



ARMY MEDICINE
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United States Army Medical Command
Educational & Developmental Intervention Services (EDIS)

MEASURING CHILD & FAMILY RESULTS IN EARLY INTERVENTION

WORKBOOK



Army EDIS Comprehensive System of Personnel Development



Welcome to EDIS!

One of the many exciting activities in Educational and Developmental Intervention Services (EDIS) is the *Measuring Child and Family Results* initiative. This initiative helps EDIS programs understand *how* early intervention is making a difference for children and families receiving support and services.

The intent of this workbook is to help you understand and be successful with measuring both child and family results. As you work through this book there are several examples and self-check activities. Please work with your Program Manager and support staff to complete this workbook. You are also encouraged to use it as a continued resource as you begin and continue to contribute to the measuring child and family results project.

Your Program Manager holds the answer key, so rest assured that you'll receive feedback on your work. If you have questions along the way please do not hesitate to contact your Program Manager.

You may also direct your questions about this workbook to the Coordinator, EDIS Comprehensive System of Personnel Development (CSPD) Coordinator, U.S. Army Medical Command via email at: naomi.younggren2@us.army.mil

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MEASURING EARLY CHILDHOOD RESULTS/OUTCOMES

Upon its implementation in 2007 this initiative was referred to as Measuring Outcomes. Recognizing that these outcomes can be confused with IFSP outcomes, they are also referred to as “results.” This draws the distinction between the early childhood outcomes/results and individualized IFSP outcomes.

In this workbook we will use early childhood outcomes and results to define the child and family outcomes that are being measured as part of this accountability measurement system and as necessary we will specifically state when IFSP outcomes are being referenced.

A good amount of information included in this workbook is from the Early Childhood Outcomes (ECO) Center, which was instrumental in developing the means for measuring child and family outcomes. The center continues to provide guidance and deliver assistance for implementing high-quality outcomes measurement systems for early intervention.

The ECO Center website provides a wealth of useful tools and information. You are encouraged to check out the site: www.the-eco-center.org

OVERVIEW

Measuring Child and Family Results of early intervention services is a major initiative throughout the United States. It is intended to help us understand *how* families benefit from these supports and services. Early childhood intervention recognizes that parents and other key caregivers are the primary teachers of young children. Therefore, EDIS supports families and caregivers in gaining the competence and confidence needed to help their child learn. Early intervention works in partnership with parents of infants and toddlers with disabilities to enhance their child’s development and learning through everyday activities that are meaningful to the child and family.

HOW ARE THE RESULTS THE SAME OR DIFFERENT FROM IFSP OUTCOMES?

ACTIVITY 1: Identify which definitions fit with IFSP outcomes and which fit with measuring early childhood results.

IFSP Outcomes	<ul style="list-style-type: none"> • Statements about what early intervention services strive to do for children and families.
	<ul style="list-style-type: none"> • Individualized goals a family desires for their child and family.
	<ul style="list-style-type: none"> • Measurable statements about what the family and early intervention team will work on together.
Measuring Results	<ul style="list-style-type: none"> • A compilation of the things a family wants to work on with early intervention.
	<ul style="list-style-type: none"> • Benefits experienced as a result of involvement in early intervention.
	<ul style="list-style-type: none"> • Not simply measures of services received or satisfaction.

WHAT ARE RESULTS?

Accountability increasingly means looking at results not just the receipt of services or satisfaction with such services. While satisfaction and receipt of services is important, it is not the same as outcomes or results. It is possible for someone to be satisfied with the receipt of a service, yet the outcome of that service may not have been achieved. For example, you may go to the doctor because of back pain – you may be satisfied with the care received but your back pain is not resolved. In early intervention families are often satisfied with services received, in fact there are many accounts of families enjoying the friendly and helpful interactions with providers. Yet, satisfaction of receipt of services is not the same as the outcomes of such services. The outcome question is whether or not the intended results were achieved? Anecdotally, we know early intervention programs are doing good work and that families are generally pleased. But we need the systematic data across programs to truly understand how children and families benefit from early intervention.

ACTIVITY 2: Match the terms to the correct meaning.

<i>Term</i>
Outcome
Result
Receipt of Service
Satisfaction

<i>Meaning</i>
To acquire or receive
Contentment one feels
A consequence, effect, or conclusion
A benefit experienced

WHY DO WE MEASURE EARLY CHILDHOOD RESULTS?

We know that early intervention is a good program. Yet, we do not have the program wide performance data to verify the results. It is this data that is being collecting through the *EDIS Measuring Child and Family Results Initiative* to make data-driven program and policy decisions, to identify program improvement opportunities, and to demonstrate program efficacy.

ACTIVITY 3: Identify reasons why we measure results of early intervention.

- It tells us *how* our programs make a difference for the children and families we support and serve.
- It informs us of family satisfaction with services.
- It supplies information that we can use to improve early intervention supports and services.
- It is helpful for comparing programs to identify good from bad.
- It provides data to demonstrate results to all stakeholders – to families, to our Commanders, to resource managers, and to the taxpayers.
- It is needed to evaluate staff effectiveness.

WHAT EARLY CHILDHOOD RESULTS DO WE MEASURE?

To understand *how* children and families benefit from early intervention, EDIS has adopted the three early childhood child outcomes and the five family outcomes that were developed by national experts in early intervention. These outcomes are regarded as benefits experienced as a result of child and family involvement in early intervention.

ACTIVITY 4: Identify the three early childhood child outcomes that are measured.

- Children acquire and use knowledge and skills.
- Children receive needed services.
- Children achieve age-expected functioning.
- Children take action to meet their needs.
- Children have positive social relationships.
- Children successfully transition to preschool.

ACTIVITY 5: Identify the five family outcomes that are measured.

<input type="checkbox"/> Families understand their children’s strengths, abilities and special needs.
<input type="checkbox"/> Families receive desired services.
<input type="checkbox"/> Families know their rights and effectively communicate their children’s needs.
<input type="checkbox"/> Families help their children develop and learn.
<input type="checkbox"/> Families are better off than before early intervention.
<input type="checkbox"/> Families are satisfied with services received.
<input type="checkbox"/> Families feel they have adequate social support.
<input type="checkbox"/> Families are able to access services and activities that are available to all families in their communities.

In addition to these five family outcomes there are also three family outcomes that all states, including Department of Defense Programs, are required to measure. These are sometimes referred to as universal indicators and they are directly attributed to early intervention.

ACTIVITY 6: Identify the three universal indicator family outcomes.

The percentage of families participating in early intervention who report that early intervention services have helped the family:
<input type="checkbox"/> Access desired services.
<input type="checkbox"/> Know their rights.
<input type="checkbox"/> Effectively communicate their child’s needs.
<input type="checkbox"/> Achieve desired outcomes.
<input type="checkbox"/> Understand their child’s disability.
<input type="checkbox"/> Help their children develop and learn.

HOW DO WE MEASURE EARLY CHILDHOOD RESULTS?

Rather than developing our own outcomes measurement tools, the EDIS decided to use the tools developed by the Early Childhood Outcomes (ECO) Center. Many of the States are also using these tools to measure results. These tools include a review of each child’s abilities, related to the three early childhood child outcomes, compiled at entry into early intervention, annually thereafter, and at transition or exit from the program. Families are also asked to complete a brief survey as they exit early intervention services. For each of these activities EDIS partners with parents by seeking their input and involvement.

ACTIVITY 7: Identify the two tools that EDIS uses to measure the child and family outcomes.




<input type="checkbox"/>	Child Outcomes Summary Form (COSF)
<input type="checkbox"/>	Battelle Developmental Inventory
<input type="checkbox"/>	Hawaii Early Learning Profile (HELP)
<input type="checkbox"/>	Family Outcomes Survey (FOS)
<input type="checkbox"/>	Family Satisfaction Survey

HOW DO WE SHARE THIS INFORMATION WITH FAMILIES?

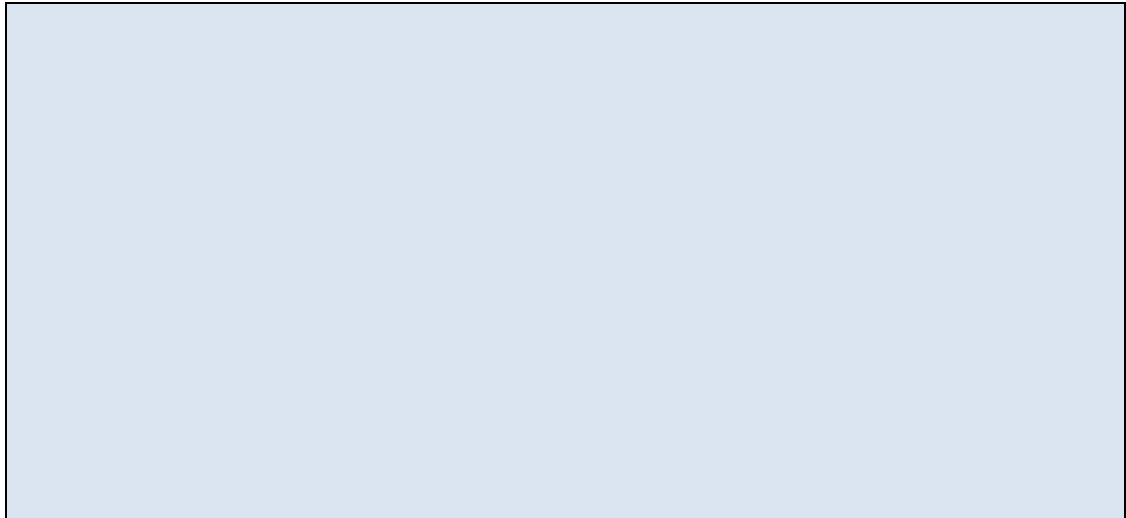
ACTIVITY 8: Identify how information about measuring results is shared with families.

<input type="checkbox"/>	In conversation
<input type="checkbox"/>	In a tri-fold
<input type="checkbox"/>	Via video publication

The following tri-fold is discussed with families to help them understand the *EDIS Measuring Child and Family Results Initiative* and what it means for their child and family. While the tri-fold is available and can be shared or reviewed at any point in the early intervention process it must be shared and discussed with families once a child is determined eligible for services and the family elects to participate in early intervention services.

<p>How Do We Measure Results?</p> <p>Rather than developing our own results measurement tools, the EDIS leadership decided to use the tools developed by the National Early Childhood Outcomes (ECO) Center. Many of the States are also using these tools to measure results.</p> <p>These tools include a review of each child's abilities, related to the three child results, compiled at entry into early intervention, annually thereafter, and at transition or exit from the program. Families will also be asked to complete a brief survey as they exit early intervention services.</p> <p>For each of these activities EDIS will partner with parents by seeking their input and involvement.</p>	<p>EDIS: Making a Difference for Children by Partnering with Families</p>  <p>Your comments and questions about are welcome. Please direct inquiries to:</p> <p>Measuring Results In Early Intervention Services</p> <p>UNDERSTANDING HOW CHILDREN AND FAMILIES BENEFIT FROM EARLY INTERVENTION</p> 	<p>applies information that we can to improve early intervention ports and services. provides data to demonstrate lts to all stakeholders – to ilies, to our Commanders, to ource managers, and to the payers.</p> <p>Family Results</p> <ol style="list-style-type: none"> 1. Families understand their children's strengths, abilities and special needs. 2. Families know their rights and effectively communicate their children's needs. 3. Families help their children develop and learn. 4. Families feel they have adequate social support. 5. Families are able to access services and activities that are available to all families in their communities. <p>What Results Do We Measure?</p> <p>erstand <i>how</i> children and s benefit from early tion, Army EDIS has d the three child results and family results that were ped by national experts in tervention. These outcomes arded as benefits nced as a result of child and nvolvement in early intervention.</p> 
<p>Why Do We Measure Results?</p> <ul style="list-style-type: none"> ◆ It tells us <i>how</i> our programs make a difference for the children and families we support and serve. 	<p>Child Results</p> <ol style="list-style-type: none"> 1. Children have positive social relationships. 2. Children acquire and use knowledge and skills. 3. Children take action to meet their needs. 	

ACTIVITY 9: Take a look at the tri-fold and write a brief statement about how you might begin the discussion about measuring results with a family.



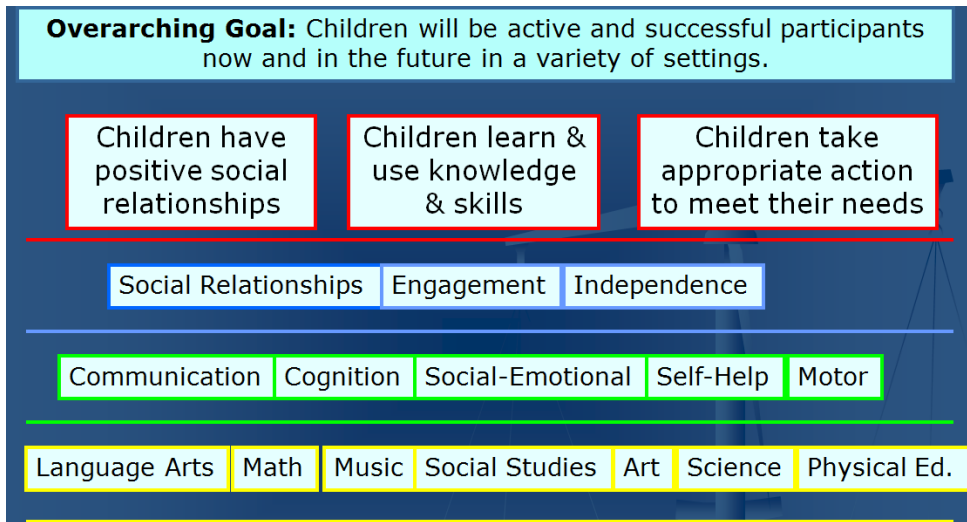
MEASURING CHILD OUTCOMES/RESULTS

In the following section of the workbook we'll address child results, including the three child outcomes being measured, use of the Child Outcomes Summary Form (COSF), and integrating child measuring results into the early intervention Individualized Family Service Plan (IFSP) process.

THE THREE CHILD OUTCOMES

The three child outcomes being measured represent the integrated nature of how children develop and learn, and cut across the five developmental domains. They help us shift our focus from the domain-specific skills and behaviors to thinking about how skills and behaviors are functional and meaningful in day-to-day life. The child outcomes represent integrated development not domain based areas.

The following chart illustrates how the three child outcomes cut across the foundations of learning (social relationships, engagement, and independence) defined by McWilliam and Scott (2001), as well as the five developmental domains and common early childhood curricular areas. It is important to note that each of the five domains of development do not directly map to just one of the three child outcomes. For example, communication skills are included in each of the three outcomes. Outcome #1 includes social communication, outcome #2 includes acquiring communication skills, and outcome #3 includes using communication to get needs met.



Each of the three outcomes encompass actions that children need to be able to do or knowledge they need to have in order to function successfully across a variety of settings and ultimately be successful in kindergarten and later in school. To be successful in these settings, it is important for children to be able to, for example, get along with others, follow the rules in a group, continue to learn new things, and take care of their basic needs in an appropriate way.

UNDERSTANDING FUNCTIONALITY OF THE THREE CHILD OUTCOMES

The three child outcomes are functional in the sense that they refer to behaviors, knowledge, and skills that are meaningful to all children in their everyday lives. Functional results refer to things that are meaningful to the child in the context of everyday living and represent an integrated series of behaviors or skills that allow the child to achieve the important everyday goals. The focus of the early childhood outcomes is functional meaningful actions. Think about how the child uses skills in action across settings and situations to accomplish something meaningful to the child not just the child's ability to show a skill in a specific or isolated situation.

ACTIVITY 10: Identify the skills below that are functional by putting a check in the box next to the functional skills.

<input type="checkbox"/>	Uses finger in a pointing motion
<input type="checkbox"/>	Gestures to request more
<input type="checkbox"/>	Imitates a peer in play to build on own play
<input type="checkbox"/>	Babbles back and forth with caregiver playfully
<input type="checkbox"/>	Has a vocabulary of five words
<input type="checkbox"/>	Points at pictures in a book
<input type="checkbox"/>	Extends arms and legs
<input type="checkbox"/>	Knows how to imitate a gesture when prompted
<input type="checkbox"/>	Climbs on stool to get toys
<input type="checkbox"/>	Uses spoon to scoop food and feed self

ACTIVITY 11: Identify the skills below that are functional by putting a check in the box next to the functional skills.

- At wake up raises arms to be picked up (*5-6 mo*)
- During play times names familiar objects in response to requests (*13-19 mo*)
- He's happy.
- Displays 3-jawed chuck grasp (dowel held with thumb and 2 fingers) (*~10 mo*)
- At home repeats actions to gain attention (*12-18 mo*)
- Not talking with words.
- Imitates drawing a vertical stroke (*2 yrs*)
- At meals uses a fork to poke food & eat (*30-36 mo*)
- Has a vocabulary of 1-3 words (*12-15 mo*)

GATHERING INFORMATION ABOUT A CHILD'S FUNCTIONAL DEVELOPMENT

Functional information about a child's development can come from many sources, including observing the child doing things he typically does, interviewing parents, caregivers, or others who know and spend time with the child, and taking video or pictures of the child in everyday activities. These forms of assessment provide authentic information about the child's functional abilities.

Authentic tasks do not require the assessor to make inferences about a child's capabilities, because the behaviors sampled are directly observable in meaningful contexts not contrived testing situations. Authentic assessment is the opposite of Urie Bronfenbrenner's reference to developmental psychology, "the science of the strange behavior of children, with strange adults, in strange settings for the briefest possible period of time" (1979, p. 19). Rather, authentic assessment is the assessment of young children's skills in the real life contexts of family, culture and community rather than discrete isolated tasks irrelevant to daily life. It therefore seems logical that we need some degree of authentic assessment to effectively gather functional and contextually relevant information about a child's skills and abilities.

When assessing a child through naturalistic observation, it is important that the observation notes are factual, brief, and relevant (Edelman and Vendegna, 2009). Factual means that the notes describe only what happened in objective terms without subjective interpretations. Brief means that they are short, but provide enough detail to use and understand later. Relevant means that they are pertinent to the child's development and include sufficient details.

ACTIVITY 12: Read the examples. Identify those that are factual, brief and relevant.

- Alani played with the shape sorter by touching, mouthing, and looking at the shapes and putting them in the bucket without the shape piece attached and dumping them out.
- Kiko ignored his mothers request to put his toys up. He does not think she means it and likely waits until she gets really upset to follow through.
- Lindsey turned the pages in the book several at a time. With each turn she stopped and looked at the page, named a picture and then proceeded to turn several pages again. She did this with three books stopping at 3-5 pages in each book.

ACTIVITY 13: The following notes were taken during an observation of a 23 month old girl at lunch time at home with her mother. Identify the statements that are objective and do not include inference about the child's skills.

- Patty sat in her high chair with her feet dangling below her
- When her mom gave her the bowl of pasta Patty smiled and started moving her legs and arms
- Patty enjoyed the pasta
- Patty picked up the spoon by its handle with her left hand then switched it to her right hand by holding the spoon from the spoon part
- Patty looked at what she had done and repositioned the spoon to hold it by the handle using her full palm and fingers of her right hand
- Patty was happy eating the pasta and took a few more bites using her fingers to pick up the pasta and put it in her mouth to chew
- Patty scooped up a piece of pasta from the bowl and brought the spoon to her mouth turning the spoon over slightly emptying the contents of the spoon into her mouth
- Patty attempted scooping again with the spoon, but found it too difficult and resorted to picking up the pasta with her fingers

When gathering information from parents and caregivers it is important that descriptive information is gathered beyond yes and no responses to questions about specific skills, for example, does your child drink from a cup without assistance, does your child put away toys when asked, or does your child follow directions related to his daily routine. Elaborating on these questions by asking for description gives a much richer picture of the child's true abilities, for example, how does your child drink – what kind of cup, how independently, how much spilling, how much and how often, and so on.

On occasion you can provide further context by asking the parent or caregiver to think of the last time something happened and then describe it. By asking about a recent activity the parent can recall the activity and explain it in more detail. The Routines-Based Interview (RBI) (McWilliam,2010) is also a critical source of authentic information. The organization and flow of the RBI yields rich information about the child's engagement, independence and social relationships in the context of all that happens in a typical day.

ACTIVITY 14: Look at the questions below and identify the quality questions that could yield a rich description of a child’s skills. Note it is not intended for the questions to be asked as a string of compound questions. Rather a pause allowing the parent/caregiver to respond is implied.

<input type="checkbox"/>	Tell me about getting Sasha dressed? ... How does she participate? ... How much can she do on her own? ... How does she communicate with you during dressing?
<input type="checkbox"/>	Does Nathan transition easily? ... Like if you go to the store does he do okay? ... Will he ride in the grocery cart?
<input type="checkbox"/>	Does Forrest sit at the table with you for dinner? ... Does he sit in a booster seat or a high chair? ... Is he pretty good sitting in his chair? ... Does he eat what everyone else eats at meal time?
<input type="checkbox"/>	Describe a typical bath time. What happens?
<input type="checkbox"/>	How does Fabio let you know when he wants more to eat or that he is done eating? ... How often are you able to understand what he is trying to say? ... What does he do when you don’t understand him?
<input type="checkbox"/>	How many words does Jezebel say? ... Does she say them clearly?

EXPLORING THE CONTENT OF THE THREE EARLY CHILDHOOD OUTCOMES

Each outcome includes notable breadth and depth. The following tables provides detailed information about the main pillars of each of the three child outcomes, descriptions of what is included, and considerations for thinking about a child’s functioning relative to the child outcome (ECO, April 2005). The tables are not meant to show all the ways the outcome would be demonstrated across the age span birth to three or across the range of abilities, but they provide a good basis for understanding the skills and behaviors aligned with each of the three early childhood outcomes.

1. Child has positive social relationships	
Pillars	<ul style="list-style-type: none"> • Relating with adults • Relating with other children • Following rules related to groups or interacting with others
Describe how the child...	<ul style="list-style-type: none"> • Demonstrates attachment • Initiates & maintains social interactions • Behaves in a way that allows them to participate in a variety of settings & situations • Demonstrates trust in others • Regulates emotions • Understands & follows social rules • Complies with familiar adult requests • Shares toys & materials with others • Initiates, responds to, & sustains interactions with others • Listens, watches, & follows activities during groups

Consider how the child...across different settings?	<ul style="list-style-type: none"> • interacts with & relates to others in day-to-day happenings • displays, reads & reacts to emotions • initiates, maintains, & close interactions • expresses delight or displays affection • transitions in routines or activities (familiar & new) • engages in a joint activities/interactions • shows awareness of contextual rules expectations • responds to arrivals & departures of other
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ACTIVITY 15: From the list below identify the child skills and behaviors that would fall within the outcome positive social relationships.

- | |
|--|
| <input type="checkbox"/> Separates easily from her mother when in familiar settings
<input type="checkbox"/> Initiates contact mostly through gestures – he points and brings toys to parents
<input type="checkbox"/> Vocalizes sounds maa, baa, ahh
<input type="checkbox"/> Plays alongside sister sometimes taking a toy from sister or offering her a toy
<input type="checkbox"/> Imitates what he sees his mom do – e.g., trying to sweep with broom and using fly swatter
<input type="checkbox"/> Repeats actions that get his mother’s attention e.g., singing and dancing
<input type="checkbox"/> Tucks behind her mother when meeting new people
<input type="checkbox"/> Plays with toys mostly by mouthing, dropping, and dumping and filling containers |
|--|

ACTIVITY 16: Examine the following description of Arden’s skills related to his social relationships (outcome #1). Arden is 20 months old. Identify what skills do not fit within the description of social relationships and what information may be missing. Use the table above as a resource. Underline the bits that do not fit and describe the piece of information that you think is missing. You’ll notice there are four sentences that do not fit – two belong with outcome #2 and two belong with outcome #3.

Arden is a social little boy who enjoys playing in proximity of his parents. He is quite active and is able to run although he does occasionally fall. While he is able to move about the house independently, he prefers to be in the company of his parents.

During the routines-based interview, Arden played with toys in close proximity to his parents and periodically brought toys to them or “checked in” with them. When his mom or dad come home after being gone Arden reportedly shows excitement and offers a greeting, usually through gestures or hugs. He is not yet using words.

When meeting new people, Arden is initially shy, but warms up fairly quickly, providing his parents are nearby. Arden initiates and maintains social play interactions with his parents by bringing them toys. He uses gestures to request assistance or action. Arden imitates what he sees his parents doing, such as cleaning, reading, or laughing.

Recently Arden has shown an increase in temper tantrums – this is sometimes a challenge on shopping outings. He reacts to his parents being upset with him by stopping what he is doing or crying. He is learning to test limits and be more independent. Arden demonstrates understanding of day-to-day routines and transitions easily from one familiar activity to another (for example bath to bed time).

Skills/abilities/behaviors related to this result that are missing:

2. Child acquires and uses knowledge and skills	
Pillars	<ul style="list-style-type: none"> ● Thinking reasoning problem solving ● Understanding symbols ● Understanding the physical & social world
Describe how the child...	<ul style="list-style-type: none"> ● Displays curiosity & eagerness for learning ● Explores their environment ● Explores & plays with people & objects (toys, books, etc.) ● Engages in appropriate play with toys & objects ● Uses vocabulary either through spoken means, sign language, or through augmentative communication devices to communicate in an increasingly complex form ● Learns new skills & uses these skills in play (e.g., completing a puzzle or building a fort) ● Acquires & uses the precursor skills that will allow them to begin to learn reading & mathematics in KN ● Shows imagination & creativity in play
Consider how the child....across different settings?	<ul style="list-style-type: none"> ● imitates others & learn to tries new things ● persists or modifies strategies to achieve a desired end ● solves problems & attempt solutions others suggest ● use the words/skills he has in everyday settings ● understands & responds to directions/requests ● displays awareness of the distinction between things ● interacts with books, pictures, print ● demonstrates understanding of familiar scripts in play

ACTIVITY 17: From the list below identify the child skills and behaviors that would fall within the outcome acquiring and using knowledge and skills.

- Uses a few true words – but uses them inconsistently
- Climbs up into his highchair for meals
- Explores mobiles by looking at them and reaching up toward them
- Follows simple one step directions like get your cup, put your shoes in the basket
- Points to named pictures in her favorite book
- Repeats actions to get parents attention and praise (e.g., dancing)
- Climbs on the couch to unhook the door hook to get outside
- Uses a fork to eat

ACTIVITY 18: Examine the following description of Arden’s skills related to his acquiring and using knowledge (outcome #2). Arden is 20 months old. Identify what skills do not fit within the description of acquiring and using knowledge and what information may be missing. Use the table above as a resource. Underline the bits that do not fit and describe the piece of information that you think is missing. You’ll notice there are four sentences that do not fit – two belong with outcome #1 and two belong with outcome #3.

Arden is curious about his surroundings and eager to try new things, such as playing with new toys or accompanying his parents on outings. He recently started toilet training and will not sit on the big pot with the insert.

He also plays near other children his age at play group. When playing with toys Arden demonstrates appropriate use of various objects. His parents report that cars and books are Arden’s favorites. With his cars, he will drive and park them.

When looking at books, he enjoys turning the pages and looking at the picture, he is not yet pointing to pictures in books when asked, naming pictures in books spontaneously, or imitating the names of things when his parents say the word for him. Arden enjoys listening to books and will bring books to his parents for them to read to him.

Arden engages in pretend play with his toy monkey. Arden is quite attached to Monkey, and he goes most everywhere with Arden. During play, Arden shows persistence to figure things out, such as fitting the letter shape into the leap frog holder. He is also showing early awareness of object characteristics, such as color. He has reportedly done this by pausing and looking (although not always accurately) when asked to get a particular color toy object.

Arden follows some simple familiar requests when paired with gestures, such as give me with hand extended. He does not however demonstrate understanding of the names of various objects, such as the toys he has in his toy box or names of body parts. He does know the stove is hot and will stay away from it. Arden is learning three languages and at this time.

Skills/abilities/behaviors related to this result that are missing:

3. Child takes action to meet needs	
Pillars	<ul style="list-style-type: none"> • Taking care of basic needs • Contributing to own health & safety • Getting from place to place & using tools
Describe how the child...	<ul style="list-style-type: none"> • Moves from place to place to participate in activities, play, & routines • Seeks help when necessary to move from place to place • Manipulates materials to participate in learning opportunities & be as Independent as possible • Uses objects (e.g., forks, switches, other devices, etc.) as tools appropriately • Uses gestures, sounds, words, signs or other means to communicate wants & needs • Meets self-care needs (feeding, dressing, toileting, etc.) • Seeks help when necessary to assist with basic care or other needs • Follows rules related to health & safety
Consider how the child ...across different settings?	<ul style="list-style-type: none"> • gets from place to place • assists with or engage in dressing, eating, toileting, hygiene tasks • conveys needs & desires & preferences • responds to challenges • responds to delays in getting what he wants • gets what he wants (e.g., toys, food, attention...) • shows awareness of or respond to situations that may be dangerous • amuses himself or seeks out something fun

ACTIVITY 19: From the list below identify the child skills and behaviors that would fall within the outcome taking appropriate action to meet needs.

<input type="checkbox"/>	Climbs up into his highchair for meals
<input type="checkbox"/>	Walks independently to play and explore
<input type="checkbox"/>	Looks at books pointing to the pictures as he names them
<input type="checkbox"/>	Uses a fork to poke food and eat it
<input type="checkbox"/>	Points to request candy from the candy jar
<input type="checkbox"/>	Shakes and bangs toys to explore and learn about them
<input type="checkbox"/>	Pretends to brush hair, brush teeth, and talk on the phone
<input type="checkbox"/>	Knows not to touch the stove because it is hot

ACTIVITY 20: Examine the following description of Arden’s skills related to taking action to meet his needs (outcome #3). Arden is 20 months old. Identify what skills do not fit within the description of taking action to meet needs and what information may be missing. Use the table above as a resource. Underline the bits that do not fit and describe the piece

of information that you think is missing. You'll notice there are four sentences that do not fit – two belong with outcome #1 and two belong with outcome #2.

Arden independently moves about and goes up and down the stairs in the family home. He stoops and stands without losing balance and can climb on and off furniture.

Arden reportedly uses his spoon to scoop and fork to stab food, but he often reverts to using his hands to eat. This is because he often tips the spoon over and is therefore more successful with his hands. He can pick up small food items using his index finger and thumb (pincer grasp). He pretends to feed Monkey. For drinking, Arden uses a straw cup or sippy cup. He can drink from a regular cup but is given a sippy cup to avoid spills.

Arden gets up in his high chair and eats with his parents. When his mom has to leave during meal time Arden gets upset. He generally finishes breakfast (he loves fruit, apple sauce, and cheese), but is not always finishing lunch or dinner. He pushes his plate forward or moves it to the table to indicate that he is finished. Arden uses gestures (no words) to indicate that he is all done or to request more.

Arden fusses when it is time to wash his face after meal times, he does however enjoy bath time. Arden matches his water ducks to their respective place in the duck holder. He shows his pleasure by laughing and looking at his parents. When he needs help he gestures and points for his parents to get what he needs and when there is a delay in getting what he wants he'll fuss until he gets it. He has learned that the stove is hot and will now stay away from it.

Skills/abilities/behaviors related to this result that are missing:

ORGANIZING OBSERVED ACTIONS BY THE THREE OUTCOMES

Authentic assessment involves observing a child and making notes of the behaviors and skills you observe. This information provides rich descriptive functional information about a child's skills within meaningful contexts. This information can also contribute greatly to the measuring results process.

ACTIVITY 21: Review the authentic assessment observation notes below and sort them into the associated outcome. Do this by entering the observation letter in the associated outcome box.

- a) Davy goes to his mom and hugs her
- b) D. looked to the balls when asked "where's your ball?"
- c) D. got a ball when asked "get the green ball" but not the green ball
- d) D. said "cars" while looking toward the toy cars

Outcome 1

<ul style="list-style-type: none"> e) D. carries a large ball while walking across the grass f) D. say “ba” and give ball to his mom g) D. runs across the grass (no tripping or falling) toward the ball h) D. throws ball about 2 feet i) D. looks to large step (# inches high) but does not go down j) D. steps down successfully k) D. looks to his mom and claps 	<p style="text-align: center;"><u>Outcome 2</u></p> <hr/> <p style="text-align: center;"><u>Outcome 3</u></p>
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DEVELOPMENTAL PROGRESSION

Included in each of the three outcomes are a myriad of functional skills that can be thought of in terms of developmental progressions of abilities. Within outcome one – positive social relationships the progression of development stems from a positive caring relationship between parent and child and as the child grows, he develops a sense of self, relationships with family members, other caregivers, and peers.

As relationships expand to include making friends the child learns to get along with others and follow social rules and expectations. Embedded in these stages are hosts of behaviors that will be important for the child to build and maintain positive social relationships in age-expected ways.

As another example we can consider more specific skills, such as a child’s development of pretend play skills, which would be included in outcome 2 – acquiring and using knowledge and skills. Below is an example of the developmental progression of a typical child.

1. Darla pretends to drink from the dolly’s bottle by putting it in her own mouth.
2. Darla uses the bottle to feed the dolly.
3. Darla picks up the dolly, feeds it the bottle, then holds the dolly over her shoulder to burp it.
4. Darla say “baby hungry” then puts the bottle in a pretend pan to warm it up, picks up the dolly, feeds it the bottle, then holds the dolly over her shoulder to burp it, then proceeds to talk about the baby needing a diaper change and directing someone to care for the baby while she goes to get the pretend diaper bag.

Thinking about skills in terms of developmental progression is important for understanding where a child is on a trajectory of functional skill development.

ACTIVITY 22: Look at the sample developmental progression associated with skills included in outcome #1, positive social relationships. Use numbers to define the progression of typical development. Write in 1 for the skill/behavior that comes first in the progression, 2 for the skill/behavior that follows and so forth.

<p>Relationships with primary caregivers</p> <ul style="list-style-type: none"> <input type="checkbox"/> Recognizes and reaches toward primary caregiver <input type="checkbox"/> Stops playing and goes to caregiver when new person enters the room <input type="checkbox"/> Able to play and interact with others without needing primary caregiver nearby <input type="checkbox"/> Shows strong separation anxiety <input type="checkbox"/> Interacts with new people/situations when primary caregiver is nearby <p>Play with others</p> <ul style="list-style-type: none"> <input type="checkbox"/> Participates in coordinated play with others <input type="checkbox"/> Reaches out to other children – touches, pats momentarily <input type="checkbox"/> Participates in longer play encounters playing with similar activities <input type="checkbox"/> Watches other children <input type="checkbox"/> Has brief play encounters with others
--

The same is true for outcome #2. As children grow, they demonstrate tremendous changes in their ability and capacity to construct knowledge. Children progress through stages of visually exploring toys to mouthing, banging, dropping, combining, using functionally in intended manners, using in pretend, and so on. Through play children develop the ability to make connections, sort, classify, and see and create patterns about what they see and experience, which are all skills foundational to later mathematics (e.g., algebra). Children progress from simple to complex forms of communication. Infants first begin to communicate through crying, body movements, gestures, and facial expressions. As babies grow into toddlers and preschoolers, they attain a vocabulary of hundreds of words, and they learn how to use them.

ACTIVITY 23: Look at the sample developmental progression associated with skills included in outcome #2 acquiring and using knowledge. Use numbers to define the progression of typical development. Write in 1 for the skill/behavior that comes first in the progression, 2 for the skill/behavior that follows and so forth.

<p>Learning about toys in play</p> <ul style="list-style-type: none"> <input type="checkbox"/> Linking pretend sequences in play (e.g., kiss doll, lay it down, cover it up, sing it to sleep....) <input type="checkbox"/> Watching toys and mobiles in the environment with eyes <input type="checkbox"/> Banging, dropping and repeating actions on toys <input type="checkbox"/> Using a variety of toys in intended manner <input type="checkbox"/> Mouthing toys in exploration
--

Problem solving

- Tries to reach out for an object that is out of reach
- Hands toy to caregiver to make it go again
- Solves simple problems mentally (e.g., knows that the bigger block must go at the bottom of the tower)
- Uses trial and error to put toys together (e.g., simple puzzle, block sorter)
- Intently pushes one button on busy box to make it go again after having seen caregiver do that

With regard to outcome #3 children progress in independence and ability to meet their own needs, such as getting around, eating, drinking, toileting, communicating wants and needs, and follow health and safety rules. As each outcome is explored, keep the complexity of child development in mind and ensure focus on functionality of skills and behaviors versus isolated skills and milestones.

ACTIVITY 24: Look at the sample developmental progression associated with skills included in outcome #3 taking action to meet needs. Use numbers to define the progression of typical development. Write in 1 for the skill/behavior that comes first in the progression, 2 for the skill/behavior that follows and so forth.

Motoring about

- Walks forward with some tripping or falling
- Begins moving purposefully (rolling, sitting)
- Walks independently with obvious control
- Moves about by crawling to get from place to place
- Walks up the stairs holding on to the rail or wall

Self-care (*dressing, undressing, eating, toileting*)

- Eats thick food with a spoon spilling often
- Uses a fork one handed
- Picks up spoon by handle
- Uses spoon successfully most of the time still spills some
- Feeds self with a spoon all of the time limited spilling

AGE ANCHORING

Beyond considering developmental progressions, knowing when different skills and abilities come in is an essential aspect of determining where a child is functioning relative to same age peers, which is needed for measuring child results. As an early interventionist you know a great deal about child development, but you likely do not know the age range when every possible developmental skill or ability comes in. You do however have resources which you can use, such as developmental checklists, criterion referenced instruments, and your colleagues.

ACTIVITY 25: To reinforce your understanding of child development and perhaps to reinforce the importance of using resources, identify the age ranges for when the following developmental skills typically come in.

a. At wake up child raises arms to be picked up	a. _____
b. In diapering child struggles when laid back	b. _____
c. At breakfast child brings hands to own bottle as if holding it propped	c. _____
d. At dressing child helps by extending arms/legs for shirt/ pants	d. _____
e. In play, child entertains self with a single toy for a bit longer (2-3 mins)	e. _____
f. In play child names familiar objects (car, ball...)	f. _____
g. At home child walks about without support to play & explore	g. _____
h. At home child repeats actions to gain attention – can be demanding for attention	h. _____
i. In play, child combines related objects in play (spoon-cup, stick-drum...)	i. _____
j. Child has a vocabulary of 1-3 words	j. _____
k. At daycare child interacts with peers using gestures (e.g., push, pull, grab, aggressive with an occasional pat or toy offering)	k. _____

NOTE: the resource used for calculating these age ranges was the Hawaii Early Learning Profile (HELP)

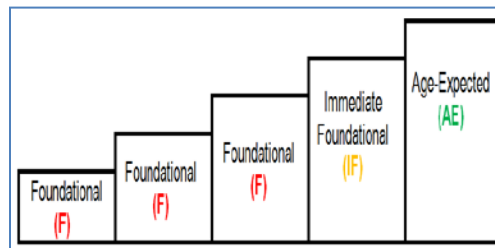
When observing, recording, and examining a child’s functional skills you gain useful information about his/her abilities. However, not all developmental checklists and resources include the precise functional skills you see when observing a child in his natural settings doing what he typically does. While this creates a challenge for age anchoring those skills, it is an essential part of the measuring results process. When age anchoring behaviors using resources look for skills and behaviors that are similar to what you observed and remember that they won’t always be exact. Sometimes you may need to use more than one resource. And sometimes you will need to gather more information about the child’s functional abilities, for example if the observation note says that ‘Jessica plays with dolls’ it is difficult to know what that looks like – how does she play? For example does she just pretend to feed the doll or perhaps she pretends to feed the doll then wash it up, put new clothes on it, tuck it in, give it a kiss, and lay it down for a nap. Just pretending one action on a doll comes in around 16 months while stringing several pretend actions together comes in around 24 months. Knowing the detail about what and how a child does something is critical when attaching an age anchor to it.

ACTIVITY 26: Using the Maryland Healthy Beginnings resource age anchor the following abilities observed/reported through authentic assessment of William (30 months old) playing. Remember that the behaviors documented may not be exactly stated in the Healthy Beginnings resource. Therefore you have to consider the nature of the behavior and locate an equivalent ability in the resource.

Authentic Assessment	Outcome	Age Anchor	Healthy Beginnings Source and Example
On the floor with brother directly to his right William turns 1 page in the book which placed on the floor in front of the boys (observation)			
Did not engage with unfamiliar adult but sat near her on couch – climbs up on mom to sit on her lap (observation)			
Responds to adult’s question “where are you?”by coming out from behind the couch and looking in the direction of the adult (observation)			
Says mama (parent report)			
Holds his mom’s hand and attempts to skip as she is doing (observation)			
Feeds himself with a spoon and drinks from an open cup (observation)			

AGE EXPECTED (AE) – IMMEDIATE FOUNDATIONAL (IF) – FOUNDATIONAL (F)

An important developmental concept for understanding how to use the COSF or more accurately the COS process is the concept of age expected (AE), immediate foundational (IF), and foundational (F). Some of the skills and behaviors that develop early serve as the foundation for later skills and behavior. In several instances later skills build upon earlier skills in predictable ways. For example, children typically roll over, sit, crawl, and stand independently before they walk. Early childhood development proceeds through several levels of foundational skills with skills and behavior becoming more complex and more proficient as children get older.



All skills that lead to higher levels of functioning are foundational, however, the set of skills and behavior that occur developmentally just prior to age-expected functioning can be described as the immediate foundational skills in that they are the most recent set of foundational skills that children master and move beyond. You can think of it like a stair case where foundational (F) skills lead to immediate foundational (IF) skills which then lead to age expected (AE) functioning.

A child whose functioning is like that of a slightly younger child is probably showing immediate foundational skills, as her functioning does not meet age expectations, but she demonstrates skills and behaviors that occur developmentally just prior to age expected functioning and are the basis on which to build age-expected functioning. A child who's functioning might be described as like that of a much younger child does not meet age expectations, nor does she demonstrate skills and behaviors that immediately precede age-expected functioning. She has foundational skills, but not yet at an immediate foundational level.

It is also important to note that some foundational skills get replaced by newer skills whereas others continue in children's (and adult's) repertoires throughout life. The nature of interacting with other children changes fundamentally as children get older. On the other hand, skills like making eye contact, turn taking and eating with a fork get incorporated into more sophisticated routines but never disappear. To identify whether functioning that continues throughout life constitutes a foundational or immediate foundational skill, ask yourself at what age one would first expect to see this functioning and how close it is to the child's current age.

ACTIVITY 27: Think of a 30 month old child and use developmental resources as needed. Review the following abilities associated with Outcome 1 – Positive Social Relationships and identify for a 30 month old child which one is AE, IF, and F. The first one is completed for you as an example.

<i>Relating with Adults</i>	
<i>AE</i>	Routinely initiates and maintains positive back and forth social interaction with familiar adult
<i>IF</i>	Responds favorably to familiar adult's initiated social behavior
<i>F</i>	Prefers to be near primary caregiver and gets upset when caregiver leaves even if briefly
<i>Relating with Other Children</i>	
	Child plays primarily alone – not interested in peers
	Child initiates and maintains social interaction with peers

	Child responds appropriately to peer social behavior, but does not initiate; may play near peers
<i>Following Rules Related to Groups or Interacting with Others</i>	
	Given specific verbal prompt, child performs 2 steps in an established routine or alters behavior to comply with established rule or routine
	Given general verbal or contextual cues, child initiates series of responses associated with an established rule or routine
	Given appropriate verbal and physical prompting, child cooperates with familiar adult assistance in following steps of an established routines

ACTIVITY 28: Think of a 30 month old child and use developmental resources as needed. Review the following abilities associated with Outcome 2 – Acquiring and Using Knowledge and Skills and identify for a 30 month old child which one is AE, IF, and F.

<i>Thinking, Reasoning, Remembering, and Problem Solving</i>	
	Navigates large object around barriers; uses several different attempts to solve problems; demonstrates persistence
	Regards object and attempts to retain when presented
	Uses part of an object and/or support to obtain another object; makes detour to retrieve object
<i>Understanding Symbols</i>	
	Shows interest in books; manipulates book briefly looking at pictures
	Sits and attends to story; enjoys looking at named pictures
	Looks through books purposefully and finds details in favorite book picture
<i>Understanding the Physical and Social World</i>	
	Repeats simple nursery rhymes, songs, or finger plays with adults or children
	Has less than 50 words; sometimes imitates words not frequently used
	Uses 2 word utterances to communicate with adults or children

ACTIVITY 29: Think of a 30 month old child and use developmental resources as needed. Review the following abilities associated with Outcome 2 – Taking Action To Meet Needs and identify for a 30 month old child which one is AE, IF, and F.


<i>Taking Care of Basic Needs</i>	
	Finger feeds and cooperates with adult feeding; taking food from spoon
	Brings fork or spoon to mouth; may have help filling utensil; drinks from cup with assistance
	Eats with fork and spoon; drinks from cup
<i>Contributing to Own Health and Safety</i>	
	Beginning to demonstrate bowel and bladder control; indicates awareness of soiled and wet pants/diaper; sometimes goes in potty
	Beginning to initiate need to use toilet; exhibits bowel and bladder control when regulated; washes hands with assistance
	Little or no awareness of soiled or wet pants/diapers, resists participation in toileting routine
<i>Getting from Place to Place and Using Tools</i>	
	Runs, avoiding obstacles; walks up/down stairs alternating or not; climbs on play equipment
	Walks fast; walks up/down stairs with 2-handed support
	Gets up and down from low structure (couch); moves up/down stairs creeping, crawling or on bottom

ACTIVITY 30: Similar to the earlier activity, complete the table below. This time use the Hawaii Early Learning Profile (HELP) to age anchor the skills included for this 15 month old child (born 2 months premature). For each skill identify the associated early childhood outcome (1, 2, or 3), identify the age anchor, identify the source for age anchoring (using the HELP), and then determine if the skills is AE, IF, or F.

Authentic Assessment	Outcome	Age Anchor	HELP Source and Example	AE-IF-F
Vocalizes baba da da ah sounds like he is saying something as he explores he takes toys out of the box				
Turns nesting blocks over with hands open – dumps small block out of larger block- explores with hands and eyes				
Pulls to stand against busy box – partial half kneel				
Opens door part on busy box with one hand				
Falls down by sitting as N pulls G's hand away from the busy box				

THE POINTS ON THE SEVEN POINT SCALE

The COSF scale is from 1 to 7 with a 6 or 7 indicating age appropriate functioning. Lower numbers indicate further distance from age appropriate. The following table provides a definition of each of the seven points on the scale.

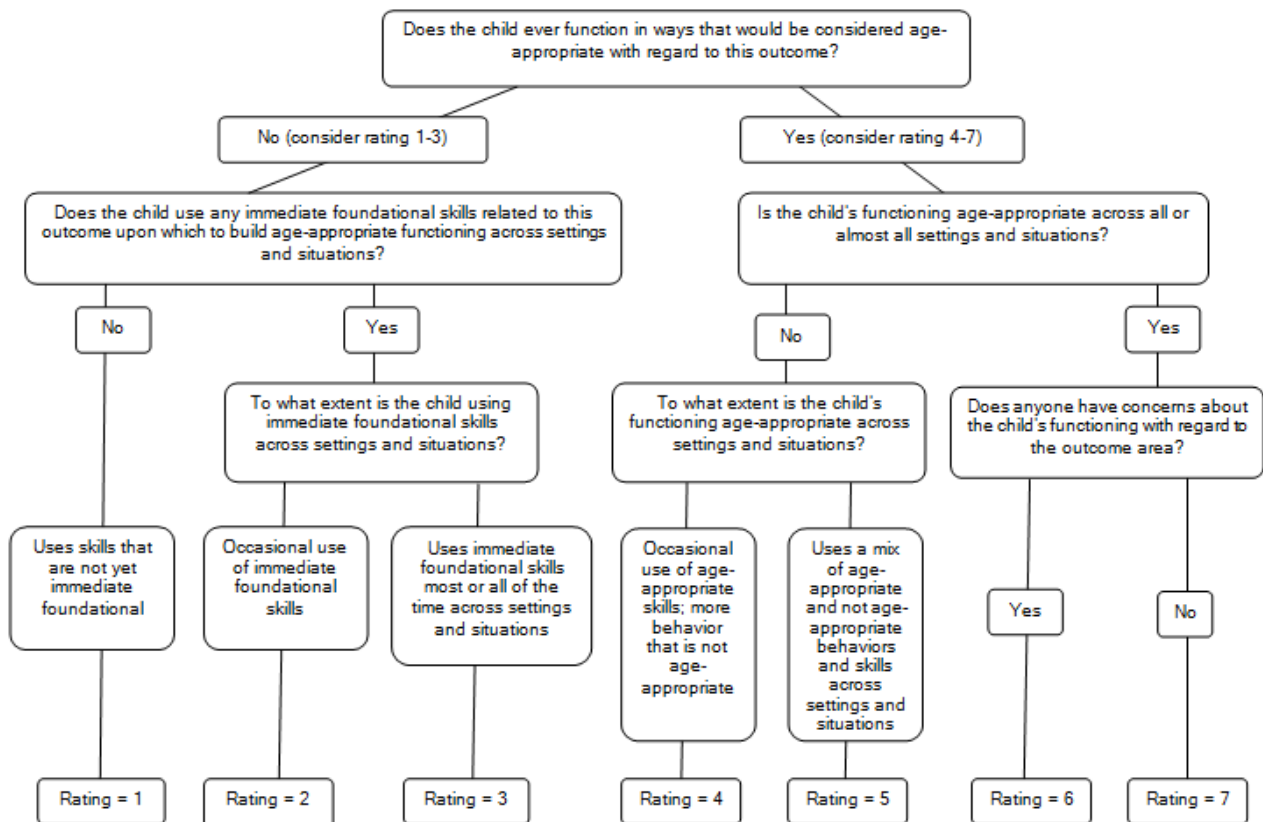
Overall Age-Appropriate	Completely <i>means:</i>	7	<ul style="list-style-type: none"> • Child shows functioning expected for his or her age in all or almost all everyday situations that are part of the child's life. Functioning is considered appropriate for his or her age. • No one has any concerns about the child's functioning in this outcome area.
		6	<ul style="list-style-type: none"> • Child's functioning generally is considered appropriate for his or her age but there are some significant concerns about the child's functioning in this outcome area. These concerns are substantial enough to suggest monitoring or possible additional support. • Although age-appropriate, the child's functioning may border on not keeping pace with age expectations.
Overall Not Age-Appropriate	Somewhat <i>means:</i>	5	<ul style="list-style-type: none"> • Child shows functioning expected for his or her age some of the time and/or in some settings and situations. Child's functioning is a mix of age-appropriate and not age-appropriate behaviors and skills. • Child's functioning might be described as like that of a slightly younger child*.
		4	<ul style="list-style-type: none"> • Child shows occasional age-appropriate functioning across settings and situations. More functioning is not age-appropriate than age-appropriate.
	Nearly <i>means:</i>	3	<ul style="list-style-type: none"> • Child does not yet show functioning expected of a child of his or her age in any situation. • Child uses immediate foundational skills, most or all of the time, across settings and situations. Immediate foundational skills are the skills upon which to build age-appropriate functioning. • Functioning might be described as like that of a younger child*.
		2	<ul style="list-style-type: none"> • Child occasionally uses immediate foundational skills across settings and situations. More functioning reflects skills that are not immediate foundational than are immediate foundational.
	Not yet <i>means:</i>	1	<ul style="list-style-type: none"> • Child does not yet show functioning expected of a child his or her age in any situation. • Child's functioning does not yet include immediate foundational skills upon which to build age-appropriate functioning. • Child functioning reflects skills that developmentally come before immediate foundational skills. • Child's functioning might be described as like that of a much younger child*.
 <p>The Early Childhood Outcomes Center 5/21/09 http://www.fpg.unc.edu/~eco/assets/pdfs/Definitions_Outcome_Ratings.pdf</p>			

Another way to think about the ratings is the distribution of age expected (AE), immediate foundational (IF), and foundational (F) skills a child demonstrates relative to each outcome area. The illustration below shows how a team can *sort* a child's skills into these three categories then use that information to assist with figuring the applicable rating. For example a child that shows only "F" skills for outcome one, he would have all skills sorted into the "F" bucket and would have a rating of one for outcome one. For outcome two the same child may have some "F" skills as well as a couple of "IF" skills, he would receive a rating of two for outcome two. For outcome three he may have mostly "IF" skills and a couple of "AE" skills, he therefore receives a rating of four for outcome three.

COSF Rating Scale						
1	2	3	4	5	6	7
No Age Expected Skills and a Decreasing Degree of Immediate Foundational Skills			Decreasing Degree of Age Expected Skills		Age Expected Skills	

The Early Childhood Outcomes decision tree, pictured below, is a very helpful tool for facilitating the rating process. The decision tree, shown here, guides the team through the process for each outcome. For example, if the child shows AE skills then the decision process goes to the right of the decision tree and if the child has no AE skills then the decision process moves to the left of the decision tree, and so on.

Decision Tree for Summary Rating Discussions

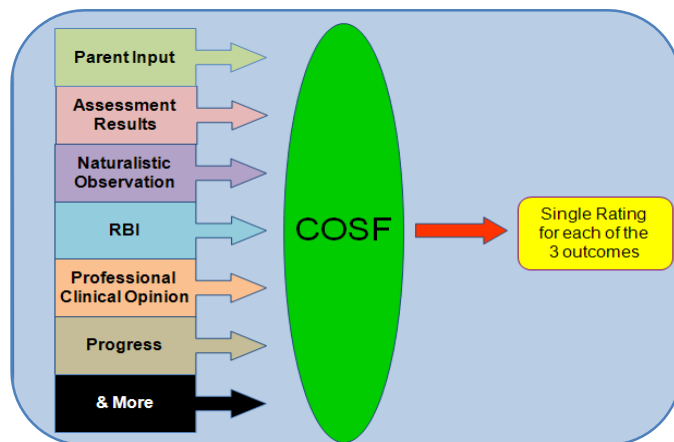


ACTIVITY 31: Using the AE-IF-F bucket distribution and the decision tree determine the ratings associated with each of the following standard culminating statements. You may find it helpful to highlight key words in each statement.

Identify the COS rating associated with each statement	COS Rating
1. Marvin is somewhat where we would expect him to be at this age. This means that he has many skills we would expect at this age in regard to <i>(outcome)</i> , but he does not yet have all of the age expected skills <i>(it is possible to highlight a few of non-age expected functional skills)</i> .	
2. At # months, Kyrie shows occasional use of some age expected skills, but more of her skills are not yet age expected in the area of <i>(outcome)</i> .	
3. Relative to same age peers, Jeb is not yet using skills expected of his age. He does however use many important and immediate foundational skills to build upon in the area of <i>(outcome)</i> .	
4. At # months, Maria shows occasional use of some immediate foundational skills, but more of her abilities represent earlier skills in the area of <i>(outcome)</i> .	
5. Relative to same age peers, Abe has the very early skills in the area of <i>(outcome)</i> . This means that Abe has the skills we would expect of a much younger child in this outcome area.	
6. Relative to other children Eunice's age, there are no concerns; she has all of the skills that we would expect of a child her age in the area of <i>(outcome [e.g., taking action to meet needs])</i> .	
7. Relative to same age peers, Colton is showing some nearly age expected or immediate foundational skills, but has more skills that developmentally come in earlier in the area of <i>(outcome)</i> .	
8. Danita has a few of the skills we would expect in regard to <i>(outcome)</i> , but she shows more skills that are not age appropriate.	
9. For an # month old child, Bartholomew has many skills expected of his age but he also demonstrates some skills slightly below what is expected at this age in the area of <i>(outcome)</i> .	
10. At # months, Vala shows occasional use of some age expected skills, but has more skills that are younger than those expected for a child his age in the area of <i>(outcome)</i> .	
11. For a # month old little boy, Pablo occasionally uses immediate foundational skills but has a greater mix of earlier skills that he uses in the area of <i>(outcome)</i> .	
12. Lakeisha has age expected skills, with no concerns, in the area of <i>(outcome)</i> .	
13. Relative to same age peers, Habib has the skills that we would expect of his age in regard to <i>(outcome)</i> ; however, there are concerns with how he <i>(functional area of concern/ quality/ lacking skill)</i> . It will be good to watch this closely, because without continued progress he could fall behind.	
14. Relative to same age peers, Kim shows many age expected skills, but continues to show some functioning that might be described like that of a slightly younger child in the area of <i>(outcome)</i> .	
15. For a # month old little boy, Dakota's functioning might be described as like that of a much younger child. He shows early skills, but not yet immediate foundational or age expected skills in the <i>(outcome)</i> area.	
16. In the area of <i>(outcome)</i> , Auska has nearly age expected skills. This means that she does not yet have the skills we would expect of a child her age, but she has the immediate foundational skills that are necessary to build upon to achieve age appropriate skills <i>(it is possible to include a few functional skills as examples)</i> .	
17. Aside from the concern regarding Nadir's _____ he is demonstrating skills expected of a child his age in the area of <i>(outcome)</i> .	
18. Overall in this outcome area, Tatiana is just beginning to show some immediate foundational skills which will help her to work toward age appropriate skills.	

USING INFORMATION GATHERED TO DETERMINE A RATING

The COS process was designed to reduce rich information about a child's functioning into a common metric allowing a summary of progress across children. Accordingly, information to complete the COSF must involve collecting and synthesizing input from many sources familiar with the child in many different settings and situations. The figure shown here illustrates the concept of taking rich information from a variety of sources, synthesizing the information and condensing it down into a rating on the 7 point scale.



Clearly, standardized assessment information alone is not sufficient, as a domain score on an assessment tool does not necessarily translate directly into an outcome rating. Ratings must reflect and convey the child's current functioning across settings and in situations that make up his/her day. A standardized testing situation is unusual for a young child.

If the child's functioning in a testing situation differs from the child's everyday functioning, the rating should reflect the child's everyday functioning. Furthermore, many assessments are domain-based and were not designed to provide information about functional behaviors and functioning across a variety of situations. Knowing that a child has or has not mastered assessment items that are related to the outcome provides helpful information but the information should be used in conjunction with what else is known about the child. A high score on a set of items in a domain related to the outcome might not mean the child has achieved the outcome and, conversely, a low score might not mean the child has not achieved it.

Rating outcomes must be a collaborative decision-making process that draws upon the rich information available from the IFSP process. Keeping a focus on the three broad functional outcome areas early on and throughout the IFSP process will facilitate the gathering of information essential to understanding a child's integrated development and functional skills. Absolutely critical to this process are authentic assessment, parent input, and team involvement.

When gathering information from parents and caregivers limit the questions that can be answered with a "yes" or "no" response and those that are multiple choice, for example does Anthony drink from a regular cup or sippy cup. Rather ask questions that allow parents and caregivers to tell you what they have seen. Of course, sometimes you will need to ask yes/no or multiple choice questions, but is best to start with open-ended questions. When more specific information or clarification is needed, ask yes/no or multiple choice type questions.

ACTIVITY 32: Review the following questions identify the yes/no, multiple choice (MC), and open ended questions. Then indicate if you would ask parent the question.

Question	Yes/ No	MC	Open- ended	Yes, I'd ask this question
1. What are all the different kinds of things that Keni likes to do?				
2. Does Keni have a favorite toy?				
3. Tell me how Keni lets you know that he wants something?				
4. If Keni has a choice of playing with blocks, cars, or outside what do you think he'd choose?				
5. Is Keni a good eater?				
6. How does Keni do at meal times?				
7. Does Keni eat the same food that you eat or do you make something else for him?				
8. Do you eat dinner at the table?				
9. You mentioned that bath time is after dinner. Is it easy to get Keni in and out of the bath or is that a challenge?				

ACTIVITY 33: Rewrite any questions above that you **did not** mark as “Yes I’d ask this question.”

INVOLVING FAMILIES IN THE RATING DECISION

Involving families in the rating decision is more than reading the associated culminating statement at the end of each paragraph in the present levels of development. We want families to understand what the culminating statements mean and how they are linked to the greater measuring results initiative. We want families understand how their child's development relates to his or her same age peers in each of the three outcome areas.

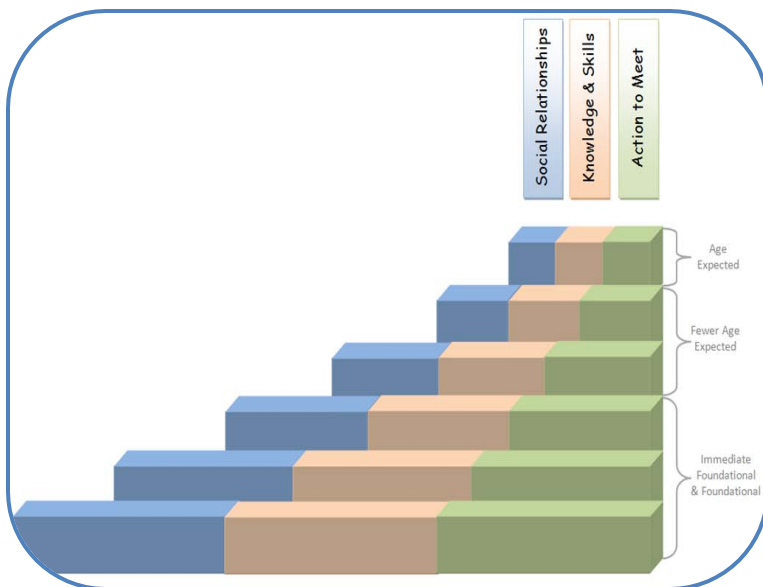
By gathering and sharing information with families and using everything available about the child's functioning, the team should review and make final decisions about the child's COS rating collaboratively. Consider the following decision making models from O'Grady and Jadad (2010). Notice that in collaborative decision making all team members share their knowledge in a way that allows everyone to expand their understanding and ultimately make decisions. In this light, collaborative decision making can be regarded as an engaging process that goes beyond one-way knowledge transfer and beyond two-way exchange of knowledge to a shared learning activity where knowledge is blended.

Decision Making Models O'Grady & Jadid, 2010				
Model	Provider	Parent	Knowledge flow	Objective
Paternalistic	Directive	Passive	One-way knowledge transfer provider to parent	Compliance of parent
Autonomous	Receptive	Directive	One-way knowledge transfer parent to provider	Compliance of provider
Shared Decision Making	Informative	Informative	Two-way knowledge exchange	Equity in the decision making process
Collaborative Decision Making	Supportive	Proactive	Knowledge builds through shared learning	Optimal action

ACTIVITY 34: Review the following questions about what we should expect from family involvement in the COS rating process.

Question	Yes	No	Maybe
1. Families can provide rich information about their child's functioning across settings and situations.			
2. Families will know whether their child is showing age expected skills.			
3. Providers should help families understand age expected development so can help make informed decisions about the rating.			
4. Families should know that the rating provides a snapshot of the child's overall functioning in the three outcome areas and can be useful in thinking about the child's progress.			
5. In the end the rating decision is really just what the provider thinks.			

When describing and discussing the rating you may find it helpful to use graphic illustrations. The following staircase is one illustration that can be used to discuss how close or how far a child's functioning is to his or her same age peers. The illustration can also be used to reinforce how this measure can be used over time as yet another way to see the extent to which the activities of early intervention in partnership with the family is making a difference in supporting the child's functioning. It provides a measure of looking at the child's developmental trajectory over time.



ACTIVITY 35: Using the steps illustration, document how you might start the conversation to discuss a rating of 5 in outcome 1 with a family.

A large, empty rectangular box with a light blue background, intended for documenting the conversation strategy for Activity 35.

INTEGRATING OUTCOMES MEASUREMENT INTO THE IFSP PROCESS

The child outcomes process is both an integral and embedded part of the IFSP process. It is not a separate activity that is done aside from the IFSP or aside from the family. Review the following table illustrating how reviewing age-expected development, discussing the three early childhood outcome areas, gathering information about a child’s functioning, determining a COS rating and sharing information with families are natural parts of the IFSP process.

Contact	Steps of Process
Referral	<ul style="list-style-type: none"> ● Assign Initial Service Coordinator (ISC) - contact family & follow the family through to initial IFSP (if eligible). Any team member may be an ISC. ● ISC contacts family sets up initial visit; gathers information to guide visit (i.e., family concerns, family interest in program). Determine if screening is needed (most often a screening is the first step), if there is enough information to go directly to evaluation, or if child is automatically eligible. ● Compile team if it is determined at this point that child will go on for evaluation.
Intake Visit	<ul style="list-style-type: none"> ● ISC conducts this visit. Prior to visit, review referral information and age expected development. ● The IFSP-Process Document (PD) guides collection/sharing of information. ● Review EDIS program information with family and discuss family concerns. ● Typically a screening is done; however, if there is enough information or if screening was already done, the team (including the family) may decide to go on to evaluation. The intake home visit may be merged with an evaluation visit. ● Decide upon and plan next steps with family (typically evaluation). ● After the visit, review information and prepare for evaluation with team evaluators.
Eval. & Eligibility	<ul style="list-style-type: none"> ● Prior to visit, evaluation team members review available child and family information, identify information needed for eligibility determination, review age-expected development for child’s age. ● ISC with one other team member (more if needed) and family conduct evaluation. Evaluation and eligibility determination often conducted in same meeting. Include authentic assessment. ● All information is documented on the IFSP-PD. The evaluation summary is a brief overview of the eligibility determination including information from the five domains. ● Share outcomes brochure and discuss three outcomes areas with family. ● Decide upon and plan next steps with the family (i.e., RBI/IFSP if eligible). ● After the visit, team members consult and write up evaluation summary and begin to draft notes for Present Levels of Development (PLOD) organized by 3 outcome areas. Plan for the Routines Based Interview (RBI) (if eligible).

RBI & IFSP Meeting	<ul style="list-style-type: none"> • Prior to the visit the RBI team members review information gathered thus far, what is known about the child’s skills in the three outcome areas, and age-expected development for child’s age. • ISC and most likely ongoing primary provider conduct the RBI with the family. It ends with a list of IFSP outcomes the family wants to work on with early intervention. • Discuss next steps for completing the IFSP-PD . Leave a draft of the IFSP outcomes with the family. • After the visit (or during the visit) write up IFSP outcomes from RBI-generated family priorities. • Following the visit providers write the PLOD (organized by the 3 outcome areas) incorporating functional information learned through the RBI. They determine a preliminary COS rating and include the corresponding culminating statement in the PLOD and complete the COS form.
Review &Finalize IFSP Visit	<ul style="list-style-type: none"> • Review IFSP-PD with family, including PLOD and descriptive COS ratings (culminating statements), ensure that the family understands the COS ratings as another measure of looking at the child’s developmental trajectory over time. • Finalize service decisions and the IFSP-PD with family. • Discuss next steps and ongoing intervention with the family.
Services	<ul style="list-style-type: none"> • Implement IFSP, monitor progress, modify plan as needed, & review regularly.
Annual	<ul style="list-style-type: none"> • Essentially the same as initial IFSP, including RBI and completing the COS.
Transition / Exit	<ul style="list-style-type: none"> • Exit COS completed and information shared informally with family; child data shared with receiving program as needed.

ACTIVITY 36: Thinking about the IFSP process and the prior table use the table below to identify ideas you have for integrating child outcomes measurement into the IFSP process.

Contact	What I can do to integrate the COS process into the IFSP process
Referral	
Intake Visit	
Evaluation & Eligibility	
RBI & IFSP Meeting	
Review &Finalize IFSP	
Services	
Annual	
Transition / Exit	

FAMILY OUTCOMES/RESULTS

As discussed earlier, outcomes are the benefits that result from support and services provided. For example, providing information is a service, how the family understands and uses the information is the result of the service provided. If a provider shares information about the strategy for creating a need for the child to express wants/needs by offering the child choices at meal time, and the parent understands and uses the strategy effectively to help the child express desires, a benefit has been experienced.

Similarly, providing parents with information about their child’s diagnosis is a service. If parents or family members understand the information and find it helpful in describing their child’s condition to others, advocating for services, or responding effectively when their child needs additional support, a benefit has been experienced and a family outcome has been achieved. Services include the provision of information, material, and emotional support how the family understands and uses the service support is the outcome.

To date, information collected from families in early intervention programs has been related to satisfaction with services rather than outcomes achieved by families. While satisfaction is in fact an indicator of program effectiveness and will remain helpful information for programs to collect it is not the same as outcome data. Outcomes are different from satisfaction in that satisfaction “reflects whether consumers like & appreciate the services received, but does not necessarily mean that benefit has been received” (Bailey & Bruder, 2005, p. 2). This distinction between family outcomes & satisfaction is important.


ACTIVITY 37: Review the following statements and identify which are satisfaction measures and which are outcome measures.

	Outcome	Satisfaction
Families are happy with services received		
Families understand their child’s strengths, abilities, and special needs		
Family likes their primary service provider		
Families help their child develop and learn		
Families are likely to recommend early intervention to other families		

THE FAMILY OUTCOMES SURVEY

The Family Outcomes Survey (FOS) being used in EDIS was developed by the ECO Center. The tool consists of 18 items and takes about 15 minutes for most families to complete. Fifteen of these items address the five family outcome statements and the last three items provide the data specific to the three universal family indicators. Families with twins who are both receiving early intervention services can complete one survey if they believe their responses for both children would be the same. Otherwise they should complete one FOS for each child. The basic survey instructions are as follows:

- Have it completed by the person in the family who has the most interaction with early intervention. If a child is seen primarily in day care the family still completes the FOS.
- Responses include the word “we” or “our.” This refers to your family.
- Read each question and circle the number that best describes your family right now.
- If a statement almost describes your family, but not quite, circle the in between number.
- If you do not know the answer or you are not comfortable answering the question, skip it and go to the next question.



EDIS Early Intervention Family Outcomes Survey

Dear _____,

This survey is designed to provide a way for you to describe your family and the ways you support your child's needs. It also provides EDIS a way to understand the outcomes your family has experienced through your participation in EDIS early intervention services.

Instructions:

- This survey should be filled out by the person in your family who has the most interaction with early intervention. All of the responses include the word “we” or “our.” This refers to your family. Usually this means parents and others who support and care for your child. But every family is different, so think of what “family” means to you when answering.
- On every page, you will be asked to answer questions like the ones below. Please read each question and circle the number that best describes your family right now. If a statement almost describes your family, but not quite, circle the number just to the left or the right.
- If you do not know how to answer a question, or if you are not comfortable answering the question, skip it and go to the next question.

UNDERSTANDING YOUR CHILD'S STRENGTHS, ABILITIES, AND SPECIAL NEEDS

1. Your child is growing and learning. How much does your family understand about your child's development?

1	2	3	4	5	6	7
We are just beginning to understand our child's development		We understand some about our child's development		We understand a good amount about our child's development		We understand a great deal about our child's development

2. Some children have special health needs, a disability, or are delayed in their development. These are often referred to as special needs. How familiar is your family with your child's special needs?

1	2	3	4	5	6	7
We are just beginning to understand our child's special needs		We understand some about our child's special needs		We understand a good amount about our child's special needs		We understand a great deal about our child's special needs

3. Professionals who work with you and your child want to know if the things they do are working. How often is your family able to tell if your child is making progress?

1	2	3	4	5	6	7
We seldom can tell if our child is making progress		We sometimes can tell if our child is making progress		We usually can tell if our child is making progress		We almost always can tell if our child is making progress

4. To what extent has early intervention helped your family **best** communicate your child's needs?

1	2	3	4	5	6	7
Early Intervention has done a poor job of helping us communicate our child's needs		Early Intervention has done a fair job of helping us communicate our child's needs		Early Intervention has done a good job of helping us communicate our child's needs		Early Intervention has done an excellent job of helping us communicate our child's needs

5. To what extent has early intervention helped your family be able to **help** your child develop and learn?

1	2	3	4	5	6	7
Early Intervention has done a poor job of helping us help our child develop and learn		Early Intervention has done a fair job of helping us help our child develop and learn		Early Intervention has done a good job of helping us help our child develop and learn		Early Intervention has done an excellent job of helping us help our child develop and learn

We filled out this survey on: _____ (today's date)

Thank you for completing this survey!

Developed by the Early Childhood Outcomes Center with support from the Office of Special Education Programs, U.S. Department of Education and adapted by Army EDIS. Part C Version Page 8

ACTIVITY 38: Review and answer the following questions.

Question	Response
Who should complete the FOS?	
How long does it typically take to complete the FOS?	
Do families with twins receiving services need to complete two surveys?	

FOS FREQUENCY

Regardless of the reason for exit, all families exiting the early intervention program after receiving early intervention services for at least six months (from their initial IFSP) should complete the FOS. Families complete the FOS one time at/near exit from early intervention. Families should complete the FOS within 60 days of exiting the early intervention program. To maximize return of the FOS EDIS programs should practice giving families the FOS 60 days prior to their transition from EDIS rather than waiting.

A cover letter should accompany the FOS. Below is a sample cover letter.

Dear Parent,

As your family prepares to leave our EDIS early intervention services, we request that you complete the EDIS Family Outcomes Survey (FOS). Your responses are important to us, and we promise to keep your personal responses confidential.

The survey you are about to complete was designed to help us to learn from your family's experiences with EDIS. We will not report any information that identifies you or your family. We will combine your responses with those of other families participating in EDIS early intervention to provide an overall picture of families and their early intervention experiences. In combination with responses from other families, the information you provide will:

- Help EDIS understand how our services make a difference for the children and families we support and serve.
- Supply EDIS information that we will use to improve early intervention supports and services.
- Provide grouped data to demonstrate results to all stakeholders – to you and other families, our Commanders, and the larger Army community.

Thank you again for completing the EDIS Family Outcomes Survey. Please let us know if you have any questions or need any assistance with completing the survey.

(Signed by the Program Manager)

ACTIVITY 39: Review the cover letter and using the space below write what you might say to a family as you present the information and ask them to complete the FOS.

FOS COMPLETION

Families will have the option of completing the survey independently, or with the assistance of an EDIS staff member who (to the greatest extend feasible) is not currently the family’s primary service provider. Families may also receive assistance from an interpreter.

ACTIVITY 40: Identify below all the acceptable ways to facilitate family completion of the FOS.

	Acceptable	Not Acceptable
1. FOS completed by EDIS primary service provider.		
2. FOS completed independently by the family.		
3. FOS completed by child care provider because family is unavailable.		
4. EDIS provider assisting the family with FOS completion		
5. Interpreter interpreting the FOS for a family.		
6. FOS not completed because family expressed concern about services received.		
7. FOS completed telephonically after being presented and described to the family.		
8. FOS not given because family was perceived to be too busy.		

FOS RETURN

Getting the FOS back is critical to ensure that EDIS is receiving data that is representative of the population being served. Increasing the FOS return rate should be a goal of all EDIS programs, as the return rate is not yet optimal.

ACTIVITY 41: Identify below all the acceptable ways to facilitate return of the FOS.

	Acceptable	Not Acceptable
1. FOS returned to EDIS in a self-addressed envelope.		
2. FOS picked up by an EDIS provider during a home visit.		
3. FOS completed electronically and returned via email.		
4. FOS sent to the EDIS program manager.		
5. FOS completed telephonically.		
6. FOS not returned because it was not given.		

FOS SPECIAL CONSIDERATIONS

With regards to families with twins or families exiting the program with more than one child receiving services, EDIS is interested in getting the best possible information as it relates to families experiences in EDIS early intervention. Some families who feel that their responses to the survey would be consistent or the same for each child will only complete one survey. Other families whose children have very different abilities and needs, resulting in survey questions answered differently for each child, will complete one survey for each child. So, the decision about how many surveys to complete will be individualized for each family.

Please note, that although the family may only fill out one survey, the results must be entered into SNPMIS for each child in the family, as the outcomes in SNPMIS are tied to the child, not the sponsor (family).

The FOS will be completed by all families of children who are exiting the program even if they are transferring to another EDIS program. Family responses will not be shared with anyone outside of EDIS without the family's informed, written consent.

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