a provider, and an observer. Have the parent and provider role play the areas identified that could be enhanced. Then have the observer reflect on the role play and offer suggestions and comments.

  - **Step 3:** Have the group reflect on their experiences. How did it feel? What went well? What was difficult?

Activity variation: The supervisors/administrators could read the areas identified for improvement and practice how the administrators would communicate with the team in a role play situation.

Trainer Resources for Part 2: Determining the Child Outcomes Summary (COS) Rating at Program Entry

Ratings, Quality Practices to Consider, and Questions to Ponder

The trainer resources for part two provides the facilitator with the ratings for each of the items in the scenario. The scenario is displayed with numbered lines that facilitators can refer to as a rationale for decisions about ratings. The facilitator can use these segments as examples during the training. Below each rating table is a space for facilitators to create their own notes with points they will want to make during the training.

Child Outcomes Summary (COS) Rating at Program Entry

Ratings for Herman Scenario

Planning for the COS

The developmental specialist and SLP met to review the assessment data that had been gathered. They had data from the original multidisciplinary team assessment observations of Lily from the child care center and her grandmother's home, as well as information from an interview that was completed with Lily's grandmother. The following is a summary of these data:

> The team had gathered information about Lily's functional skills during daily routines, through interviews with Lily's grandmother and a short interview over the phone with her parents. The team split up, with some completing observations at Lily's grandmother's home and others at the child care center. Two standardized assessments, the Preschool Language Scale 4 and Bayley Scales of Infant Development-III (BSID-III), were also completed. The team had a difficult time collecting assessment information because it was hard to engage Lily in the activities. Lily attended to the activities she chose, often repeating these activities over and over. Even during preferred activities, such as playing with an iPad or shape boxes, Lily did not typically look at the adult or imitate adult actions. The child care staff reported seeing similar behavior from Lily in their program. They reported that Lily most often played by herself without initiating interactions with her peers and without imitating peers' play.

The SLP and developmental specialist discussed Lily's skills and behavior based on these evaluation data. They discussed Lily's strengths and areas that they were concerned about, such as her lack of social interaction across settings.

I. Planning for the COS

Place a checkmark in the appropriate column to indicate the extent to which there is evidence that each quality practice is observed.
'No' indicates that the practice is not observed, 'Partly' indicates that the practice is observed some of the time or some, but not all, of the practice is observed, and 'Yes' indicates that the practice is fully observed most or all of the time.

Quality Practice	No	Partly	Yes	Points to Consider	Line # from scenario that supports rating
1. Providers **review COS background information**, including the meaning of the three outcomes, the rating criteria, the decision tree, the descriptor statements, and the COS process *(as needed)*.	x			The providers did not review COS background information.	No Evidence
2. Providers **review age-expected growth and development** for the age of the child *(as needed)*.	x			The providers did not review age-expected growth.	No Evidence
3. Providers ensure that **multiple sources** of information about the child's **current** functional skills are available for review *(e.g., parent report, child care provider, observation, evaluation, progress reports, specialists, and others who know the child)*.			x	Interview with parents, grandmother, observations at childcare center, at grandmother's home. Assessment information from parents.	1-4 8-9, 13
4. Providers confirm there is information about the child's functioning for each of the **three child outcomes**.	x			The providers covered some information, but not across all outcomes.	No Evidence
5. Providers confirm there is information about the child's **current** functioning **across settings and opportunities**.		x		The providers only covered some areas of functioning.	5-6, 13, 17-18
6. Providers consider the child's functioning in terms of **AE-IF-F** with reference to **age-anchoring** tools and resources *(AE-age-expected, IF-immediate foundational, F-foundational)*.	x			The providers did not reference age-anchoring tools.	No Evidence
7. Providers review plans for sharing information about the COS and how to engage the family in the COS decision-making process.	x			Providers did not talk about how to engage parents when they met.	No Evidence

COS-TC Quality Practice to Consider	Questions to Consider
I.7 Providers review plans for sharing information about the COS and how to engage the family in the COS decision-making process.	What strategies could the team use to engage the parents in the process when they have limited time (e.g., make a list of lingering questions, note key things to explain to the family, etc.)? *For additional information, see the* More about it *section of quality practice I.7 in COS-TC Toolkit Descriptions and Examples.*
Questions to consider for group discussion: • *What were the positive aspects of the pre-planning process?* • *What would you do to improve the pre-planning process?*	

Facilitator Notes:

Background-Explaining the COS Process to Families

The service coordinator called the family to discuss the purpose of the upcoming meeting: to develop an Individualized Family Service Plan (IFSP) to support Lily and her family. She indicated that, “We will also have to come up with a rating of Lily’s functional skills to decide the extent to which Lily displays behaviors and skills expected for her age related to each of the three functional outcomes. This entry data rating is a requirement for our federal reporting.” The family expressed an understanding of the information about the child outcomes that was shared earlier.

II. Explaining the COS Process to Families

Place a checkmark in the appropriate column to indicate the extent to which there is evidence that each quality practice is observed. 'No' indicates that the practice is not observed, 'Partly' indicates that the practice is observed some of the time or some, but not all, of the practice is observed,, and 'Yes' indicates that the practice is fully observed most or all of the time.

Quality Practice	No	Partly	Yes	Points to Consider	Line # from scenario that supports rating
1. Providers **explain to the family why** outcomes data are collected and **how** they are used.	x			The providers needed to describe that the data was being collected to report to the Office of Special Education Programs in order to see if the services make a difference in the child's development and for program planning and improvement.	4-5
2. Providers **describe the three child outcomes that** are measured.	x				No Evidence
3. Providers **describe how** the outcome data are collected.	x				No Evidence
4. Providers **check for family understanding** before moving on.		x		Although the parents indicated they understood the process, there were no follow-up questions to help determine their understanding of why the child outcomes data are collected.	5-6

COS-TC Quality Practice to Consider	Questions to Consider
II.1 Providers **explain to the family why** outcomes data are collected and how they are used. II.2 Providers **describe the three child outcomes that** are measured. II.3 Providers **describe how** the outcome data are collected.	What could the team have done differently to better inform the parents about the COS rating and IFSP process (e.g., share written information, clarify each of the three outcomes, etc.)? *For additional information, see quality practices II.1 & 2 in COS-TC Toolkit Descriptions and Examples.*
II.4 Providers **check for family understanding** before moving on.	What words or phrases could the team have used to check the parent's understanding of the process (e.g., ask what questions parents have or what else would be helpful)? *For additional suggestions, see Norton and Emanuel examples in quality practice II.4 in COS-TC Toolkit Descriptions and Examples.*
Question: to consider for group discussion • *What additional information would have been helpful for the family to understand the COS process?*	

Facilitator Notes:

Child Outcomes Summary (COS) – Understanding Child Functioning and Building Consensus for a High-Quality Rating

After introductions and a review of the purpose of the IFSP meeting, the developmental specialist and SLP engaged the family in a conversation. Together they discussed how Lily interacted with familiar and unfamiliar adults, her understanding of social rules, such as "sharing," to what extent she understood routines and transitions, and how she played and socialized with other children (e.g., did she sit next to a child and exchange toys or imitate the child's actions?). The providers were interested in whether her parents saw any differences in Lily's interactions with others at home versus at child care. They explained that these are the types of skills that are related to the positive social relationships outcome. Lily's parents described how these behaviors were often different at child care and at home, specifically Lily's interactions with adults. At home she was more likely to hand her parents a toy she needed help with (e.g., turning on the iPad), but child care staff rarely saw this type of request. Across settings, Lily primarily imitated words, but she did not typically use words to request what she wanted (e.g., use a sign or say, "More" to make a request). The SLP indicated that we would expect two year olds to use short phrases to communicate and use language in social conversations. The SLP added she had seen, both at the grandparent's home and child care that Lily also didn't make much eye contact or engage in social games (e.g., "five little monkeys"). The providers reaffirmed what the parents had observed, as Lily displayed a higher level of social skills at home or at her Grandmother's home than at child care. At the conclusion of this discussion, the developmental specialist suggested that, based on the observations and information presented, Lily was demonstrating many skills like those of a younger child in the area of positive social relationships and demonstrated fewer skills at age level. The team reached consensus that, in this outcome area, Lily demonstrates some age-expected functioning, with more skills that come in just before age-expected functioning (i.e., immediate foundational functioning).

The parents and providers agreed that this description defines Lily's functional skills in this area.

The team then discussed the second outcome, use of knowledge and skills, following a similar process. For third outcome, taking appropriate action to meet needs, the development specialist lead the discussion. She reviewed the results of Lily's gross and fine motor screening assessment, which was completed at the child care center. She provided many examples of the skills Lily was able to perform, e.g., stringing beads, throwing a ball, and standing on one foot with support. She indicated that on the Child Outcomes rating for Outcome 3, she would rate Lily at a level 7. She asked the parents if they had any input about that rating. They said they agreed with the test results. Following this discussion, the team began to plan the IFSP outcomes. They used the descriptive information from the discussion to identify Lily's strengths and needs as well as other concerns the family raised to determine the outcomes for the plan.

III. Understanding Child Functioning

Place a checkmark in the appropriate column to indicate the extent to which there is evidence that each quality practice is observed. 'No' indicates that the practice is not observed, 'Partly' indicates that the practice is observed some of the time or some, but not all, of the practice is observed, and 'Yes' indicates that the practice is fully observed most or all of the time.
O1 refers to COS Outcome 1; O3 refers to COS Outcome 3.

Quality Practice	O1 No	O1 Partly	O1 Yes	O3 No	O3 Partly	O3 Yes	Points to Consider	Line # from scenario that supports rating
1. Team members discuss the full **breadth of each outcome** (i.e., across the range of functioning pertinent to each outcome).		x		x			The developmental specialist provided information that was based on discreet skills, rather than functional skills. Beginning conversation about content of O1. No Evidence for O3.	5-7 26-27
2. Providers invite the **family to share information** about their child's functioning for each outcome area.			x	x			Parents provided input about what they were seeing in O1. No Evidence for O3.	8-12 23-24
3. Team members discuss the child's **current functioning** in each outcome area.			X	x			Providers presented information about skills related to O1. No Evidence for O3.	10-11 27-29
4. Team members discuss **information from multiple sources** (e.g., family input, other observations, assessments, progress monitoring, child care providers, specialists, and neighbors) for each outcome.		x		x			There was limited information from child care providers about daily routines. No evidence for O3.	13-15
5. Team members discuss the child's functioning **across settings and situations.**			x	x			Providers discussed Lily's functioning at home and childcare for O1. No evidence for O3.	8-12
6. Team members discuss the child's functioning for each outcome in sufficient **depth** to describe how the child uses skills in meaningful ways.			x	x			SLP began the discussion on a number of aspects of O1, but could have expanded the discussion, e.g. describing typical skills of 2-year-olds	18-19

Quality Practice	O1 No	O1 Partly	O1 Yes	O3 No	O3 Partly	O3 Yes	Points to Consider	Line # from scenario that supports rating
							related to social games, or describing Lily's interaction with other children.	
7. Team members focus on the child's **functional use of skills** versus discrete skills.	x			x			Limited discussion of functioning related to O1. No Evidence for O3.	9-12
8. Team members discuss **skills the child has and has not yet mastered.**			x	x			SLP described how Lily was using her functional skills in this area. Parents indicated that Lily does not yet use words to initiate interactions but uses gestures. No Evidence for O3.	10-12 13-16
9. Team members discuss how the child's **current use of skills relates to age-expected development** (AE-IF-F).			x	x			SLP described functional skills that Lily was not yet using for O1. No Evidence for O3.	19-21

Facilitator Notes:

COS-TC Quality Practice to Consider	Questions to Ponder
III.2 Providers invite the **family to share information** about their child's functioning for each outcome area.	How could the team better engage the family to share information about their child at the meeting? (e.g., questions such as: What does that behavior look like? Does that describe his actions all the time?) *For additional suggestions, see Norton and Emanuel examples in quality practice III.2 in COS-TC Toolkit Descriptions and Examples.*
III.6 Team members discuss the child's functioning for each outcome in sufficient **depth** to describe how the child uses skills in meaningful ways.	What prompts could be provided so a broader picture of the outcome emerged? (e.g., what happens when Lily makes eye contact? Which social games does she like most? Least?) *For additional suggestions, see Norton and Emanuel examples in quality practice III.6 COS-TC Toolkit Descriptions and Examples)*
III.5 Team members discuss the child's functioning **across settings and situations.** III.7 Team members focus on the child's **functional use of skills** versus discrete skills. III.8 Team members discuss **skills the child has and has not yet mastered.**	How could they have better tied their observations and findings to a description of functional skills? (e.g., for Outcome 3, describe Lily's skills in the context of meaningful everyday activities and routines.) *For additional information, see quality practices III.5, III.7 & III.8 in COS-TC Toolkit Descriptions and Examples.*
III.9 Team members discuss how the child's **current use of skills relates to age-expected development** (AE-IF-F).	What strategies could you use to help parents compare and contrast Lily's development with that of a 26 month old? (e.g., use of age anchoring tools and/or descriptions of actions for age-expected development.) *For additional information, see quality practice III.9 in COS-TC Toolkit Descriptions and Examples.*

IV. Building Consensus for a High Quality COS Rating

Place a checkmark in the appropriate column to indicate the extent to which there is evidence that each quality practice is observed. 'No' indicates that the practice is not observed, 'Partly' indicates that the practice is observed some of the time or some, but not all, of the practice is observed, and 'Yes' indicates that the practice is fully observed most or all of the time.
O1 refers to COS Outcome 1; O3 refers to COS Outcome 3.

Quality Practice	O1 No	O1 Partly	O1 Yes	O3 No	O3 Partly	O3 Yes	Points to Consider	Line # from scenario that supports rating
1. Team members discuss **key decisions** about the child's functioning shown on the **decision tree** using all they know about the child's mix of skills.		x		x			Providers began to anchor with age expectations. No Evidence for O3.	12-13
2. Team members discuss the **rating for each outcome in descriptive terms,** not simply as a number.		x		x			Providers discussed a number of skills in O1. No Evidence for O3.	12-19
3. Team members **reach consensus** for each outcome rating.			x	x			Providers used descriptive terms for O1. No Evidence for O3.	19-22
4. The COS **ratings are consistent with rating criteria** for all the information shared and discussed.		x		x			Limited engagement with the parents. No Evidence for O3.	22

Quality Practice to Consider	Questions to Ponder
IV.1 Team members discuss **key decisions** about the child's functioning shown on the **decision tree** using all they know about the child's mix of skills. IV.2 Team members discuss the **rating for each outcome in descriptive terms,** not simply as a number.	Consider ways of talking about the ratings as a continuum. What words could the team have used to describe age-expected or immediate foundational or foundational skills? (e.g., abilities typical of her age, abilities that come in just before her age, etc.) *For more examples, see quality practice IV.1 in COS-TC Toolkit Descriptions and Examples.* How could the team have integrated the information within each outcome? (e.g., use the decision tree to identify where she lies on the continuum of skills). *For more information, see quality practice IV.2 in COS-TC Toolkit Description and Examples.*
IV.3 Team members **reach consensus** for each outcome rating. IV.4 The COS **ratings are consistent with rating criteria** for all the information shared and discussed.	The parents agreed with the ratings. What strategies might have supported them as a full partner in the rating discussion? (e.g., use prompts such as: What does everyone think about this rating? Is this an accurate recap of her functioning?) *For more information, see quality practices IV.3 & IV.4 in COS-TC Toolkit Description and Examples.*
Questions to Consider for Group Discussion • *To what extent do you think the family got a full picture of Lily's functioning across situations and from multiple sources? How much of this came across in the meeting?* • *Contrast the team approach discussion on Outcomes 1 and 3.* • *How could this have been handled in a different way that may have resulted in a more inclusive team decision-making process?*	

Facilitator Notes:

Appendix A
Herman Family Scenario
Communicating with Families in Early Intervention: A Scenario Approach

Purpose

The Herman Family Scenario was developed as a training tool to help providers evaluate and reflect upon communication and partnership practices with families during the team assessment and Child Outcome Summary (COS) rating processes. The primary target audience for this training is early intervention providers. This scenario can be incorporated into trainings as an activity to enhance providers' communication skills with families and to support partnerships with families in the COS rating process.

The scenario describes a family that has concerns about their two-year-old child's development. It follows their journey through the assessment and IFSP processes. Part 1 provides a description of the assessment process and Part 2 briefly recaps the assessment process and illustrates a team working with the parents to establish the COS rating for their child. Training participants will read each narrative section and then rate the content based on set criteria. This scenario intentionally illustrates both best practice approaches and those that are less than ideal and could be improved.

Background

Two training needs were identified in the field: (1) to effectively engage families as full partners in the assessment, and (2) to effectively incorporate quality practices in the COS rating process (DEC, 2014; Work Group on Principles and Practices in Natural Environments, 2008).

The scenario strategically identifies examples of challenging situations (e.g., communicating difficult information to families, determining ways to engage families when they have limited time or availability, finding ways to fully understand children's functional abilities beyond conventional testing alone, etc.) to provide opportunities for the participants to problem solve and identify effective strategies that could be used in their work. The scenario was developed in part as a companion with the COS – Team Collaboration (COS-TC): Toolkit (Younggren, Barton, Jackson, Swett, Smyth, 2016).

Part 1. Gathering assessment information as part of the eligibility process

Meeting with the family. The Hermans called the early intervention program because their pediatrician expressed concern regarding Lily's communication skills. Lily was 26 months old and an only child. The service coordinator, Amber, met with the family to provide them with information about the program, the evaluation/assessment process that would be used to determine if Lily would be eligible for services, and to identify her strengths and needs. The Hermans were interested in having Lily evaluated, mostly because of their pediatrician's concern about Lily's language development. The service coordinator and family discussed the family's questions about Lily's development beyond what the pediatrician stated. The Hermans were worried about Lily's communication, but otherwise did not have any concerns. They were proud that she could already play videos on the iPad and could complete simple puzzles. She played well by herself, although sometimes it was difficult to get her to transition and play something new, like interacting with them as they read books to her. They shared that Lily uses 10–20 words, but mostly imitates these words and does not use words to communicate what she wants, rather she tends to use gestures to lead her parents where she wants to go, like the snack cupboard or to the shelf where the iPad is kept.

The service coordinator thanked the family for their descriptive information about Lily and described that the first step would be to complete the assessment process. The team would set up several appointments to evaluate Lily's skills across all developmental areas. If Lily were found to be eligible, the early intervention program would provide the services she needed. Amber explained that services and supports would be available to Lily and her family and could be provided either in their home or in a child care setting, whichever worked best for the family. The parents said that they would like the assessments to take place as soon as possible but that they also had limited time to meet with the team. They indicated that they both had busy work schedules and asked if the assessments could be completed at Lily's grandmother's home or at the child care center where Lily spends the day. Amber gave the parents two forms to complete, the Ages and Stages Questionnaire and the Modified Checklist for Autism in Toddlers (M-CHAT). She briefly explained that this information would help the team have a better understanding of Lily's skills at home

After reading the section above, please rate the extent to which the following best practice approaches were illustrated.

Meeting With the Family

Place a checkmark in the appropriate column to indicate the extent to which there is evidence that each practice is observed. 'No' indicates that the practice is not observed, 'Partly' indicates that the practice is observed to a limited extent; and 'Yes' indicates that the practice is fully observed most or all of the time.

	No	Partly	Yes
A1. Practitioners work with the family to identify family preferences for assessment processes.			
F1. Practitioners build trusting and respectful partnerships with the family through interactions that are sensitive and responsive to cultural, linguistic, and socio-economic diversity.			
Agreed Upon Practice for Providing Early Intervention Services in Natural Environments	**No**	**Partly**	**Yes**
1. Become acquainted and develop rapport.			
2. Engage in conversation to find out why the family is contacting early intervention and to identify the next appropriate steps in the referral process.			
3. Describe early intervention as a system of supports and services for families to assist them in helping their children develop and learn.			

Reflection questions:

What would you suggest to improve this team's practices?

Are there practices here you would like to incorporate in your practices?

The assessment process. Based on family preference, the majority of the assessments were completed at Lily's child care center and through an interview with her grandmother. The assessments took two weeks to schedule and complete. The multidisciplinary assessment team (MDT) included the psychologist, speech/language pathologist (SLP), and developmental specialist. The team members worked together to schedule times to complete their assessments with Lily's child care center staff and grandmother. They gathered information about Lily's functional skills during daily routines through interviews with Lily's grandmother and a short interview over the phone with her parents. Two standardized assessments [i.e., the Preschool Language Scale 4 and Bayley Scales of Infant Development-III (BSID-III, cognitive subscale)] also were completed. The team had a difficult time collecting assessment information because it was hard to engage Lily in the activities. Lily attended to the activities she chose, frequently repeating the activity over and over (e.g., repeatedly putting the puzzle pieces in and out). Even during preferred activities, such as playing with an iPad or shape boxes, Lily did not typically look at the adult or imitate adult actions The child care staff reported seeing similar behavior from Lily in their program. They reported that Lily most often played by herself without initiating interactions with her peers and without imitating peers' play. The child care staff also reported she rarely used words to communicate what she needed or to interact with the other children. The assessment team will synthesize the information gathered across these settings and from the people who know Lily best and will share it at the multidisciplinary team meeting with the parents.

After reading the section above, please rate the extent to which the following best practice approaches were illustrated.

The Assessment Process

Place a checkmark in the appropriate column to indicate the extent to which there is evidence that each practice is observed. 'No' indicates that the practice is not observed, 'Partly' indicates that the practice is observed to a limited extent, and 'Yes' indicates that the practice is fully observed most or all of the time.

	No	Partly	Yes
A2. Practitioners work as a team with the family and other professionals to gather assessment information.			
A3. Practitioners use assessment materials and strategies that are appropriate for the child's age and level of development and accommodate the child's sensory, physical, communication, cultural, social, and emotional characteristics.			
A4. Practitioners conduct assessments that include all areas of development and behavior to learn about the child's strengths, needs, preferences, and interests.			
A6. Practitioners use a variety of methods, including observation and interviews, to gather assessment information from multiple sources including the child's family and other significant individuals in the child's life.			
A7. Practitioners obtain information about the child's skills in daily activities, routines, and environments such as home, center, and community.			
A8. Practitioners use clinical reasoning in addition to assessment results to identify the child's present levels of functioning and to determine the child's eligibility and plan for instruction.			
Agreed Upon Practice for Providing Early Intervention Services in Natural Environments	**No**	**Partly**	**Yes**
10. Evaluate and assess the functional needs and strengths of the child.			
11. Throughout the assessment process, observe and ask the family about their teaching and learning strategies with their child.			

Reflection questions:

What would you suggest to improve this team's practices?

Are there practices here you would like to incorporate in your practices?

Joining with the Family to Review the Results of the Initial Assessment. The service coordinator briefly talked with Lily's mother over the phone to schedule the meeting to discuss the results of the assessments. Amber shared that the providers completed standardized assessments with Lily and observed her at the child care center and at her grandmother's home. She asked Mrs. Herman if she had any questions about the process; Mrs. Herman indicated that she did not have questions. Together they coordinated a time for the meeting; it was scheduled for the next time the team had an opening, which was the following week.

At the meeting, the team greeted the family and then the service coordinator began the meeting by describing the assessments and observations that were completed. The psychologist described the results of the standardized assessment, the BSID-III, including the cognitive and language domains. She explained that this assessment is designed to evaluate how Lily is doing compared to other children her age and that it provides one source of information on her strengths and areas that are less well-developed. Her strengths on this assessment were in the area of her learning or cognitive skills. For example, areas of strength for Lily were her problem solving skills (e.g., she tried a number of different strategies to place puzzle pieces into a form board) and matching skills (e.g., Lily matched pictures to pictures). The psychologist reported that overall, Lily is doing well in the area of cognitive skills. Lily's score of 92 places her within the average range, which includes scores from 85 to 115.

The speech/language pathologist (SLP) reported that the main area of concern seen in the assessment results matched what the parents had described: how Lily has limited functional use of language when interacting with others. She indicated that the results of the standardized assessments and the informal observations at the child care center and grandmother's home found that Lily is demonstrating significant communication delays, with scores in the low 70s (Lily's overall score on Receptive Language Skills was 72 and on Expressive Language Skills, Lily scored 74 overall). These skills are significantly below the average range (i.e., 85-115). These assessments confirmed the parents' observations that although Lily knew and could express several words, she typically did not use them to communicate with others. Based on her delays in language development, Lily would be eligible for early intervention services in our program.

In addition, the psychologist indicated, "Lily is also demonstrating delays in the ways she socializes which interfered with how she interacted with adults and children during our observations. The behaviors we saw were consistent with children with autism. In addition, your completion of the M-CHAT indicates behaviors associated with autism. We would suggest that you make an appointment with your pediatrician to confirm our suspected diagnosis." The team then asked the family if they had any questions.

The family was stunned and did not immediately respond. Mrs. Herman began to cry. Mr. Herman asked, "Don't most 2-year-olds act like Lily?" He did not see any problem with her behavior. The parents said they were only concerned about her language. It didn't seem like Lily could have autism: "Wouldn't our pediatrician have suggested this was a problem?" Mr. Herman said that he wanted to get a second opinion. The family expressed that they needed time to talk together about the news they heard. They wanted to go back and discuss the findings with their physician, with whom they had a good relationship, and they would follow up with the service coordinator later (maybe) by calling her to let

her know the next steps they wanted to take. The services coordinator indicated that she would call the Hermans the following week.

After reading the section above, please rate the extent that the following best practice approaches were illustrated.

Joining with the Family to Review the Results of the Initial Assessment

Place a checkmark in the appropriate column to indicate the extent to which there is evidence that each practice is observed. 'No' indicates that the practice is not observed, 'Partly' indicates that the practice is observed to a limited extent, and 'Yes' indicates that the practice is fully observed most or all of the time.

DEC Recommended Practice	No	Partly	Yes
A11. Practitioners report assessment results so that they are understandable and useful to families.			
F1. Practitioners build trusting and respectful partnerships with the family through interactions that are sensitive and responsive to cultural, linguistic, and socio-economic diversity.			
F2. Practitioners provide the family with up-to-date, comprehensive, and unbiased information in a way that the family can understand and use to make informed choices and decisions.			
Agreed Upon Practice for Providing Early Intervention Services in Natural Environments	**No**	**Partly**	**Yes**
10. Give equal weight to the family's observations and reports about their child's behaviors, learning, and development.			
11. In order to make the eligibility decision, review and summarize findings, sharing perspectives among the team, which includes the family.			

Reflection questions:

What would you suggest to improve this team's practices?

Are there practices here you would like to incorporate in your practices?

Part 2. Determining the Child Outcomes Summary (COS) rating at program entry

This section is focused on the IFSP meeting and specifically the COS rating process. The multidisciplinary team meeting section below is a recap of Part 1 of the scenario. You can skip this section and start at the provider pre-meeting if you have read Part 1 of the scenario.

Multidisciplinary Team (MDT) Meeting: The Hermans contacted the early intervention program because their pediatrician expressed concern regarding their daughter Lily's communication skills. Lily is 26 months old and is only child. The service coordinator met with the family to provide them with information about the program and the assessment process that would be used to determine if Lily was eligible for services. The Hermans were interested in having Lily evaluated. They had been worried about Lily's language ever since their pediatrician voiced his concern. Otherwise, they did not have any concerns about their daughter's development. The team completed their assessments and met with the family to review the findings. The providers first discussed Lily's strengths and then talked about their concerns regarding her functional language skills. They shared that her behavior was consistent with a child with autism, which was upsetting to the family. Mr. Herman said that they wanted to get a second opinion. The meeting ended abruptly at this point. The service coordinator indicated that she would call the Herman's the following week.

The Hermans met with their pediatrician in consultation with the psychologist in his clinic and the diagnosis of autism was confirmed and discussed with the family. Following that appointment, the Herman's decided that early intervention services would be the best thing for Lily. They called their service coordinator who indicated since Lily qualified for services based on the assessments completed earlier, the next step would be to schedule a time for the parents to meet with the team to review Lily's current levels of functioning, develop an IFSP, as a team determine the type of services and supports that would best support Lily and her family, and complete the Child Outcome Summary ratings.

Provider pre-meeting: Planning for the COS. The developmental specialist and SLP met to review the assessment data that had been gathered. They had data from the original multidisciplinary team assessment observations of Lily from the child care center and her grandmother's home, as well as information from an interview that was completed with Lily's grandmother. The following is a summary of these data:

> The team had gathered information about Lily's functional skills during daily routines through interviews with Lily's grandmother and a short interview over the phone with her parents. The team split up, with some completing observations at Lily's grandmother's home and others at the child care center. Two standardized assessments, the Preschool Language Scale 4 and Bayley Scales of Infant Development-III (BSID-III), were also completed. The team had a difficult time collecting assessment information because it was hard to engage Lily in the activities. Lily attended to the activities she chose, often repeating these activities over and over. Even during preferred activities, such as playing with an iPad or shape boxes, Lily did not typically look at the adult or imitate adult actions. The child care staff reported seeing similar behavior from Lily in their program. They reported that Lily most often played by herself without initiating interactions with her peers and without imitating peers' play.

The SLP and developmental specialist discussed Lily's skills and behavior based on these evaluation data. They discussed Lily's strengths and areas that they were concerned about, such as her lack of social interaction across settings.

After reading the section above, please rate the extent to which the following best practice COS approaches were illustrated.

I. Planning for the COS (based on the COS-TC Toolkit checklist)

Place a checkmark in the appropriate column to indicate the extent to which there is evidence that each quality practice is observed. 'No' indicates that the practice is not observed, 'Partly' indicates that the practice is observed some of the time or some, but not all, of the practice is observed, and 'Yes' indicates that the practice is fully observed most or all of the time.

Quality Practice	No	Partly	Yes
1. Providers review COS background information, including the meaning of the three outcomes, the rating criteria, the decision tree, the descriptor statements, and the COS process *(as needed)*.			
2. Providers **review age-expected growth and development** for the age of the child *(as needed).*			
3. Providers ensure that **multiple sources of information** about the child's functioning are available for review *(e.g., parent report, child care provider, observation, evaluation, progress reports, and specialists, and others who know the child)*.			
4. Providers confirm there is information about the child's functioning for each of the **three child outcomes.**			
5. Providers confirm that there is information about the child's **current** functioning **across settings and situations**.			
6. Providers consider the child's functioning in terms of **AE-IF-F** with reference to **age-anchoring** tools and resources. *(AE age-expected, IF-immediate foundational, F-foundational)*			
7. Providers review plans for sharing information about the COS and how to engage the family in the COS decision-making process.			

Background-Explaining the COS Process. The service coordinator called the family to discuss the purpose of the upcoming meeting: to develop an Individualized Family Service Plan (IFSP) to support Lily and her family. She indicated that, "We will also have to come up with a rating of Lily's functional skills to decide the extent to which Lily displays behaviors and skills expected for her age related to each of the three functional outcomes. This entry data rating is a requirement for our federal reporting." The family expressed an understanding of the information about the child outcomes that was shared earlier.

After reading the section above, please rate the extent to which the following best practice COS approaches were illustrated.

II. Explaining the COS Process to Families

Place a checkmark in the appropriate column to indicate the extent to which there is evidence that each quality practice is observed. 'No' indicates that the practice is not observed, 'Partly' to indicates that the practice is observed some of the time or some, but not all, of the practice is observed,, and 'Yes' indicates that the practice is fully observed most or all of the time.

Quality Practice	No	Partly	Yes
1. Providers **explain to the family why** outcomes data are collected and **how** they are used.			
2. Providers **describe the three child outcomes** that are measured.			
3. Providers **describe how** the outcome data are collected.			
4. Providers **check for family understanding** before moving on.			

Child Outcomes Summary (COS) – Understanding Child Functioning and Building Consensus for a High-Quality Rating. After introductions and a review of the purpose of the IFSP meeting, the developmental specialist and SLP engaged the family in a conversation. Together they discussed how Lily interacted with familiar and unfamiliar adults, her understanding of social rules, such as "sharing," to what extent she understood routines and transitions, and how she played and socialized with other children (e.g., did she sit next to a child and exchange toys or imitate the child's actions?). The providers were interested in whether her parents saw any differences in Lily's interactions with others at home versus at child care. They explained that these are the types of skills that are related to the positive social relationships outcome. Lily's parents described how these behaviors were often different at child care and at home, specifically Lily's interactions with adults. At home she was more likely to hand her parents a toy she needed help with (e.g., turning on the iPad), but child care staff rarely saw this type of request. Across settings, Lily primarily imitated words, but she did not typically use words to request what she wanted (e.g., use a sign or say, "More" to make a request). The SLP indicated that we would expect two year olds to use short phrases to communicate and use language in social conversations. The SLP added she had seen, both at the grandparents' home and child care that Lily also didn't make much eye contact or engage in social games (e.g., "five little monkeys"). The providers reaffirmed what the parents had observed, as Lily displayed a higher level of social skills at home or at her Grandmother's home than at child care. At the conclusion of this discussion, the developmental specialist suggested that, based on the observations and information presented, Lily was demonstrating many skills like those of a younger child in the area of positive social relationships and demonstrated fewer skills at age level. The team reached consensus that, in this outcome area, Lily demonstrated some age-expected functioning, with more skills that come in just before age-expected functioning (i.e., immediate foundational functioning).

The parents and providers agreed that this description best defined Lily's functional skills in this area.

The team then discussed the second outcome, use of knowledge and skills, following a similar process. For third outcome, taking appropriate action to meet needs, the developmental specialist lead the discussion. She reviewed the results of Lily's gross and fine motor screening assessment, which was completed at the child care center. She provided many examples of the skills Lily was able to perform, e.g., stringing beads, throwing a ball, and standing on one foot with support. She indicated on the Child Outcomes rating for Outcome 3, she would rate Lily at a level 7. She asked the parents if they had any input about that rating. They said they agreed with the test results. Following this discussion, the team began to develop the IFSP outcomes. They used the descriptive information from the discussion to identify Lily's strengths and needs as well as other concerns the family raised to determine the outcomes for the plan.

After reading the section above, please rate the extent that the following best practice COS approaches were illustrated.

III. Understanding Child Functioning

Place a checkmark in the appropriate column to indicate the extent to which there is evidence that each quality practice is observed. 'No' indicates that the practice is not observed, 'Partly' indicates that the practice is observed some of the time or some, but not all, of the practice is observed, and 'Yes' indicates that the practice is fully observed most or all of the time.
O1 refers to COS Outcome 1; O3 refers to COS outcome 3.

	O1 No	O1 Partly	O1 Yes	O3 No	O3 Partly	O3 Yes
1. Team members discuss the full **breadth of each outcome** (i.e., across the range of functioning pertinent to each outcome).						
2. Providers invite the **family to share information** about their child's functioning for each outcome area.						
3. Team members discuss the child's **current functioning in** each outcome area.						
4. Team members discuss **information from multiple sources** (e.g., family input, other observations, assessments, progress monitoring, child care providers, specialists, and neighbors) for each outcome.						
5. Team members discuss the child's functioning **across settings and situations**.						
6. Team members discuss the child's functioning for each outcome in sufficient **depth** to describe how the child uses skills in meaningful ways.						
7. Team members focus on the child's **functional use of skills** versus discrete skills.						
8. Team members discuss **skills the child has and has not yet mastered**.						
9. Team members discuss how the child's **current use of skills relates to age-expected development** (AE-IF-F).						

IV. Building Consensus for a High Quality COS Rating

Place a checkmark in the appropriate column to indicate the extent to which there is evidence that each quality practice is observed. 'No' indicates that the practice is not observed, 'Partly' indicates that the practice is observed some of the time or some, but not all, of the practice is observed, and 'Yes' indicates that the practice is fully observed most or all of the time.
O1 refers to COS Outcome 1; O3 refers to COS outcome 3.

	O1 No	O1 Partly	O1 Yes	O3 No	O3 Partly	O3 Yes
1. Team members discuss **key decisions** about the child's functioning shown on the **decision tree** using all they know about the child's mix of skills.						
2. Team members discuss the **rating for each outcome in descriptive terms**, not simply as a number.						
3. Team members **reach consensus** for each outcome rating.						
4. The COS **ratings are consistent with rating criteria** for all the information shared and discussed.						

COS-TC Toolkit

July 2016

Naomi Younggren
Educational & Developmental Intervention Services,
U.S. Department of Defense, U.S. Army

Lauren Barton
SRI International

Barbara Jackson
Munroe-Meyer Institute,
University of Nebraska Medical Center

Judy Swett
PACER Center

Catherine Smyth
SRI International

Acknowledgment

Special thanks to providers and families who shared their videos with us, trainers and technical assistance providers who have piloted these materials and given feedback, and funders who helped support this work.

The contents of this document were developed under a grant from the U.S. Department of Education, # H373Z120002, and a cooperative agreement, #H326P120002, from the Office of Special Education Programs, U.S. Department of Education. However, those contents do not necessarily represent the policy of the U.S. Department of Education, and you should not assume endorsement by the Federal Government. DaSy Center Project Officers, Meredith Miceli and Richelle Davis and ECTA Center Project Officer, Julia Martin Eile.

July 2016

Suggested citation:

Younggren, N., Barton, L., Jackson, B., Swett, J. & Smyth, C. (2016). *COS-TC Toolkit*. Menlo Park, CA: SRI International.

Contents

Introduction 1
Purpose 1
Background 1
Uses 1
Contents 1
Checklist 1
Descriptions and Examples 2
Video Clips 2
Checklist 3
I. Planning for the COS 3
II. . Explaining the COS Process to Families 3
III. Understanding Child Functioning 4
IV. Building Consensus for a High-Quality COS Rating 4
V. Interactive Practices 5
Descriptions & Examples 1
I. Planning for the COS 1
II. . Explaining the COS Process to Families 6
III. Understanding Child Functioning 10
IV. Building Consensus for a High-Quality COS Rating 18
V. Interactive Practices 21
Appendix A: COS-TC Child Outcomes Summary Outcome Content Reminder Tool 22
Appendix B: Emanuel's Present Levels of Development (PLOD) 1

COS-TC Toolkit
Introduction

Purpose

- The Child Outcomes Summary-Team Collaboration (COS-TC) is designed to assist states and programs in improving the COS team collaboration. Built around a checklist of quality practices, the COS-TC is a toolkit that provides a mechanism for those who implement, supervise, or train on the COS process to identify, observe, and assess recommended team collaboration practices in COS implementation. It underscores ways to actively engage families as critical members in the COS process; however, much of the content is applicable for all COS teams, regardless of their composition.
- Prior completion of COS introductory training is strongly recommended for optimal use of this toolkit.

Background

- The COS-TC was developed with input from parents, researchers, service providers, and technical assistance providers involved with the COS processes in early intervention and early childhood special education programs.
- The quality practices in the COS-TC emerged from reviewing teams engaging in the COS process and the realization that greater family partnership and guidance in the COS process was needed. Research on COS implementation was instrumental in defining the quality practices. See http://ectacenter.org/eco/pages/enhance.asp for more information.

Uses

- The COS-TC has multiple uses. For example, it can be used for self-reflection or team reflection, for observation and feedback by a supervisor or mentor, to identify current practices and opportunities for improvement, to measure process change, and to determine staff understanding and application of quality COS team collaboration practices. The COS-TC also can provide the foundation for training staff about quality COS practices. (See COS-TC Toolkit Facilitator's Guide for more information about this use.)

Contents

- The COS-TC is made up of three tools: a checklist of quality practices, descriptions and examples that expand on the checklist, and associated video clips.

Checklist

- The quality practices highlighted in the checklist are organized into four sections: I. Planning for the COS, II. Explaining the COS to Families, III. Understanding Child Functioning, and IV. Building Consensus for High-Quality COS Ratings. Additionally, a checklist of quality interactive practices is included in section V. The checklist includes space to document notes about quality practices as well as space for rating each quality practice as implemented, partly implemented, or not observed during observation or through self-reflection.

Descriptions and Examples

- To support use of the checklist and promote quality COS implementation, a description of each practice is provided along with examples that illustrate the practice.
- The descriptions provide information about each of the quality practices on the COS-TC checklist: a narrative description (*What it is*) and supplemental background information (*More about it*).
- Within the '*More about it*' section the following key codes further denote the type of information included.

  Key background information about the COS process associated with this COS-TC quality practice.

  Why this quality practice and the way it is implemented are critical to the COS process.

  Greater detail about this quality practice and additional considerations.

- The examples are based on the COS process for two children, Norton and Emanuel. The examples include ways to introduce the different COS discussion points with team members. It's important to note these are only examples of discussion openers; they are not scripts to be memorized and repeated. Taking time to reflect on the scenarios and exploring other ways to initiate and have these discussions with families and other team members are encouraged to build provider capacity and confidence with implementing the COS-TC quality practices.
- The examples illustrate team-based planning processes for two children about whom different levels of information have been gathered and shared. In the Norton examples the team has less information about the child's functioning for each of the outcome areas. In the Emanuel examples the team has gathered, shared, and discussed the COS process in prior meetings and interactions (i.e., during the evaluation, completion of the Routines-Based Interview, and sharing of written information about the COS process). The Emanuel examples are also more closely aligned with an annual or exit COS rating process, as much information is already available about his functioning relative to each outcome.

Video Clips

- The video clips contain real-life excerpts of COS meetings with families. These clips illustrate both quality practices as well as missed opportunities. The video clips are provided to stimulate thought and discussion about team collaboration in the COS process.
- The video clips provide specific teaching and learning points. Each clip illustrates a different component of the COS process. The clips are aligned with the four sections of the COS-TC checklist. The clips are intended to support providers in assessing and reviewing their practices. They are not to be used to assess family participation. Viewers can complete a blank checklist and discuss their observations and reactions. The completed checklist that accompanies each clip highlights specific teaching and learning points. The completed checklist also can be used as a guide for technical assistance providers to facilitate discussion and reflection during training activities.
- *Video clips will be available for rating and reflection as a part of the interactive online COS-TC products by Fall 2016.*

COS-TC Toolkit
Checklist

Team Identifier: Date:

I. Planning for the COS

Quality Practices *'No' indicates that the practice is not observed; 'partly' indicates that the practice is observed some of the time or that some, but not all, of the practice is observed; 'yes' indicates the practice is fully observed most or all of the time.*	**No**	**Partly**	**Yes**
1. Providers **review COS background information**, including the meaning of the three outcomes, the rating criteria, the decision tree, the descriptor statements, and COS process *(as needed)*.			
2. Providers **review age-expected growth and development** for the age of the child *(as needed).*			
3. Providers ensure that **multiple sources of information** about the child's functioning are available for review *(e.g., observations, evaluation, progress reports, and reports from parents, specialists, and others who know the child).*			
4. Providers confirm there is information about the child's functioning for each of the **3 child outcome areas**.			
5. Providers confirm that there is information about the child's **current** functioning **across settings and situations**.			
6. Providers consider the child's functioning in terms of **AE-IF-F** with reference to **age-anchoring** tools and resources. *(AE-age-expected, IF-immediate foundational, F-foundational)*			
7. Providers **review plans for sharing information** about the COS and how to engage the family in the COS decision-making process.			

Notes

II. Explaining the COS Process to Families

Quality Practices *'No' indicates that the practice is not observed; 'partly' indicates that the practice is observed some of the time or that some, but not all, of the practice is observed; 'yes' indicates the practice is fully observed most or all of the time.*	**No**	**Partly**	**Yes**
1. Providers **explain to the family why** outcomes data are collected and **how** they are used.			
2. Providers **describe the three child outcomes** that are measured.			
3. Providers **describe how** the outcome data are collected.			
4. Providers **check for family understanding** before moving on.			

Notes

III. Understanding Child Functioning

Quality Practices *'No' indicates that the practice is not observed; 'partly' indicates that the practice is observed some of the time or that some, but not all, of the practice is observed; 'yes' indicates the practice is fully observed most or all of the time. Practices are rated for each outcome areas.*	**Outcome 1**			**Outcome 2**			**Outcome 3**		
	No	Partly	Yes	No	Partly	Yes	No	Partly	Yes
1. Team members discuss the full **breadth of each outcome** (i.e., across the range of functioning pertinent to each outcome).									
2. Providers invite the **family to share information** about their child's functioning for each outcome area.									
3. Team members discuss the child's **current functioning in** each outcome area.									
4. Team members discuss **information from multiple sources** (e.g., family input, other observations, assessments, progress monitoring, child care providers, specialists, neighbors) for each outcome.									
5. Team members discuss the child's functioning **across settings and situations.**									
6. Team members discuss the child's functioning for each outcome in sufficient **depth** to describe how the child uses skills in meaningful ways.									
7. Team members focus on the child's **functional use of skills** versus discrete skills.									
8. Team members discuss **skills the child has and has not yet mastered.**									
9. Team members discuss how the child's **current use of skills relates to age-expected development** (AE-IF-F).									

Notes

IV. Building Consensus for a High-Quality COS Rating

Quality Practices *'No' indicates that the practice is not observed; 'partly' indicates that the practice is observed some of the time or that some, but not all, of the practice is observed; 'yes' indicates the practice is fully observed most or all of the time. Practices are rated for each outcome areas.*	**Outcome 1**			**Outcome 2**			**Outcome 3**		
	No	Partly	Yes	No	Partly	Yes	No	Partly	Yes
1. Team members discuss **key decisions** about the child's functioning shown on the **decision tree** using all they know about the child's mix of skills.									
2. Team members discuss the **rating for each outcome in descriptive terms,** not simply as a number.									
3. Team members **reach consensus** for each outcome rating.									
4. The COS **ratings are consistent with rating criteria** for all the information shared and discussed.									

Notes

V. Interactive Practices

Please look for opportunities where providers could use the following interactive practices and rate the extent to which each occurs. Examine if these practices are observed throughout all four of the earlier sections of the COS-TC. Indicate if the presence or absence of a practice is particularly notable in a specific type of activity or was perhaps not applicable.

Quality Practices *'No' indicates that the practice is not observed; 'partly' indicates that the practice is observed some of the time or that some, but not all, of the practice is observed; 'yes' indicates the practice is fully observed most or all of the time.* **Providers:**	No	Partly	Yes
a. …share and/or synthesize information **clearly and concisely**.			
Notes			
b. …**display good affect** (*e.g., tone, facial expressions, and responsiveness*).			
Notes			
c. …give **eye contact** appropriately.			
Notes			
d. …**do not use jargon** and **clearly explain technical terms**.			
Notes			
e. …**actively include all team members** in the discussions.			
Notes			
f. …**show responsive behaviors** that illustrate active listening and responding.			
Notes			
g. …**let team members finish their thought** before replying or moving on.			
Notes			
h. …**ask good follow- up questions** to check for understanding or collect rich detail.			
Notes			
i. …**use descriptive examples**, paraphrasing, and summarizing to check understanding.			
Notes			
j. …**listen empathetically**, being sensitive to emotions and environmental demands *(e.g., phone ringing, child fussing)*.			
Notes			
k. …**acknowledge and respect family input** about the child's functioning.			
Notes			

COS-TC Toolkit
Descriptions & Examples

I. Planning for the COS

To prepare for the COS meeting with the family, providers need to be sure they understand the COS process and have information about the child's functioning. Specific quality practices of the planning process are described below. These practices may be implemented in a variety of ways. For example, planning may occur in a team meeting or be carried out by one primary facilitator who confirms that needed information is gathered and planning has occurred in other ways. The examples below illustrate team-based planning processes for two children, Norton and Emanuel, about whom different levels of background information and preparations have previously been completed.

I.1 Providers **review COS background information**, including the meaning of the three outcomes, the rating criteria, the decision tree, the descriptor statements, and COS process *(as needed)*.

What it is	More about it
The expectation is that the providers on the team have a working knowledge of the COS process. The need for each provider to review COS background information depends in part on the individual's and the team's familiarity with the COS process (e.g., information about the functional abilities aligned with each outcome area, the COS scale and criteria, the decision tree, rating descriptors, etc.).	COS ratings reduce rich information about a child's functioning into a common metric allowing a summary of progress across children. Rating decisions involve synthesizing input from many sources familiar with the child. Through the full team decision-making process, a team can reach valid conclusions about the child's current abilities relative to age-expected functioning.
Norton Since this is only our second time doing the COS together let's review the information to be certain we have and understand everything before meeting with the family.	*Emanuel* It's time for Emanuel's COS. We've done this several times with other families. Please email me if there any questions about the process or resources you'd like to review in advance of the meeting with the family.

I.2 Providers **review age-expected growth and de velopment** for the age of the child *(as needed)*.

What it is

It is expected that all providers understand age-expected skills and behaviors for the age of the child being reviewed. Providers must be comfortable describing these skills and behaviors and the associated age expectations with the family and discussing them as a team.

Providers who need more information about typical development should use resources and reference developmental milestone tools, early learning guidelines, and standards to obtain a clear picture of age-expected skills for the child's chronological age.

More about it

Providers must have a clear understanding of typical development because the COS ratings are based upon how close a child is to age-expected development in each of the three outcome areas. Families may have a working knowledge of age-expected development, but they may not know the finer points of child development in each of the three outcomes.

> Check with your state and/or program to identify recommended resources for further background on age-expected development.

Norton

Norton is 30 months old and we have questions about his social/emotional development. Let's review age expectations for his age so that we're not missing anything.

Emanuel

We age-anchored many of the skills Emanuel is using based upon our Present Levels of Development (PLOD) write-up. I will bring the MEISR[1] and HELP[2] to the meeting to reference in case there are questions about age expectations.

I.3 Providers ensure that **multiple sources of information** about the child's functioning are available for review *(e.g., observations, evaluation, progress reports, and reports from parents, specialists, and others who know the child).*

What it is

As part of planning for the COS discussion with the family, providers will want to make sure the information that has been collected provides a comprehensive picture of the child's functioning. Possible sources of information include reports from parents and/or other caregivers, information from the referral source, evaluations, progress reports, etc. If sufficient information is not available to determine the COS rating, the team will need to identify what else is needed and gather that information before discussing the rating.

More about it

Information from different perspectives and tools is needed to provide a complete picture of how the child functions across settings and relative to age expectations.

Norton

In preparation for the visit with Norton's family we have the evaluation report and observation notes. When we meet we'll want to be sure that we get a better understanding from his grandma about how he does when he is with just her, as we didn't spend too much time talking about that.

Emanuel

For the meeting with Emanuel's family, there is the IFSP completed up to this page and the PLOD, which includes information we gathered during the process up to this point. It includes the information from the Routines-Based Interview (RBI) so we have lots of information from multiple sources about Emanuel's functioning, well beyond what we know from the evaluation. No one else needs to be contacted before the meeting.

[1] MEISR is a Measure of Engagement, Independence, and Social Relationships (McWilliam & Younggren, 2012).
[2] HELP is the Hawaii Early Learning Profile (HELP Birth to 3, ©2004 VORT Corporation).

I.4 Providers confirm there is information about the child's functioning for each of the **three child outcome areas**.

What it is

Providers will need to determine if the information they have addresses how the child functions across the breadth of skills covered within each outcome area. Any additional information needed should be collected prior to the COS decision-making process.

More about it

Information about the child's functioning relative to each of the three outcome areas is necessary for accurate COS rating decisions. This includes having thorough information available to consider about the child's functioning for each outcome area. This is different from assessing developmental domains, as skills in the five domains are integrated across the three outcome areas.

Norton

We have a good bit of information from the evaluation, but we will want to ask the family more about how Norton interacts with other children. We have a lot of information about adult interactions and following routines, but I don't feel like we have a good sense about his interactions with other children his age. We'll need that for outcome one, for sure.

Emanuel

It looks like the information we have about Emanuel's functioning covers the key kinds of skills we will want to look at for each outcome. We'll review this with the family at the meeting and see if there is anything they have to add.

I.5 Providers confirm that there is information abo ut the child's **current** functioning **across settings and situations**.

What it is

The team should discuss information about the child's current functioning across different routines, activities, places, and interactions.

Information about functioning needs to reflect the child's current use of skills and not be based on assessments or interviews conducted several months ago.

As part of planning for the COS team decision-making process, providers may identify the need to acquire or update their information about the child's functioning in different settings and situations. This may be collected during the COS discussion or the team may see a need to gather additional information about functioning prior to the COS team decision-making process.

More about it

Each of the outcomes refers to what children know and the actions they carry out to function successfully across a variety of settings.

Discussion about a child's current behaviors across settings and situations helps teams understand any variations in the child's current abilities in different settings and situations. This includes settings with different caregivers (e.g., in the home, school/child care, and the community) and situations with different people and demands (e.g., novel adults, familiar adults, siblings, other children, group settings, community settings, settings with different sensory characteristics, settings with familiar and less familiar routines, etc.).

Norton

As a reminder, we have to focus on his current functioning in all of the settings where he is spending time and not just in his home.

Emanuel

When we review this information with Emanuel's family, we'll be sure to see if there are any changes in how he is currently using those skills in different settings. It's been less than a week since we did the RBI, but it is always good to be sure.

I.6	Providers consider the child's skills in terms of **AE-IF-F** with reference to **age-anchoring** tools and resources. *(AE-age-expected, IF-immediate fou ndational, F-foundational)*
What it is	More about it
Accurate categorization of anchoring skills as age-expected (AE), immediate foundational (IF), and foundational (F) is critical. Providers may need to reference additional resources to confirm the criteria for AE, IF, and F levels for particular skills if there is any doubt about when these skills typically develop.	Information about a child's functional abilities in terms of the developmental progression of skills and behaviors is required to understand how close a child's functioning is from that expected for his/her chronological age.
Norton	*Emanuel*
Remember at their home how Norton stayed close by his mother's side and took nearly 30 minutes before going to play and explore? That seems like a much younger behavior than what we'd expect for his age. Let's look up when that comes in developmentally to be sure when that skill usually emerges in children. Are there other behaviors we want to know more about?	*I worked on the PLOD and highlighted Emanuel's functioning with colors for AE, IF, and F. Does anyone have any questions, or is there anything about the age-anchoring that we need to review before sharing this with the family?*

I.7 Providers **review plans for sharing information** about the COS and how to engage the family in the COS decision-making process.

What it is

Providers prepare for how they will have an effective and efficient meeting with the family. This preparation helps ensure that providers will engage the family in the COS decision-making process and not simply meet to share a predetermined rating with the family. This quality practice addresses the need for providers to be fully prepared and to thoughtfully consider how best to engage the family in the upcoming discussion. It also supports provider planning about how to share information with the family about the COS process in advance of the meeting.

More about it

- Preparation may include activities such as:
  - Making a list of lingering questions about the child's abilities that providers want to discuss with the family.
  - Identifying special family circumstances to discuss (e.g., cultural considerations or recent changes).
  - Noting key things to explain to the family, such as background on the outcomes and the COS process, as well as clarifying that in the COS we don't adjust for prematurity and that we do consider the child's use of assistive technology when it is available in the child's settings.
  - Considering specific practices to use to maximize participation from the family and all team members (e.g., how best to support family participation with the interpreter).

Norton

I think we have everything we need. Of course we'll have to get more information from the family to be sure we cover everything for each of the outcomes. The older children will still be in school during our visit and Norton typically naps during this time so there shouldn't be many distractions. But we'll have to play that as it goes.

Emanuel

I've sent the family a draft copy of the PLOD and shared what to expect. Everything else on the IFSP, up to that point, was completed with them so we should be able to start there. Emanuel's dad was going to try to be home. We haven't met him yet, so I do hope he is able to break away from work. We scheduled an hour for the meeting to complete the COS and remaining sections of the IFSP. Please remind me if I forget to make sure that still works for the family since our meeting is over the lunch break and Emanuel's dad may need to rush back to work.

II. Explaining the COS Process to Families

Explaining the COS process can be part of earlier interactions with the family. Depending on how much background the family has, the explanations can be shorter or longer during the COS decision-making discussion. The examples below illustrate a team that has had less discussion about measuring outcomes (Norton) as well as an example where measuring outcomes has been discussed in detail at earlier encounters (Emanuel).

II.1 Providers **explain to the family why** outcome data are collected and **how** they are used.

What it is

Before beginning the COS decision-making discussion, providers need to give the family basic information about why outcome data are collected and how those data are used and make sure the family has no additional questions. Providers are encouraged to share written materials with families about why child outcome data are collected and the COS process before coming together for the COS rating meeting. Some states have developed specific materials to use with families, and a national resource to share is available at http://www.pacer.org/publications/pdfs/ALL-71.pdf. At the meeting, providers summarize the key ideas and give the family an opportunity to ask questions.

More about it

Families want to know whether or not the services they are receiving are effective at helping children develop and learn. Collecting and evaluating outcome data helps programs improve the services they provide. Additionally, the process of collecting and discussing data with families enables providers to keep families informed about their child's progress.

Outcome data are used to improve programs. Having good data about outcomes allows families and other stakeholders to see and discuss the results of participation in early intervention or early childhood special education. Achieving the three outcomes will allow children to be active and successful participants across the settings in which they live, including homes, schools, and communities. All early intervention and early childhood special education programs use these outcomes to measure children's progress, which in turn helps programs determine and improve their effectiveness.

Norton

We know that early intervention can improve children's functioning by helping families help their children be successful participants in a variety of activities, interactions, and settings. To help us know how well our program is achieving this goal, we measure how all children in our program are doing in three broad areas. We call this measuring child outcomes. We use the data collected to understand how children, including Norton, benefit from early intervention.

Emanuel

One of the things we'll do today is collect the child outcome information that we've talked about before. This information will help all of us understand where Emanuel is in each of the three outcome areas. And because we collect this information for all children, it helps us know if the program is meeting the goal of helping all children improve their functioning. We've looked at this brochure earlier. What additional questions would you like to discuss?

II.2 Providers **describe the three child outcomes** t hat are measured.

What it is

Part of the preparation for families should include a brief description of the outcomes as each is discussed during the meeting. This may include a new description or reference to an earlier explanation about the outcomes. Providers should remind families that each of the outcome areas includes a variety of functional skills and abilities that teams consider when identifying ratings for each outcome.

More about it

1-Positive social relationships (how your child relates to and interacts with adults and children, how s/he understands social rules in different settings, how s/he transitions in routines and activities, as well as other social interactions with people and the environment).

2-Acquiring and using knowledge and skills (how your child figures things out, how s/he learns new things, understands, and responds to directions, as well as how s/he interacts with books and other playthings).

3-Taking appropriate action to meet needs (how your child meets his or her basic needs like eating, dressing, showing toilet readiness, getting from place to place, as well letting others know what s/he needs.

See also related quality practice III.1.

> It may be helpful to clarify that these three child outcomes are different from the outcomes or goals on a child's IFSP or IEP. IFSP outcomes and IEP goals are specific to the child and are changed periodically based on the child's needs. The three early childhood outcomes are the same for all children in the program.

Norton

Children bring together many skills to accomplish everyday tasks. One way to understand children's development is to think about their functioning in three outcome areas. These include positive social relationships, acquiring and using knowledge and skills, and taking appropriate action to meet needs. Within each of these outcomes are many skills. Today, we'll talk more about what we mean by each of these outcomes and discuss how Norton is using skills in each of these outcome areas.

Emanuel

You may remember our earlier conversation about three child outcome areas highlighted in the brochure we shared. Included here in the brochure (pointing) are the three outcomes we measure along with the types of skills included in each outcome area. Through our discussions, the evaluation, and the RBI, we have learned about Emanuel's functioning in each of these outcome areas. Today we'll discuss and summarize Emanuel's functioning in each of these areas.

II.3 Providers **describe how** the outcome data are collected.

What it is

For each of the three outcomes, team members determine how the child is currently doing by discussing information that has been obtained about the child's functioning in many different ways. Providers can reinforce the approaches that were used to gather information about the child's functioning (e.g., assessment, observation, interviews, etc.) and when the information was collected. Then, in collaboration with families, all team members consider the mix of functional skills a child has for each of the outcome areas and then determine how close these skills are to age- expected development. The process is repeated later (i.e., annually and/or at exit) to have information that helps identify changes observed in the child's functioning.

More about it

The Federal Office of Special Education Programs (OSEP) requires early intervention programs and local school systems to report outcomes data for every child ages birth through five who receives early intervention or special education services. Early childhood outcome data are collected when a child begins to receive services and again when the child exits from services. In some programs, the data are collected annually, as well.

Norton

We measure child outcomes by compiling all that we know about Norton's functioning in each of the three outcome areas. Then, as a team, we determine Norton's functioning relative to age expectations and choose statements for each outcome that describe his mix of skills.

By carefully considering Norton's functioning as he gets started in early intervention, participates in early intervention, and as he leaves early intervention, we can understand how he has progressed. We measure outcomes for every child in our program so that we can understand the results for Norton and all children in the program.

Emanuel

Based on all the information you've shared and all that we've gathered, today we'll work together to determine where Emanuel is in each of the outcome areas and relative to what is expected of children at 18 months of age. We'll refer to the PLOD that we shared with you earlier, as we go along. We look forward to any additional information or questions you have.

II.4 Providers **check for family understanding** before moving on.	
What it is	More about it
When sharing information about the outcomes and the COS, it is important to confirm the family's understanding. Asking open-ended questions may be more helpful than simply asking, "Does this make sense?" or "Do you understand?." In addition to initially checking the family's understanding of the why and how of the COS process, the providers should check the family's understanding periodically as needed throughout the meeting.	Families are an integral part of the team and the COS process. Ensuring families understand the COS process is critical to meaningfully engaging them in it.
Norton	*Emanuel*
What questions do you have about measuring these child outcomes? *Please tell me what else would be helpful for you to understand about measuring these three outcome areas.*	*How is this information similar to or different from what you knew about measuring the child outcomes?* *What else would you like to say or know about measuring the child outcomes?*

III. Understanding Child Functioning

The length of the discussion about the child's functioning relative to each outcome may vary depending upon the information discussed during earlier interactions with the family, the child's age, and the consistency of the child's functioning in an outcome area. If the team has already gathered rich information about the child's functioning, the discussion may be a review of this information organized around the three outcomes. If rich information about the child's functioning has not already been discussed, then the team may spend more time discussing the child's functioning relative to the three outcomes. The examples included illustrate both of these circumstances. The Norton example illustrates a team that needs to have a longer discussion about the child's functioning. The Emanuel example shows a team that has already gathered and discussed rich detail about the child's functioning relative to the outcomes.

III.1 Team members discuss the full **breadth of each *outcome*** *(i.e., across the range of functioning pertinent to each outcome).*

What it is

Before discussing the child's functioning relative to each outcome area, it might be helpful for team members to have a brief discussion about what skills and behaviors are included within the outcome area. When discussing the child's functioning the team must consider the full extent of skills included in each outcome to be certain the rating reflects the full range of strengths, challenges, and functioning across all aspects of the outcome. Through discussion, team members should develop a shared picture of the child's functioning.

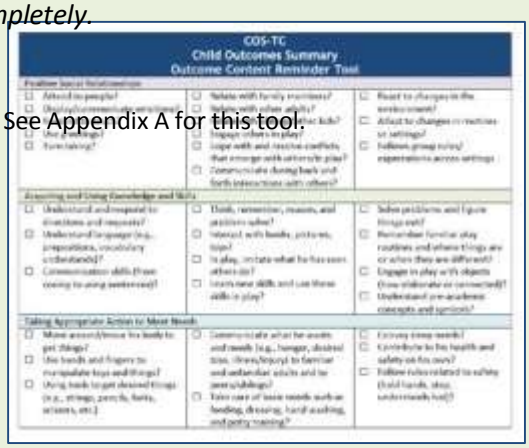
More about it

Each of the three outcomes includes a span of functional skills and abilities that are meaningful for a child's participation in day-to-day routines and activities. Teams are encouraged to use available resources (such as the tool illustrated here and included in Appendix A, or brochures that states have developed to describe outcomes to families) to remind them about the breadth of skills included in each outcome.

Sharing examples of the types of skills included in each outcome helps the family understand the types of information needed relative to each of the outcomes.

Norton

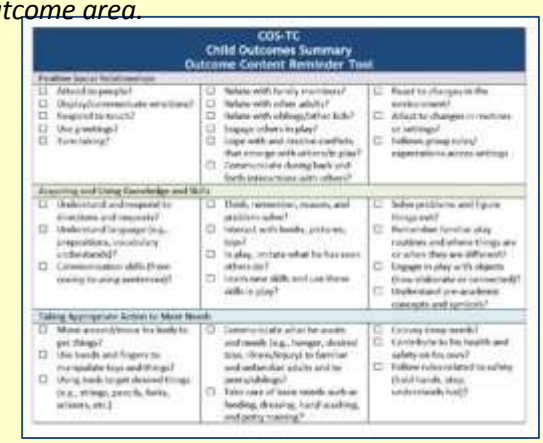
Let's start with the first outcome, positive social relationships. Within this outcome we'll review how Norton interacts with adults and peers, expresses emotions, uses greetings, and reacts to changes in routines. As we review Norton's functioning for this first outcome (reference the outcome on the tool), let's look together at this tool to be sure we address the outcome completely.



See Appendix A for this tool.

Emanuel

Okay, now let's look at the next outcome, acquiring and using knowledge and skills. This outcome area includes skills like thinking and figuring things out, responding to directions, using language, learning new play skills, and understanding books and pre-academic concepts appropriate for Emanuel's age. Let's look at the PLOD and our tool here to be certain we don't miss anything in this outcome area.



III.2 Providers invite the **family to share informatio n** about their child's functioning for each outcome area.

What it is

Following a brief review of the outcome area content, invite families to share information, to reinforce the critical importance of their participation and the information they choose to share. Invite the family to describe how they have seen their child use his or her skills in meaningful situations. As the family shares information, the providers can use prompts and ask clarifying questions to ensure all team members fully understand what the family is sharing about how their child functions in different settings and in situations with different kinds of supports.

More about it

Families know their child longest and best. They have great insight to share about what their child does and does not do in different settings, situations, and interactions. Hearing from families is an essential and critical component of the COS process.

Norton

Thinking about this first outcome, what are some things you've seen Norton do?

Does that describe his actions all the time or do you see differences with certain people or in different situations?

When you say he gets along well with his sister, tell me what that looks like, what do you see him do when he's with her?

Emanuel

During our last visit we talked about a typical day for Emanuel and your family and earlier this week we shared with you this PLOD write-up of Emanuel's present levels of development. As we think about the range of skills we described in this outcome area, are there skills or behaviors that you'd like to talk further about or that we have not discussed?

III.3 Team members discuss the child's **current functioning in** each outcome area.

What it is

The focus is on how the child uses his current functional skills (strengths and needs) in everyday situations. The team might discuss progress the child has made, however the focus for the COS process should ensure a good functional understanding of the child's *present* skills and functioning for each of the three outcome areas.

More about it

The COS process is about measuring children's current functioning. Teams may discuss abilities that may have regressed or celebrate the progress the child has made, but the COS rating decision captures the child's present functioning in each outcome area relative to age expected functioning.

Confusion can occur when teams think that a rating should go up from one time to the next because a child has made progress. The rating reflects how close the child's current functioning is to age-expected functioning. In typical development, skills increase with age, so even maintaining the same rating between entry and exit requires that the child gains new skills."

Norton

You mentioned earlier that Norton has made progress playing for longer periods of time with his sister, especially if they are playing his favorite game on the iPad. What does that look like now when they play together? What about when they have different toys?

During the evaluation visit he spontaneously said "bye" as we were leaving. You mentioned at that time that you'd never seen him do that with adults before. Have you seen him do it since then or was it just that time?

Emanuel

Now that we've updated the PLOD together based on the team discussion, let's consider if we have a good picture of Emanuel's current skills and behaviors in this outcome area (refer to tool again). As we think about how Emanuel goes through his daily routines, how is he using his skills now? Is there anything we've missed to capture how he currently is using his skills?

III.4 Team members discuss **information from mult iple sources** *(e.g., family input, other observations, assessments, progress monitoring, child care pr oviders, specialists, neighbors)* for each outcome.

What it is

Following and in response to family input, providers share information gathered from many different sources (some of whom are likely at the meeting and simply invited to share). This may include their observations about how the child functions in different situations, the child's skills or information from progress monitoring or assessment tools, and input from others who are familiar with the child (e.g., grandparents, child care providers, physicians, specialists, other caregivers or child welfare staff/caseworkers).

More about it

Teams discuss information so that all members have a picture of the different ways the child uses his or her functioning in each of the three outcome areas. This picture should reflect the perspectives of all who interact with the child. Each person is an important source of information about the child's functional skills and how and when specific skills are observed. Information from multiple sources helps the team accurately gauge the child's functioning relative to what is expected at the child's chronological age.

Norton

We discussed during the evaluation that Norton was slow to warm up to us, as less familiar adults. He stayed close by your side for about 30 minutes before he began to move about. You also shared that he tends to cry for about the same amount of time when you drop him off at daycare and that the day care providers noted too that he is shy when new adults are in the room. What else is important to know? How does that fit with experiences others have observed or learned about?

Emanuel

You certainly know Emanuel the best and your insight about his functioning helps us understand what he is doing. We also have information from the evaluation, our observations, and all that you shared about your family's day and Emanuel's experiences with other children and the providers at the church nursery. Have we heard input from others who also interact with Emanuel about what they have seen him do? Dotty (Emanuel's grandma), since you have been here visiting, is there anything you'd like to add?

III.5 The team discusses the child's functioning **acro ss settings and situations**.

What it is

Information about the child's participation and demonstration of skills in multiple settings and situations is discussed. The expectation is that the information shared paints a picture of the child's abilities in day-to-day routines and activities. The family is a vital source of information about the child's functioning across a wide range of settings.

More about it

Children can react and function differently in different settings (e.g., home, child care, new environments, community settings such as parks, churches, stores, and restaurants, etc.) and with familiar and less familiar people (e.g., parents, siblings, peers, extended family, child care providers, assessors, therapists, new people, etc.). The mix of skills in different settings and situations must be considered to understand functioning.

Norton

We know he runs to the door to greet his sister, Jenna, when she comes home from school. Have you noticed if he greets other people in other places or at other times? What does he do when he first sees someone arrive at the child care or in the park? Is that similar to what you see at busy places, like at a restaurant, grocery store, or church?

Emanuel

When we think about the abilities included in this outcome area, how does Emanuel do these things in different settings or situations? Our earlier discussions highlighted how Emanuel understands familiar directions at home and on the playground. Is this any different when he is in other settings or situations? What is the same or different when you are out shopping or at your friends' homes?

III.6 Team members discuss the child's functioning for each outcome in sufficient **depth** to describe how the child uses skills in meaningful ways.

What it is

By considering the complexity of how the child functions, the team gains a shared understanding of how and when the child demonstrates different functional abilities. This goes beyond simply identifying the presence or absence of skills to describing how it looks. From the conversation, everyone present should have a clear picture of what the child's functioning looks like. If team members share information that summarizes a judgment about what the child does (e.g., when her cousin is over they play well together and get along, or she plays like other two-year-olds), it is important to ask follow-up questions that encourage others to describe what that play looks like and what their statement means.

More about it

The complexity and rich array of ways the child demonstrates skills when functioning must be addressed. There should be enough information to describe what the child does and does not yet do so that team members can envision it and distinguish it from other kinds of functioning in the developmental sequence.

Norton

When he has an opportunity to play with other children his age, what happens? What does that look like? How does the play get started? How long does it continue? What happens that causes play with the peer to end? Are his interactions with Jenna the same or different as his interactions with peers?

(Outcome 3) As we think about how he communicates to tell you what he wants, are there times he is more successful than others? When is that? What happens just before that? Is there something that seems to help him to be successful telling you what he wants or doesn't want? Does he do this the same way for different things he wants? What about with different people or in different places?

Emanuel

During our visits we've spent a good amount of time talking about Emanuel's acquiring and using knowledge and skills. This helps us understand what he does and how he does things associated with using language, figuring things out, playing with books and toys, remembering, and responding. Included here in the PLOD, we talk about how he shows little interest in books and only looks for a short time at pictures, but I wonder now if there are other pictures he notices and looks at or points to – like pictures on the phone or the pictures you have on the walls, or perhaps pictures on movie covers? What do you think about his understanding of pictures?

III.7 Team members focus on the child's **functional use of skills** versus discrete skills.

What it is

Emphasis is placed on functional abilities in the context of meaningful everyday routines and activities, rather than discrete or isolated behaviors. Ratings are based on the child's functioning rather than a list of developmental assessment items and whether or not the child received credit for each item.

More about it

Information from different sources about the child's functioning is essential. However, the information must be focused on functional abilities versus isolated skills that are not used frequently to accomplish tasks. Often, knowing how a child performs on an evaluation does not provide a rich understanding about how the child uses his skills to function in everyday situations.

Norton

We talked about how Norton is starting to learn pre-academic concepts. I remember during the evaluation you were surprised at how he was able to match the colored blocks. Have you seen him show his understanding of color matching since then? You mentioned too that he'll say "red." Do you see him doing that with meaning – like saying "red" when he sees something red or making a choice for a red shirt, car, or other item? How about in different settings or with other people, what does he do then?

Emanuel

The example you shared about Emanuel picking out the movie he wants to watch by looking at the pictures on the cases tells us that he knows pictures convey meaning. So even though he is not that interested in books he is 'reading' the pictures on the movie cases.

III.8 Team members discuss **skills the child has and has not yet mastered**.

What it is

Discussing the complete range of functional skills associated with each outcome includes addressing behaviors that are and are not part of the child's repertoire. Doing so helps the team fully understand the complete mix of a child's functioning related to each outcome as well as understanding functional abilities that s/he is not yet, almost, or intermittently demonstrating. Discussion about what is age-expected and the skills the child uses and does not yet use helps the team understand and think about the child's functioning relative to age expectations. The conversation references functional abilities that the child is currently demonstrating as well as skills that are just emerging or not yet part of his/her repertoire.

More about it

- Teams also must consider the use of assistive technology (AT) and describe the child's functioning using whatever AT may be currently in use. It is expected that a child's functioning includes his/her use of whatever AT is available in his or her everyday settings. If the availability of AT is uneven across settings, the child will likely appear to exhibit higher level functioning in some settings than in others.

- The description of what the child does and does not do is not a judgment about what the child could do if given other opportunities. The team considers what skills are seen and not seen currently given the child's experiences. If a child has had little exposure due to illness or poverty, he or she may not yet demonstrate functioning. Speculation about what the child could do if the child had more exposure or different experiences does not enter into the rating decision.

Norton

We've talked about how Norton is slower to warm up around less familiar people and that he stays close by your side for up to 30 minutes. It seems that he is not yet separating easily even in familiar surroundings, like home and child care. Is that an accurate assessment?

(Outcome 2) You shared many examples of how Norton imitates words you say. You also said that he says some 2- word sentences on his own, like "Jenna home" when greeting her, or "train go" when playing with the train set. However, he is not yet naming things that are not first modeled for him. Typically, at his age, children are able to name most familiar objects and use 2- and even 3- word sentences when communicating.

Emanuel

As we look at the PLOD and think about Emanuel's functioning in this outcome area, are there other skills that we see him use often? Or skills that he is not using? Are there any things you think he should be doing that you haven't seen him begin doing?

III.9 Team members discuss how the child's **current use of skills relates to age-expected development** *(AE-IF-F)***.**

What it is

The team talks about the child's functional skills and how close they are to abilities of same-aged peers without disabilities. Part of this discussion involves painting a picture of what is age-expected and talking about how the child's functioning is similar to or different from that. Teams should use age-anchoring tools and resources as needed to reference the range at which skills emerge in the sequence of development.

More about it

Age-expected (AE) functioning is demonstrating skills and abilities in day-to-day activities in ways that are consistent with what is expected for a child's chronological age.

Immediate foundational (IF) functioning is demonstrating skills and abilities that typically occur developmentally just before age-expected development. It can be thought of as skills like those of a slightly younger child.

Foundational (F) functioning is demonstrating skills and abilities like those of a much younger child. These are important developmental skills to build upon, but come in at least two steps before the functioning observed at the child's chronological age.

> The relationship of IF and F skills to AE skills is based on where the skill lies in the sequence of development. IF skills are one step before AE skills. F skills are two or more steps before AE skills. Since the sequence of development occurs at different rates for different skills at different ages, there is not a consistent rule about how much difference (in months) an IF or F skill is from an AE skill.

Norton

Being able to separate from you easily in familiar surroundings is an ability expected for his age. Norton, however, displays notable shyness and can take up to 30 minutes to separate. This is more typical of a younger child and is often seen before being able to separate more easily. When we think of how Norton separates from you we'd call it an immediate foundational ability.

(Outcome 2) During the evaluation we observed Norton do several steps in pretend play (e.g., getting groceries from you, putting them in his toy cart, and then putting them in the sink at the pretend kitchen). You said he had learned that from Jenna. This series of activities in pretend play is similar to what other children his age often do. Are there other play routines or scenarios you see him do? When you think about his play, are there things you think he should be doing that you haven't seen yet?

Emanuel

Agreed. Children Emanuel's age are typically saying more words. They also use words functionally to name things that they see. Emanuel is making sounds and starting to say things that sound like they could be words. These are skills more typical of a much younger child; we'd call these foundational skills. They are important skills, and ones we'll want to build upon to help him get closer to age-expected development.

IV. Building Consensus for High-Quality COS Rating

IV.1 Team members discuss **key decisions** about the child's functioning shown on the **decision tree** using all they know about the child's mix of skills.

What it is

Once the team has a thorough understanding of the child's functioning in an outcome area and how those abilities compare to age expectations, the team applies the criteria to decide upon an accurate rating. Using the decision tree helps teams accurately apply the rating criteria and carefully consider the distinctions among the ratings. It is expected that providers facilitate the team process allowing for discussion at each question and associated decision point on the decision tree.

More about it

When using the decision tree, the team must consider the child's full mix of skills relative to each outcome and in light of age-expected development. The decision tree is a guide for key questions to distinguish among the criteria that lead to different ratings. It is expected that providers facilitate discussion and decision-making with the decision tree as a guide rather than handing the decision tree to the family to read and provide an answer. Questions on the decision tree also are not intended to provide a rigid script for teams that limits other discussion.

Norton

I believe we have a good picture of Norton's functioning in this first outcome area. Let's now use this decision tree to help us make a decision about Norton's use of skills in this outcome area. The first question is about age-expected functioning. We've discussed that Norton interacts with Jenna in a way that is expected for his age; he also follows the routine at child care and transitions easily between activities. These are abilities typical of children his age. So in regards to this first question would you all agree that he does show some age-expected functioning in this outcome?

For the next question, we have to consider if he demonstrates age-expected functioning in all or almost all settings and situations. Earlier, we heard that when we think of his play with others, Norton continues to do more onlooker play with familiar peers at child care and he continues to have difficulty separating from you. These are behaviors that typically appear before his age. So in response to this question, I think we'd say no. Do you agree? Let's go on to the next question thinking about the mix of age-expected and earlier skills we see from Norton in everyday situations….

Emanuel

Together let's look again at the PLOD and think about the other information we've discussed to understand where Emanuel (who is 18 months old) is relative to age-expectations. As we look at this PLOD we highlighted things that he is doing that come in just before his age; these are immediate foundational skills and are in blue. We also teased out the things that are more typical of much younger children; these are foundational skills and are in peach. None of the purple highlight was used in this paragraph; purple is reserved for age-expected skills. Does anyone have any questions or clarifications? Okay, let's look at the decision tree to help us with the rating decision.

Present Levels of Development

Acquiring and Using Knowledge and Skills

At home Emanuel understands some routinely spoken words, such as night night, no, up, down, and out. When on the playground, he understands ready, set, go when his mom says that as he is getting ready to go down the slide – he will go down the slide when she says go. He does not yet demonstrate understanding of questions/directions like Do you want ___? Go get the ___; Bring me a diaper. When offered a choice he takes what he wants without indicating a choice first by pointing to or naming the item desired without showing understanding of the question "What do you want?" During play and hanging out, Emanuel makes vowel sounds, cries, and laughs, but is not consistently saying words or using signs. He will say "mmm" when he is eating something he likes and was recently heard saying something that sounded like "Wado" as if meaning "what do you do?" His parents have tried sign language (e.g., more) with him, but he does not yet imitate the action. He rarely imitates what he sees others do unless it is of high interest to him (e.g., he imitated sliding the block down a ramp, which was a novel activity for him). Emanuel's favored toys are blocks, shape sorters, and toys that involve putting in and taking things out. He dumps the Duplo's in and out of boxes and then takes them apart. He is not yet putting them together. He uses toys in their intended manner and tries different things with the toys (e.g., drop, shake, taking apart, exploring the small toy boxes to see what is in them, trying different ways to put toys in and out of other containers). Emanuel has pretended to bring a bottle to himself, but is not extending pretend play to toys or others (e.g., pretending to feed a stuffed toy). At this time, Emanuel shows little interest in books. He turns the pages and looks briefly at pictures, but does not point at pictures or generally spend more than a minute exploring books. Emanuel likes the Mickey Mouse Club House show and will stop and watch it smiling and sometimes moving to songs that are sung during the show. Bath time is another favored activity for Emanuel. In the tub he plays with containers by dumping and filling them and splashing in the water.

See Appendix B for the full PLOD example.

IV.2 Team members discuss the **rating for each outcome in descriptive terms**, not simply as a number.

What it is

When working through the process, providers should use descriptive terms that focus on the child's use of age-expected skills rather than single numbers to describe the child's rating relative to each of the three outcomes.

More about it

> Many states and programs have a set of defined descriptor statements for each of the COS ratings. These uniform rating descriptors make it easier to understand the ratings. Even in states where descriptor statements are not used, teams should indicate what the number represents, not just provide the number.

Norton

So using this decision tree and the resources we looked at, we've identified that Norton shows some functioning expected for his age and has more skills that come in just before his age. Using our descriptor statements, we'd say Norton has occasional use of age-expected skills, with more behavior that is not age-expected.

Emanuel

From our consideration of Emanuel's functioning and working through the decision tree, we've identified that he is not yet showing any age-expected functioning in this outcome area. He does, however, show many skills that come in just before his age, although he does not demonstrate them across settings. He also has some skills that would be foundational or like those of a much younger child. Our team's summary would be that he uses immediate foundational skills most of the time with some skills at a foundational level.

IV.3 Team members **reach consensus** for each outcome rating.

What it is

Following the discussion and decision tree rating process, check in with the team members to see if consensus was reached. In some instances, the meeting facilitator might look to each person to ensure s/he had a chance to comment before finalizing a rating. You might ask, "What do you all think – how well does this describe [child's name]'s functioning given all that we've just discussed?"

More about it

> It's important to engage all team members in the COS process. If disagreements arise it will be important to determine the source of the question and work to resolve it. Is it about what skills people consider to be age-expected? Is there a shared understanding about criteria on the COS scale? Have all those present had a chance to share their illustrations that seem to really represent the child's functioning, or are they thinking about examples that haven't been shared with the group?

Norton

What does everyone think about this rating? How well does this summarize Norton's current functioning for this first outcome area? Is this an accurate recap of his functioning? (Call on each team member by name for comment until all have shared).

Emanuel

Okay, we're here on the decision tree, mostly immediate foundational skills and some foundational functioning. Based on our discussion, what questions remain? Do we each agree that Emanuel uses immediate foundational skills most of the time with some skills at a foundational level?

IV.4 The COS **ratings are consistent with rating crit eria** for all the information shared and discussed.

What it is

Given all the information shared and discussed, the team determines a rating that best describes the child's functioning. The team thoroughly addresses each outcome, considers the child's current functional abilities across settings, correctly uses age-anchoring tools, accurately references AE-IF-F, and accurately uses the COS scale, demonstrating understanding of the different meanings and parameters of each rating point. If there are any questions or concerns, the team discusses these further and refers to resources with more information about rating criteria or age-expected child development.

More about it

Teams must understand and apply the rating criteria consistently to ensure valid COS ratings.

Descriptor statements generally provide a basic check for the team because the statement describes the skills the team agrees on. In places where the team summarizes the rating using a number from 1 to 7 or a single word, it is especially important to summarize the criteria, the rating decision, and the rationale to ensure that everyone agrees with the reasoning behind the decision and not just on a number or word.

Norton

We talked about Norton mostly using immediate foundational skills in this outcome area. However, we do see some age-expected functioning in how he displays and communicates his emotions with others. Let's consider if this other statement is a more accurate way to describe his functioning. [Read alternate statement.]

Emanuel

Good, it sounds like we are all in agreement that Emanuel uses many important immediate foundational skills in most settings and situations. We are not yet seeing him use age-expected skills, but instead many of the skills that come just before that level of functioning. [Look around for affirmations or pause to encourage or ask for comments]. As we continue to develop the rest of the IFSP, we will talk more about how we can build on his current strengths to support progress with specific skills in the months ahead. Before that, let's look at his current functioning on the next outcome.

V. Interactive Practices

A brief list of general interactive practices associated with quality teaming and decision-making is included with the COS-TC checklist. The set of interactive practices listed provides an essential foundation for effectively implementing other quality practices in the COS process, but these items reflect general content and are not specific to the Child Outcomes Summary process.

a. Providers share and/or synthesize information **clearly and concisely**.
b. Providers **display good affect** *(e.g., tone, facial expressions, responsiveness, etc.)*.
c. Providers give **eye contact** appropriately.
d. Providers **do not use jargon** and **clearly explain technical terms**.
e. Providers **actively include all team members** in the discussions.
f. Providers **show responsive behaviors** that illustrate active listening and responding.
g. Providers **let team members finish their thought** before replying or moving on.
h. Providers **ask good follow-up questions** to check for understanding or collect rich detail.
i. Providers **use descriptive examples**, paraphrasing, and summarizing to check understanding.
j. Providers l**isten empathetically**, being sensitive to emotional needs and environmental demands *(e.g., phone ringing, child fussing, etc.)*.
k. Providers **acknowledge and respect family input** about the child's functioning.

More about it

Actively engaging all team members, including the family, in the COS process requires careful application of active listening and full engagement of all involved. Team members should consider cultural backgrounds and preferences of those involved, however in most cases these interactive practices will support effective teaming. Information should be shared in an easy-to-understand manner while actively engaging team members and ensuring appropriate wait time for processing and understanding information and inviting team input. While some team members may be more interactive and participatory than others, it is essential that all team members are included and acknowledged. Allowing time for members to complete their thoughts and asking clarification questions are important when facilitating the discussion and ensuring that the team has a rich understanding about the child's functioning. Checking for understanding by using recapping techniques helps all participants gain a shared understanding. Tuning into others' body language, being sensitive to others' responses, and acknowledging the demands that family members may need to attend to also will help encourage a positive conversational flow to the discussion. It is important to convey that active participation by all team members in the COS decision-making process adds to the team's shared understanding\. By encouraging input from all participants the team is able to engage in a shared COS decision-making process and reach accurate COS ratings.

Appendix A: COS-TC Child Outcomes Summary Outcome Content Reminder Tool

Positive Social Relationships		
▪ Attend to people? ▪ Display/communicate emotions? ▪ Respond to touch? ▪ Use greetings? ▪ Turn taking?	▪ Relate with family members? ▪ Relate with other adults? ▪ Relate with siblings/other kids? ▪ Engage others in play? ▪ Cope with and resolve conflicts that emerge with others/in play? ▪ Communicate during back-and- forth interactions with others?	▪ React to changes in the environment? ▪ Adapt to changes in routines or settings? ▪ Follows group rules and/or expectations across settings?
Acquiring and Using Knowledge and Skills		
▪ Understand and respond to directions and requests? ▪ Understand language (e.g., prepositions, directions, concepts)? ▪ Show communication skills (from cooing to using sentences)?	▪ Think, remember, reason, and problem solve? ▪ Interact with books, pictures, and toys? ▪ In play, imitate what s/he has seen others do? ▪ Learn new skills and use these skills in play? ▪ Demonstrate early literacy understanding?	▪ Solve problems and figure things out? ▪ Remember familiar play routines and where things are or when they are different? ▪ Engage in play with objects (how elaborate or connected)? ▪ Understand pre-academic concepts and symbols?
Taking Appropriate Action to Meet Needs		
▪ Move around and/or move his or her body to get things? ▪ Use hands and fingers to manipulate toys and things? ▪ Use tools to get desired things (e.g., strings, pencils, forks, scissors, etc.)?	▪ Communicate what s/he wants and needs (e.g., hunger, desired toys, illness/injury) to familiar and unfamiliar adults and to peers/siblings? ▪ Take care of basic needs such as feeding, dressing, hand washing, and potty training?	▪ Convey sleep needs? ▪ Contribute to his or her health and safety on his or her own? ▪ Follow rules related to safety (hold hands, stop, understands hot)?

ECTA Center
The Early Childhood Technical Assistance Center

Younggren, N., Barton, L., Jackson, B., Swett, J., & Smyth, C. (2016). *COS-TC Child Outcomes Summary Outcome Content Reminder Tool*. Menlo Park, CA: SRI International.

Appendix B: Emanuel's Present Levels of Development (PLOD)

Emanuel (18 months) Present Levels of Development (PLOD)

Acquiring and Using Knowledge and Skills

(Peach indicates foundational skills; blue indicates immediate foundational skills.)

At home Emanuel understands some routinely spoken words, such as "Night-night, no, up, down, and out." On the playground, he understands when his mom says, "Ready, set, go!" as he is getting ready to go down the slide – he will go down the slide when she says "go." He does not yet demonstrate understanding of questions or directions like, "Do you want ?," "Go get the .," or "Bring me a diaper." When offered a choice, Emanuel takes what he wants; he does not indicate a choice first by pointing to or naming the item desired or show understanding of the question, "What do you want?." During play and while hanging out, Emanuel makes vowel sounds, cries, and laughs, but he is not consistently saying words or using signs. He will say "mmm" when he is eating something he likes and was recently heard saying something that sounded like "Wado," as if meaning "What do you do?." His parents have tried sign language (e.g., the sign for "more") with him, but he does not yet imitate the action. He rarely imitates what he sees others do unless it is of high interest to him (e.g., he imitated sliding the block down a ramp, which was a novel activity for him). Emanuel's favored toys are blocks, shape sorters, and toys that involve putting things in and taking them out. He dumps the Duplos in and out of boxes and then takes them apart. He is not yet putting them together. He uses toys in their intended manner and tries different things with the toys (e.g., dropping, shaking, taking apart, exploring the small toy boxes to see what is in them, and trying different ways to put toys in and take them out of other containers). Emanuel has pretended to bring a bottle to his mouth, but he is not extending pretend play to toys or others (e.g., pretending to feed a stuffed toy). At this time, Emanuel shows little interest in books. He turns the pages and looks briefly at pictures, but he does not point at pictures or generally spend more than a minute exploring books. Emanuel likes the Mickey Mouse Clubhouse show and will stop and watch it, smiling, and sometimes moving to songs that are sung during the show. Bath time is another favored activity for Emanuel. In the tub he plays with containers by dumping and filling them and splashing in the water.

Collaboration to Learn and Grow Checklist

This checklist provides steps team members can take to share and gain expertise in order to provide effective interventions that meet the unique needs of individual children.

A team that uses adult learning/teaching strategies to share knowledge and skills has a much better chance of achieving this outcome than any one team member working alone.

The checklist can be used by team members individually or together to determine if they are using a variety of opportunities, both formal and informal, to focus on growing and learning together.

Practitioner: _____ Date: _____

Please indicate which of the practice characteristics you were able to use as a member of a team:	**Seldom or Never** (0-25%)	**Some of the Time** (25-50%)	**As Often As I Can** (50-75%)	**Most of the Time** (75-100%)	**Notes**
1. Willingly share/receive knowledge, skills, and expertise with/from each other	☐	☐	☐	☐	
2. Offer support, guidance, and helpful feedback to each other that is honest, respectful, and encouraging	☐	☐	☐	☐	
3. Provide/participate in learning-by-doing experiences (e.g., practicing, taking risks, making mistakes, trying out new ideas without judgment)	☐	☐	☐	☐	
4. Use a variety of methods when presenting new information to each other (e.g., discussions, group problem solving activities, visuals, handouts, case studies)	☐	☐	☐	☐	
5. Use facilitation, consultation, mentoring and coaching skills and practices when working with one another	☐	☐	☐	☐	
6. Participate fully in scheduled team activities by being prepared, arriving on time, and remaining engaged throughout the activity	☐	☐	☐	☐	
7. Keep an open mind when considering new concepts/ideas and work together to understand (or explain) the “why” and “application” (what’s in it for me) behind new learnings	☐	☐	☐	☐	
8. Recognize and allow for the time needed to master new ideas with practice, reflection, and continued support from others	☐	☐	☐	☐	
9. Participate in interagency/community/ professional organization opportunities to increase knowledge and awareness of resources to meet family and child needs	☐	☐	☐	☐	

Copyright © 2015 Early Childhood Technical Assistance Center

Communication for Teaming and Collaboration Checklist

This checklist provides examples of quality communication skills, both verbal and written, which are the basis for building team relationships needed to work together effectively and gather/ convey vital information for providing services and supports for children and families. The checklist can be used by team members to assess whether quality communication is taking place during all formal and informal team interactions (e.g., during intake, assessment, team meetings, and ongoing intervention interactions) and to develop a plan for any improvements that may be needed.

Practitioner: _____ Date: _____

Please indicate which of the practice characteristics you were able to use during team interactions:	**Seldom or Never** (0-25%)	**Some of the Time** (25-50%)	**As Often As I Can** (50-75%)	**Most of the Time** (75-100%)	**Notes**
1. Choose the medium most appropriate for the purpose of the communication (e.g., email, text, memo, document, one-to-one, group meeting)	☐	☐	☐	☐	
2. Create a climate that will encourage dialogue, discussion, and creative problem-solving for decision-making	☐	☐	☐	☐	
3. State clearly the purpose of the communication interaction (e.g., give information, raise awareness, discuss possibilities, reach a decision)	☐	☐	☐	☐	
4. Use clear, concise, jargon-free language appropriate for all team members	☐	☐	☐	☐	
5. Use a tone of voice that is polite, open, and professional	☐	☐	☐	☐	
6. Engage in active reflective listening behaviors to ensure that verbal messages are understood by all parties (e.g., focus on speaker, open-ended questions, paraphrasing, clarifying statements)	☐	☐	☐	☐	
7. Explain how comments or questions can be raised and by whom/how they will be addressed	☐	☐	☐	☐	
8. Summarize/reiterate follow-up actions and next steps for all participants	☐	☐	☐	☐	

Copyright © 2015 Early Childhood Technical Assistance Center

ECTA Center
The Early Childhood Technical Assistance Center

Families Are Full Team Members Checklist

This checklist outlines steps teams can take to ensure that families are included as full team members and valued as experts who are considered vital to effective team functioning.

All team members, including families, will be involved and engaged in various ways and to varying degrees over time. Families will be supported to increase their level of involvement as comfort and trust build and as the team grows and learns together.

The checklist can be used by team members individually or together to determine whether true collaboration is taking place.

Practitioner: _____ Date: _____

Please indicate which of the practice characteristics you were able to use during teaming activities:	**Seldom or Never** (0-25%)	**Some of the Time** (25-50%)	**As Often As I Can** (50-75%)	**Most of the Time** (75-100%)	**Notes**
1. Tell families that they are the experts on their child and the most important members of the team	☐	☐	☐	☐	
2. Ask families if they prefer to be addressed as Ms./Mr. or by first names and honor these preferences	☐	☐	☐	☐	
3. Include families in identifying a practitioner from the team who will serve as the primary liaison between the family and other team members	☐	☐	☐	☐	
4. Share all information that is available to practitioners with families	☐	☐	☐	☐	
5. Share information that is jargon-free, clear and simply stated so that ALL members can understand and participate in conversations and decisions	☐	☐	☐	☐	
6. Provide multiple opportunities for families to meet with other team members and discuss information openly	☐	☐	☐	☐	
7. Schedule all meetings pertinent to the family and child at times and locations convenient for the family	☐	☐	☐	☐	
8. Prepare families for each interaction and solicit their input and ideas prior to any formal meeting	☐	☐	☐	☐	
9. Ask families how they want to contribute to and be involved in any team interaction, recognizing that this may change over time and with the purpose of each interaction	☐	☐	☐	☐	
10. Establish a climate that allows ALL team members to feel comfortable, share ideas, ask questions, suggest activities, and solve problems together	☐	☐	☐	☐	
11. Accept and support families' decisions in all ongoing interactions	☐	☐	☐	☐	

Copyright © 2015 Early Childhood Technical Assistance Center

Building on Child Strengths Practices Checklist

This checklist includes the key characteristics for assessing child strengths and for using child strengths as the building blocks for supporting and promoting child learning and competence. Child strengths include child behavior, skills, abilities, etc. that are used with materials and other persons, and child interests, preferences, etc. that sustain engagement in everyday activities.

The main focus of the checklist is the methods and strategies that can be used to identify a child's strengths and how strengths can be used as building blocks for engaging a child in everyday activities for promoting child learning and competence in the activities. Child strengths-based assessment practices shift the focus of assessment from what a child cannot do to what a child can do.

The checklist can be used by a practitioner to plan and implement a strengths-based child assessment, or to promote a parent or practitioners' use of strengths-based assessment practices. It can also be used for a self-evaluation to determine if the key characteristics of strengths-based assessment practices were used with a child.

Practitioner: _____ Child: _____ Date: _____

Please indicate which of the practice characteristics you were able to use as part of a strengths-based assessment of a child:	**Seldom or Never** (0-25%)	**Some of the Time** (25-50%)	**As Often As I Can** (50-75%)	**Most of the Time** (75-100%)	**Notes**
1. Observe the child's participation in everyday activities and routines that "make up" the child's learning experiences or opportunities.	☐	☐	☐	☐	
2. Identify the child behavior that he/she uses during everyday activities and the behavior that are indicators of child interests (intense engagement, smiling, laughter, excitement, etc.).	☐	☐	☐	☐	
3. Interview the child's primary caregivers about his or her child's strengths or have them complete a child strengths assessment checklist.	☐	☐	☐	☐	
4. Identify the particular child strengths (skills, interests, etc.) that sustain child engagement and interaction with people and materials in different everyday activities.	☐	☐	☐	☐	
5. Provide the child multiple opportunities to participate in strengths-based everyday activities that encourage engagement, learning, and skills and interest expression.	☐	☐	☐	☐	
6. Use context-specific interactional and instructional practices that sustain child engagement and which promote and enhance child learning and competence.	☐	☐	☐	☐	
7. Monitor changes in child's strengths and provide new learning opportunities to encourage acquisition of new skills and interests.	☐	☐	☐	☐	

Copyright © 2015 Early Childhood Technical Assistance Center

Authentic Child Assessment Practices Checklist

This checklist includes key characteristics of authentic assessment practices for observing child participation in everyday activities, the real world learning opportunities that occur in the activities, child behavior in the everyday learning opportunities, and the particular learning opportunities that afford a child the richest array of competency-enhancing learning opportunities.

The main focus of authentic assessment practices is identifying the everyday contexts for child learning, the behavior a child will acquire in these settings, and the environmental and interactional/ instructional strategies for promoting child competence while engaged in the activities. Authentic assessment links context-specific assessment information to functional intervention practices.

The checklist can be used by a practitioner to develop a plan to conduct an authentic child assessment or to promote a parent or practitioners' understanding and use of this approach to assessment/intervention. It can also be used for a self-evaluation to determine if the key characteristics were used as part of child assessment.

Practitioner: _____ Child: _____ Date: _____

Please indicate which of the practice characteristics you were able to use as part of an authentic assessment of a child:	**Seldom or Never** (0-25%)	**Some of the Time** (25-50%)	**As Often As I Can** (50-75%)	**Most of the Time** (75-100%)	**Notes**
1. Observe the child's participation in everyday (family, classroom, or community) activities and routines.	☐	☐	☐	☐	
2. Query the child's primary caregivers (parents, teachers, etc.) about the everyday activities that "make up" a child's real-world experiences.	☐	☐	☐	☐	
3. Identify the context-specific child functional behavior (through observation or caregiver report) that are used in everyday activities.	☐	☐	☐	☐	
4. Ascertain those child behaviors (strengths, interests, preferences, etc.) that sustain child engagement in everyday activities.	☐	☐	☐	☐	
5. Determine which materials (objects, toys, etc.) and adult interactional/ instructional behavior are associated with optimal levels of child competence.	☐	☐	☐	☐	
6. Identify which everyday activities, learning opportunities, materials, and adult behavior will be used to support and strengthen child acquisition of functional competencies in a range of context-specific activities and routines.	☐	☐	☐	☐	
7. Monitor and analyze child learning and progress to determine needed changes in everyday child learning opportunities.	☐	☐	☐	☐	

Copyright © 2015 Early Childhood Technical Assistance Center

ECTA Center
The Early Childhood Technical Assistance Center

Informed Clinical Reasoning Checklist

This checklist includes key practices that are important for using informed clinical reasoning or informed clinical opinion in evaluation and eligibility determination. This checklist can help individuals and team members insure that the evaluation and assessment informs an accurate eligibility determination.

The checklist can be used to develop a plan to promote a formalized and structured process using informed clinical reasoning when the procedure is used for eligibility determination.

It also can be used for a self-evaluation to determine whether the different practice characteristics were part of using the practice when conducting an eligibility determination.

Practitioner: _____ Child: _____ Date: _____

Please indicate which of the practice characteristics you were able to use as part of evaluation and assessment of a child:	**Seldom or Never** (0-25%)	**Some of the Time** (25-50%)	**As Often As I Can** (50-75%)	**Most of the Time** (75-100%)	**Notes**
1. Work as a team with the family to define the child's strengths, skills, behaviors, and concerns as the focus of the evaluation or assessment	☐	☐	☐	☐	
2. Use multiple methods and procedures to evaluate and assess the child's behavior (e.g. observations, rating scales, parental interview and report, review of records, assessment instruments)	☐	☐	☐	☐	
3. Gather information from the parents and others who know the child	☐	☐	☐	☐	
4. Gather evaluation and assessment information in multiple settings, observing the child's participation in everyday activities, routines, and play	☐	☐	☐	☐	
5. Work as a team to compile the data from the assessment tools, methods, people, and settings	☐	☐	☐	☐	
6. Describe unusual, questionable, or atypical behaviors of the child (e.g., responses to sensory stimuli; abnormal muscle tone, reflexes, range of motion, and poor quality of movement; failure to initiate or respond to social interactions; restrictive or repetitive interests or behaviors that interfere with skill development)	☐	☐	☐	☐	
7. Engage the team in summarizing and describing the functional impact of the child's delays and differences in terms of needing early intervention or preschool special education	☐	☐	☐	☐	
8. Reach a consensus decision on eligibility based on all the available evaluation and assessment information	☐	☐	☐	☐	
9. Give parents an easily understood written summary of (a) the methods and procedures used to assess the child's functioning and (b) the team's decision and rationale about the child's eligibility for early intervention or preschool special education	☐	☐	☐	☐	

Copyright © 2015 Early Childhood Technical Assistance Center

ECTA Center
The Early Childhood Technical Assistance Center

Engaging Families as Partners in Their Child's Assessment Checklist

This checklist includes key practices for engaging families throughout the assessment process. Assessment is the process of gathering information to make informed decisions and is a critical component for intervening with young children who are at risk for developmental delays or have delays/disabilities and their families.

Families are important sources of information about what a child can do, likes to do, is interested in, and how well he/she functions throughout the day. This helps practitioners and families focus on child participation, interaction, and independence in everyday activities that are most meaningful and important to the family.

The checklist can be used to develop a plan to improve practitioner's engagement of families in a child's assessment process. It also can be used for a self-evaluation to determine whether the different practices were used to engage a family in their child's assessment.

Practitioner: _____ Child: _____ Date: _____

Please indicate which of the practice characteristics you were able to use as part of evaluation and assessment of a child:	**Seldom or Never** (0-25%)	**Some of the Time** (25-50%)	**As Often As I Can** (50-75%)	**Most of the Time** (75-100%)	**Notes**
1. Solicit input from the family about the reasons for referral including their questions and concerns about their child.	☐	☐	☐	☐	
2. Explain to the family the purpose of the assessment and how results will be used.	☐	☐	☐	☐	
3. Share the ways that the family can be involved in the assessment process (e.g., interacting with child, being an informant, staying nearby, or watching).	☐	☐	☐	☐	
4. Use appropriate assessment strategies (e.g., open ended questioning, interviews, checklists) for encouraging the family to participate in ways they choose.	☐	☐	☐	☐	
5. Schedule times for child assessments that the family feels would work best for their child and family.	☐	☐	☐	☐	
6. Use formal tools, interviews, or other informal methods (e.g., observations) to identify child's strengths or what might be challenging for the child's participation in everyday activities.	☐	☐	☐	☐	
7. Explicitly acknowledge the family's observations about their child's behavior, skills, and development.	☐	☐	☐	☐	
8. Solicit the family's input on the assessment findings and engage the family in a discussion of their priorities and/or the focus for next steps.	☐	☐	☐	☐	

Copyright © 2015 Early Childhood Technical Assistance Center

Indicator 3/7 – Child Outcomes Continuum of Practices

Core Component	Exemplary Practice / Integration of IEP Practices / Core Competencies (CC)	Benchmark or Expected Use in Practice	Developmental Use in Practice	Unacceptable Use in Practice	Evidence
Functional Ongoing Assessment	Information gathered during functional assessment conversations, including the Routines Based Interview (RBI) is integrated into the IEP/ IFSP development and writing functional goals and child outcomes rating. Team members engage in ongoing assessment practices, including the use of an age anchoring assessment tool, to inform instruction, support coaching practices and track child progress.	Team members engage in on-going assessment practices to inform child's entry and exit rating.	Functional assessment information is used to inform the child outcomes rating process but not utilized to develop functional IEP goals or IFSP Outcomes. Functional assessment information is not represented on the not represented on IEP: Present Level of Academic Achievement and Functional Performance or the IFSP Summary of Development.	Entry and exit ratings based entirely on a child's individual skills rather than the child's everyday functioning across settings. IFSP outcomes and IEP goals are based only on the child's area of delay or suspected disability.	
	A system is in place to use RBI to gather information about child's everyday functioning across settings at entry (part of IEP evaluations process and exit. **CC:** Uses information from families as part of the assessment process, including listening to the child and parent/caregiver and making observations in multiply settings of the parent and child's emotional states and their interaction patterns.	Team members **gather information from parent/caregiver(s)** about child's functioning across settings to inform entry and exit ratings (via a home visit, phone call, technology, etc.)	Functional assessment is used for entry rating but not exit rating. Inconsistent use of functional assessment practices occurs among/across team members, e.g. early childhood special educator do functional assessment but speech-language pathologist doesn't.	Information gathered only in child's disability area (e.g. by speech-language pathologist only) and/or minimal input from primary caregivers is taken into consideration.	
	A system is in place for how information will intentionally be gathered about a child's functioning across settings for entry *and exit* ratings and shared with all team members. The system includes who will gather the information, when it will be gathered, how it will be gathered and what will be gathered and how it will be documented. **CC:** Utilize observation, assessment, and screening approaches and tools that occur in natural environment and take advantage of incidental moments of listening or observing.	Team members gather information about the **child's functioning across settings** such as child care, Head Start and other key environments within the child's world to inform entry and exit ratings.	Some team members have incorporated functional assessment into the evaluation process during a child's initial evaluation but not as a means to support exit ratings.	Children are rated without information about the child's functioning in settings outside of their primary daytime location. Entry and exit ratings are determined without observing a child's functioning within other environments, e.g. childcare, home, public playground or parent/caregiver home.	

Indicator 3/7 – Child Outcomes Continuum of Practices

Core Component	Exemplary Practice / Integration of IEP Practices / Core Competencies (CC)	Benchmark or Expected Use in Practice	Developmental Use in Practice	Unacceptable Use in Practice	Evidence
Functional Ongoing Assessment continued	IEP goals and IFSP outcomes are functional rather than skill specific or skill based IEP Present Level of Academic Achievement and Functional Performance is organized in the three outcomes. Program / LEA teams regularly and systematically review/practice identifying what child behaviors & skills belong in each of the 3 child outcomes. All new team members participate in New Staff Child Outcomes PD. **CC:** Integrates the Wisconsin Model Early Learning Standards domains of development and Guiding Principles into developmental expectations for children.	Team members are knowledgeable about what **functional behaviors** are included in each of **the three outcomes** and understand how individual developmental domains are integrated into the three outcomes.	Some, but not all, team members rate children in all outcomes considering multiple developmental domains when rating children. There is inconsistency among team members around this practice. Some, but not all team members have been trained in the three outcomes but these team members do not review or discuss this further with other team members. Inconsistent levels of professional development and knowledge around the relationship between child outcomes and the five developmental domains.	Team members view child outcomes narrowly and consider only domain/discipline specific criteria when completing the rating process and don't see the relationship or influence of how the three child outcomes influence one another; e.g. a speech-language pathologist when rating for Outcome 2. Team members complete the rating process with little or no professional or colleague support.	
	Team members utilize an age-anchoring assessment tool to inform about age-expected level for entry and exit ratings.	**CC:** Utilize observation, assessment, and screening approaches and tools that: • Are developmentally, culturally, and linguistically appropriate, as well as valid for the intended purposes. • Allow for the adaptation of tools and strategies using assistive technology as a resource.	Team member's use only locally developed tools or insufficient sources of age-expected behavior or discipline specific assessment tools when comparing a child's functioning with age-expected development. Examples include PALS, ASQIII, report cards, S-L Assessment Tools that don't look at the whole child. Team members use a criterion-reference / curriculum-based tool when rating a child for outcomes at entry and/or exit only. Team members use Wisconsin Model Early Learning Standards developmental continuum (in lieu of assessment tool) when doing exit rating of 6-year-olds as a source of age-expected behavior.	Team members look broadly at child's functioning and do entry / exit rating without considering AE/IF/F developmental continuum. Team members take into consideration child progress and/or current functioning without comparing to age-expected behavior. Team members complete child outcomes rating without referencing an assessment tool.	

Indicator 3/7 – Child Outcomes Continuum of Practices

Core Component	Exemplary Practice / Integration of IEP Practices / Core Competencies (CC)	Benchmark or Expected Use in Practice	Developmental Use in Practice	Unacceptable Use in Practice	Evidence
Rating Practices	Team discussions of child development and/or a child's development through the lens of the three outcomes are incorporated into regular / ongoing staff meetings.	Team members engage in **team** discussion to determine entry and exit ratings with full team consensus.	A team process is used at the time of the child's initial IFSP/IEP but not at the time of exit.	There is a single person completing the rating, e.g. Director of Special Education or Service Coordinator, without a team conversation.	
	Team members use the Decision Tree **every** time a rating is completed.	Team members utilize the Indicator 3/7 Child Outcomes Decision Tree and Child Outcomes Bucket List when rating child.	Team members utilize the Decision Tree process but don't have a clear understanding in the distinction between the 7-points of the rating scale. (e.g. don't use Bucket List in addition to the Decision Tree)	Team members rate children based on the descriptions of the 7-point scale available on the Child Outcomes Summary Form and do not use the Decision Tree or Bucket List.	
	Team members are trained in the 7-point rating scale and exhibit good knowledge of the difference in the 7-point scale when completing entry and exit ratings.	Team members are knowledgeable in the distinction in the 7 points of the child outcomes rating scale.	Team members have participated in training on the 7-point rating scale but have questions or are unsure if they are accurately rating.	Team members have never been trained in the 7-point rating scale or participated in any professional development on this topic.	
	Team members are knowledgeable in typical child development and understand that the Child Outcomes Summary process compares children to a typical developmental continuum.	Team members engage in discussion of child's AE-IF-F functioning by completing the Child Rating Prep Tool, in preparation for rating.	Team members are knowledgeable about the child's AE-IF-F levels in some areas of development or one outcome area but not all three outcome areas.	Team members are either guessing or not confident about the child's AE-IF-F level and basing a child's rating on their own opinion, without referencing an age-anchoring assessment tool.	
	Please see practices in Functional Assessment element above.	Team members consistently and thoroughly reference information gathered from parent/caregivers and other primary caregivers when rating to consider child's functioning across settings.	Please see practices in Functional Assessment element above.	Child outcome ratings are completed with little or no input from parent/caregivers, primary caregivers or others who are knowledgeable about the child's functioning across settings outside of school.	
	Team members can consistently and clearly document evidence of the child's age-expected or immediate foundational functioning across settings throughout the three child outcomes. Team members appropriately select and use assessment tool based on: • Purpose or type of assessment, e.g. screening vs. evaluation vs. ongoing monitoring of progress, etc. • Norm-referenced vs. criterion-referenced. All team members use criterion-referenced/curriculum-based tool for ongoing assessment. Information from tool used in determining eligibility, writing functional goals, completing child outcomes ratings, tracking child progress and informing instruction. **CC:** Recognize the purposes, strengths and weaknesses of multiple assessment strategies (such as formative vs. summative assessment and screening vs. ongoing assessment), and know how to use each strategy effectively.	Team members reference an age-anchoring assessment tool when determining AE-IF-F functioning. Team members understand the distinction between Age-Expected / Immediate Foundational and Foundational levels of functioning.	Team member's use only locally developed tools or insufficient sources of age-expected behavior when comparing a child's functioning with age-expected development. Examples include PALS, ASQIII, Battelle (BDI), report cards, Speech-Language Assessment Tools that don't look at the whole child. Staff uses criterion-reference / curriculum-based tool when rating a child for outcomes at entry and/or exit only. Staff use Wisconsin Model Early Learning Standards developmental continuum (in lieu of assessment tool) when doing exit rating of 6-year-olds at exit as a source of age-expected behavior.	Team members look broadly at child's functioning and do entry / exit rating without considering AE/IF/F developmental continuum. Team members consider individual child progress and/or current functioning without comparing to age-expected behavior. Team members complete child outcomes rating without referencing assessment tool.	

Indicator 3/7 – Child Outcomes Continuum of Practices

Core Component	Exemplary Practice / Integration of IEP Practices / Core Competencies (CC)	Benchmark or Expected Use in Practice	Developmental Use in Practice	Unacceptable Use in Practice	Evidence
Rating Practices continued	**CC:** Staff value that children are best understood in the context of family, culture and society. **CC:** Show respect and responsiveness to cultural, linguistic, and family diversity and how this diversity impacts developmental milestones and expectations.	Cultural factors that may impact the child's unique functioning are taken into consideration when rating a child.	Team members are aware of the child/family's unique beliefs and culture but don't consider it in the rating process.	The child/family's unique beliefs and culture isn't considered in the rating process.	
	For children transitioning from Birth-to-3 Program, the Birth-to-3 team is invited to the child's initial IEP meeting so the Birth-to-3 Program and district personnel can jointly rate the child. Annual Interagency Agreement meetings between county Birth-3 team members and LEA team members include a discussion of how child outcomes information will be shared, inclusion of Birth-3 team members in IEP meetings and selection and use of assessment tools.	For children transitioning from Birth-to-3 Program services, Birth-to-3 team members and LEA team members work jointly to complete the B-3 exit / LEA entry rating.	Birth-to-3 Program and LEA team members complete the child's rating after the IEP meeting is completed. LEA team members refer to the child outcomes ratings included in the child's PPS records but no conversation between team members is held.	There is no communication between B-3 and LEA team members regarding the child level of functioning at the time the child's exit's Birth-3 services and enters early childhood special education services. Birth to 3 exit ratings and LEA entry ratings are significantly different from one another when viewing the same children across programs.	

Indicator 3/7 – Child Outcomes Continuum of Practices

Core Component	Exemplary Practice / Integration of IEP Practices / Core Competencies (CC)	Benchmark or Expected Use in Practice	Developmental Use in Practice	Unacceptable Use in Practice	Evidence
Internal Monitoring System and Data Reporting	Special education leadership reviews the Internal child outcomes system annually and makes adjustments to the system at that time as needed. Birth to 3 Programs update/correct data when required. Identified team member(s) keep up to date (via training and email) on statewide updates/changes and communicates these updates/changes to other team members.	A process for submitting Indicator 3/7 data is clearly defined and understood among LEA personnel and Birth to 3 Program personnel. This may include: who is responsible for data entry, when data is to be submitted, what data is kept on file and for how long and for Birth to 3 Programs understanding the use of #8.	Some, but not all, team members carry out the defined child outcomes procedures. Some, but not all children receiving early childhood special education services are being rated for child outcomes. Birth to 3 Programs annual data certification is submitted with little or no understanding of its purpose.	No system in place for carrying out Indicator 7 procedures. Some or all children receiving early childhood special education services are not being rated for child outcomes. Neither the Data Mart nor the Analytic calculator is utilized and they Birth to 3 personnel do not reach out for technical support from RESource or Birth to 3 State Lead.	
	Same as column at right	**One person monitors** children entering and exiting early childhood special education in an ongoing, intentional way to ensure every child that needs entry or exit ratings are completed in a timely manner (including children who leave the district unexpectedly). Birth to 3 Program Coordinators do ongoing data checks to ensure Child Outcomes data is up to date and accurate. Data is corrected with required. Data verification is completed and turned in timely on an annual basis.	Individual team members are responsible for completing and submitting data at entry and exit. Variety of people submitting data from own case load.	No system in place for monitoring entry/exit of children. Data entry is done one time a year, or never. The Director of Special Education submits all data without input from team members. Birth to 3 Program does not submit their annual data certification or submit it with little or no intentionality of its intended use.	
	Notification of entry / exit data needed (including children who leave the district unexpectedly) is done through an **internal data system.** Birth to 3 Programs keep PPS up to date and utilize the Data Mart regularly to assure data is accurate and complete.	District **personnel responsible for doing ratings are informed** when a child needs to have an exit or entry rating completed.	District personnel respond to monthly data reminder email or pass along email to the appropriate team members.	Team members are not aware of Indicator 3/7 requirements and not rating children at entry /exit. Subset of child (e.g. children receiving speech-language services only) are not included in outcomes cohort.	
	Reporting requirements, for all special education indicators are posted in a document accessible to multiple personnel. A listing of staff with access to the Indicator 7 application is posted in a document accessible to multiple personnel. District staff knows process for having password reset.	The data submission process is shared when personnel change. A login ID for the Special Education web portal is created and shared with new staff responsible for child outcomes data entry.	Reporting requirements for all special education indicators are posted near at least one computer in the central administration area. A listing of staff with access to the Indicator 7 application is posted near at least one computer in the central administration area. Some, but not all district staff knows process for having password reset	Reporting requirements for all special education indicators are not shared with personnel change. The Data Mart is never accessed nor is PPS kept up to date regularly. Birth to 3 Program does not seek the support from RESource or Birth to 3 State Lead. A login ID for the Special Education Web Portal is not created when new staff responsible for child outcomes data entry is hired.	

Indicator 3/7 – Child Outcomes Continuum of Practices

Core Component	Exemplary Practice / Integration of IEP Practices / Core Competencies (CC)	Benchmark or Expected Use in Practice	Developmental Use in Practice	Unacceptable Use in Practice	Evidence
Data Analysis	Special education leadership / Birth to 3 Program Coordinator review child outcomes data regularly and engage in discussion with team members regarding the implications of the data. Birth to 3 Programs utilize both the Data Mart reports and the analytic calculator to analyze Child Outcomes data. CC: Utilize opportunities to regularly identify, gather, analyze, synthesize and evaluate information / data to strengthen the quality and effectiveness of one's work. **CC:** Apply research and effective practices critically.	District personnel / Birth to 3 Program Administration / Program Coordinators have an understanding of progress categories and summary statements.	Special education leadership/Birth to 3 Program Coordinator reviews child outcomes data on DPI District Profile/PPS and the Data Mart, periodically with no further discussion held regarding meaning of the data.	Child outcomes data is never reviewed. Birth to 3 Program Coordinator nor any of the team members know how to review data or utilize the Data Mart Child Outcomes reports.	
	Team members share information on purpose of the indicator (along with brochure) with parent/caregivers during initial IFSP or IEP development.	Personnel can verbalize the purpose of Indicator 3/7 (and it's role within the State Performance Plan) to parent/caregivers, and understand that it is more than simply reporting entry/exit required data.	Some team members aware of purpose of the indicator but don't share with parent/caregivers.	Team members are not aware of purpose of the indicator and complete ratings without understanding why ("because it is a requirement").	

		Documenting Indicator Ratings	
Rating		**Indicator Ratings: Child's Development in Relation to Other Children The Same Age**	**Assessment Consideration and Documentation**
Age Expected Skills	**7**	[Child's name] has **all** of the skills that we would expect in this area.	Provide examples of child's age expected functioning
	6	[Child's name] has the skills that we would expect in this area. There are some concerns with [area of concern/quality/lacking skill].	• Provide examples of the child's age expected functioning • Provide specific information about the concern that led to the rating of 6 • If there is evidence of functioning that is not age expected, a rating of 6 or 7 should not be assigned
Decreasing Degree of Age Expected Skills	**5**	[Child's name] shows **many age expected** skills. He also continues to show some skills that might describe a younger child in this	Provide examples of child's age expected functioning • Provide examples of the child's functioning that is NOT age expected
	4	[Child's name] shows **occasional use of some** age expected skills. He has more skills of a younger child in this area.	Provide examples of age expected functioning Provide examples of the child's functioning that is NOT age expected • Evidence should show more functioning that is NOT age expected than functioning that is age expected
No Age Expected Skills	**3**	[Child's name] uses **many important** skills that are necessary for development of more advanced skills; he is not yet showing skills used by other children his age in this area.	Provide examples of the child's functional skills Provide information about functional skills expected at this age, but not yet demonstrated • There should be no functioning that is age expected to receive this rating
	2	[Child's name] is beginning to show **some** of the **early** skills that are necessary for development of more advanced skills in this area.	• Provide examples of the early functional skills the child is beginning demonstrating that are necessary for more advanced functioning • Provide information about the next skills necessary for child to move toward age expected functioning • There should be no functioning that is age expected to receive this rating
	1	[Child's name] has the **very early** skills in this area. This means that [child's name] has the skills we would expect of a much younger child.	Provide examples of the child's functional skills Provide information about the next skills necessary for child to move toward age expected functioning • There should be no functioning that is age expected age to receive this rating

The Decision Tree

Child Indicator Seeds for Success

Have you ever called someone by the wrong name, tripped over nothing, walked into a door, forgot what you were doing, etc? The list could go on and on.

March 18th, we celebrate National Awkward Moments Day!

This is an annual day that every person can relate to as we have all had our own awkward moments from time to time as they are a part of life; they just "happen". One awkward moment we can all relate to in early intervention is that point when we have finished an assessment for service planning and it's time to share the results with a family in the context of the three child indicators. Have you ever had the complete wrong words come out of your mouth and you realize you've lost the parent because all they heard was their child is delayed?

Think about your last assessment and consider what you said and HOW you said it. Ask yourself these 5 questions discussed by blogger Dana Childress during the J u n e 4, 2013 Strategies for Success Early Intervention Blog.

- *Did I start off with a negative or the concern first?* - Every child has things he does well. Whether the child scored almost age-appropriately or a full year behind his chronological age, he has strengths. Find them and highlight them first. His strengths will provide the foundation for intervention and help the parents see that you recognize that the child is more than his limitations.
- *Was I honest in presenting both the child's strengths and areas of concern? Or did I focus too much on one or the other?* - Focusing too much on the positive does not give the parent a fair or accurate picture of the child's development when there are delays or concerns. Focusing too much on the concerns does not help you build a strengths-based partnership with the family. Be sure that you report both.
- *Did I use language that everyone understands?*- It's so easy to slip into our professional jargon. There is a "real" word for every bit of jargon so watch what you say and how you say it. I've been in this field for 18 years and I still can't keep abduction and adduction straight. Just say the child brings his arms closer to his body and we'll all understand.
- *Did I explain what the test scores mean?* - Explain that for a child who is 12 months old, a 25% delay means that his development looks like a child who is 9 months old or younger. Did the child have some scattered scores that are higher? Share them because t his gives families hope for progress. I found this to be especially true with families of children with more significant delays or disabilities.
- *Did I relate the assessment results back to the child's everyday life?* - Oka y, so the child has global delays. What does this mean? Maybe he is a really messy eater and his delays in adaptive and fine motor development help explain this. Interpret the results with families so that they understand the link between the score, the missed test items, and how they are reflected in everyday life. If he can't du m p pegs out of a bottle (a test item) because h e hasn't yet developed the wrist movement, then may be that helps us understand why he's struggling to keep his food on his spoon.

We all have awkward moments and we all have strengths and areas where we can improve in our development as early interventionists. The first step is awareness so take a few minutes and thin k about how you share assessment results with families. Being mindful of what you say and how you say it could make a bi g difference for a family who is eagerly waiting to hear what you think.