

Activity Answer Key

Name of Activity: 7-point Rating Scale Face-Off

Directions: These short scenarios are designed to help practitioners make distinctions between ratings that are next to each other on the COS 7-point rating scale and allow for opportunities to explore the criteria of each item on the scale.

Consider these questions when reviewing each scenario:

- a. Is there sufficient evidence for you to determine between the two possible ratings? If so, which rating would you select?
- b. What detail of the scenario led you to this rating?
- c. Do you feel confident in assigning this rating for the child? Why or why not?

Scenario #1—4 vs 5:

Jeremy is 36 months old and in his first year of preschool. Jeremy's family primarily speaks Spanish at home. In the area of Positive Social Relationships (Outcome 1), he has some consistent age-expected skills at home, communicating with language and gestures with his family and same-age cousins. He takes turns in games and pretend play, e.g., he will announce "I'm Superman" and pretends to save his younger cousins. He uses a visual schedule with his mother as a behavioral support and is beginning to sequence the pictures to predict what he will do later that day. At school, he is quiet and shy, and plays mostly on his own. When approached by an adult or a peer he responds with only gestures, even if the peer speaks Spanish. Occasionally he demonstrates some hand flapping behaviors when stressed in the classroom, e.g., if approached by a group of peers or asked a question by an adult. He is not interested in the visual schedule at school, but is starting to show awareness of class expectations by picking up toys when the transition music begins to play. **(Rating 4)**

Scenario #2—2 vs 3:

Sarah is almost 2 years old and has global developmental delays. In the area of Taking Actions to Meet Needs (Outcome 3), she has no age-expected skills. She can crawl across the floor and pull herself to a standing position to retrieve toys and get the attention of adults, but she cannot walk. She is beginning to eat purees from a spoon at mealtimes and has one or two consistent signs, such as "more" and "eat," that uses with most adults when she is hungry. She is also beginning to point and make attempts to vocalize single words when she sees something she wants. She also looks to adults to assist her with getting things that she wants. Her sleep patterns are erratic, and sometimes she requires adult assistance to calm down when she is frustrated. Her child care providers report that they also see these skills and behaviors. She sleeps better at child care because there is a more consistent schedule. **(Rating 2)**

Scenario #3—6 vs. 7:

Olivia just turned 3 years old and has a visual impairment that results in significant low vision. She is transitioning from home to a public preschool program in her neighborhood school. After observing Olivia in her home and collecting information from the parents, it was determined by the school assessment team that she has age-expected skills in all outcome areas. On a trip to the neighborhood park, her primary service provider was surprised to see that Olivia would not step out into the sunshine w/o holding an adult's hand. She seemed very frightened of moving on her own. Indoors, she runs, jumps, takes stairs up and down, and is otherwise completely independent. **(Rating 6)**

Scenario #4—3 vs. 4

Evan is almost nine months old and has made some significant progress in the last six months. His team is meeting to for his 6-month IFSP review and needs to also update his COS ratings. In the area of Acquiring and Using Knowledge and Skills (Outcome 2), Evan can now hold up his head on his own when on his tummy and in a sitting position to reach out for items around him. He can use both hands and his mouth to explore toys in sitting. He pushes buttons to activate the music on his favorite toy (demonstrating a beginning understanding of cause and effect) and watches his parents move around the room. If he is in his pony walker, he moves across the room to get a toy on the couch or get closer to the TV to watch a show. He occasionally imitates movements he sees on his favorite TV show. He is understandably repeating 1-word vocalizations and is starting to turn pages of a toddler book when his parents read. He demonstrates most of these skills and behaviors at child care too, as reported by his caregivers. He is not as mobile at child care because there is no pony walker available for him to use there. **(Rating 4)**

Scenario #5—5 vs. 6

Teagan a 30-month-old child who recently started attending a child care program for one day/week. He is an only child and has had limited experience with peers of his age until now. He has an age-expected vocabulary and is very good at communicating with his family and adults at home, as well as at child care. He engages in conversations, takes turns, uses manners, and expresses a wide range of emotions using language. At child care, Teagan is hesitant to participate in any activities that involve other children. He struggles with transitioning when his mother leaves, needing to sit with a stuffed toy and be held by a caregiver for several minutes before he will begin to play on his own. If another child approaches him, he runs and hides behind an adult. If the adult encourages him and stays right behind him, he will stand at the water or sensory table with other children and play on his own (an example of parallel play). If another child takes his toy or touches him, he will leave the table. Occasionally he has been observed to watch other children play in the block area or outside, but he does not attempt to join the group. **(Rating 5)**

Scenario #6—1 vs. 2

Daniel is 2 years old and has a spectacular smile. He is interested in his older siblings and attempts to get their attention by banging on the floor with his feet or scooting across the floor to get to them. He can vocalize vowel sounds when he is happy and is starting to operate a recorded “Come Here” message with a Big Mac switch. He needs assistance with all toys because of his significant motor delays caused by cerebral palsy. He is starting to open his hands for musical toys and can operate switch toys with support. He sits at the table with the family at mealtime and is beginning to accept more food textures on his lips.

His primary nutrition is provided through a feeding tube. His head control is improving and he can sit in a Rifton chair for at least ten minutes. This is a significant improvement from six months ago. **(Rating 1)**