Early Childhood Outcomes:
Demonstrating and Reporting the Results of
Early Intervention Services for Infants and Toddlers

Collecting Outcomes Data – October 1, 2006 – June 30, 2007

Montana Department of Public Health and Human Services
Disabilities Services Division
Developmental Disabilities Program

This document is the result of collaboration between the Developmental Disabilities Program, Montana's Part C Early Intervention Agencies, The University of Montana's Rural Institute, and the Early Childhood Outcomes Center. This document is an adaptation of Early Childhood Outcomes Center documents and presentations for Montana's Part C Service System.

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This document is an adaptation of the Early Childhood Outcomes Center's documents and presentations for use in Montana's early child outcomes system.

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RESOURCES:

The following up to date resources can be found on the ECO Center website at: http://www.fpg.unc.edu/~eco/index.cfm
A. "Crosswalks" of Birth-to-Five Assessment Instruments to Early Childhood Outcomes Center (ECO) Child Outcomes
B. Overview of the Child Outcomes Summary Form
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EARLY CHILDHOOD OUTCOMES: DEMONSTRATING AND REPORTING THE RESULTS OF EARLY INTERVENTION SERVICES FOR INFANTS AND TODDLERS

INTRODUCTION

The purpose of this document is to provide the rationale for collecting and reporting early child outcomes, including: (1) the foundations necessary for making decisions concerning early child outcomes, (2) early child outcomes measurement procedures, instructions for completing the Early Child Outcomes Center's **Child Outcomes Summary Form**, and instructions for reporting the early childhood outcomes results. The first section is designed to provide an overview of the information Family Support Specialist and Part C personnel will need to understand to complete the early childhood outcomes process. The specific details and instructions for completing the early childhood outcomes are contained in the second section. However, **do not** go directly to the second section without thoroughly reading the first section on foundations. There is overlap between the sections. After you become more familiar with the overall process, then the second section can be used as a stand alone document. The instructions in this document cover all outcome measures (baseline, 2nd – 3rd, and exit/transition) for the time period of October 1, 2006 through June 30, 2007. This document will be revised to cover changes in child outcome measures.

1. FOUNDATIONS FOR EARLY CHILDHOOD OUTCOMES

1.1 Why Do We Need to Record Early Childhood Outcomes?

Age of Accountability: Federal and State policy continues to require publicly funded programs to be accountable. Citizens are holding government at all levels accountable for how they are spending tax dollars. For human service and education programs, government wants to know how services are achieving positive results and outcomes for children and families. For instance, the No Child Left Behind Act is an accountability requirement for public schools. Accountability is not just what services were provided and to whom, but what impact do those services have for children and families?

Part C Early Intervention Services in Montana are funded through a combination of State (about 45%) and Federal (about 55%) dollars. The Federal Part C funds come through the U.S. Department of Education's Office of Special Education Programs (OSEP) with funding for Part C of the IDEA (2004). Congress is requiring OSEP to report the results or outcomes of all educational services, including Part C. In addition, the Office of Management and Budget expects all federal programs to report outcomes data as part of justifying funding requests. As required by the new 2004 IDEA law, OSEP has directed states to develop six year State Performance Plans, and for states to submit Annual Performance Reports (APR) across 14 performance indicators. Early childhood outcomes are one of those indicators. OSEP is also working with the Early

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Childhood Outcomes Center (ECO Center) to provide technical assistance to State Part C Agencies on collecting child and family outcomes.

Federal Accountability and Early Child Outcomes

U.S. Congress-

Created the 2004 IDEA which includes requirements for annual reports to congress about Part C early intervention services (as well as special education)

Office of Budget and Management

Requires all federal programs to be accountable through reporting outcomes data concerning the effectiveness of programs

U.S. Department of Education - **Office of Special Education Programs**

Required by Congress and the new 2004 IDEA to hold states accountable for services through the development of a six year State Performance Plan and submission of Annual Performance Reports, including data on child outcomes

State Part C Agencies

Require early intervention agencies to collect data about child outcomes and other Part C services

Early Childhood Outcome Center

Works with OSEP and States to assist in development of child and family outcomes systems

Data-Based Planning Can Improve Early Intervention Services: Using good data about early intervention services can help individual Family Support Specialists (FSSs), Part C regional agencies and the State Part C agency make improvements in these services. Early childhood outcomes can provide valuable information as one component of data-based planning, tracking and analyzing early intervention services. For instance, these data can be used to help determine training topics for FSSs concerning child-focused programs, and changes in regional and state agency policies/procedures designed to improve services. In addition, child outcomes data can be used to demonstrate to Montana's Legislature and Congress the results of their funding investments as well as try to secure additional funding for Part C services at both the State and Federal levels.

Early Childhood Outcomes Results Can Be Used to Inform the Public: Think how powerful the message can be when an agency can report to the public that a specific percent of children improved as a result of your agency's services. Think what that information would mean to families when you are talking about your agency's services. Just as with No Child Left Behind, the new IDEA requires Montana's Part C State agency (DDP) to report to the public (through newspapers, etc.) how well the State performed relative to the APR indicators, including early child outcomes. Further, the

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State will report to the public how each Part C regional agency performed as compared with the statewide APR indicators.

1.2 What Are the Early Childhood Outcomes?

ECO Center Framework for Early Childhood Outcomes: Using a process that incorporated input from many different stakeholder groups and spanned 12 months, the ECO Center identified an ultimate goal and 3 child and 5 family outcomes for early intervention. The ultimate or overarching goal of early intervention is:

> To enable young children to be active and successful participants during the early childhood years and in the future in a variety of settings - in their homes with their families, in child care, preschool or school programs, and in their community.

Further, the ECO Center defines an outcome as "a benefit experienced as a result of services and supports received." Hence, an outcome is neither the receipt of services nor satisfaction with services, but rather what happens as a result of services provided to children and families. This provides the framework for thinking about outcomes as desirable accomplishments of the early intervention system. However, it is understood that a service system cannot guarantee the achievement of any outcome involving families or children. The achievement of an outcome is the result of a variety of factors, only one of which is early intervention. Even in the best system, it is likely that not all children will achieve all of the desired outcomes. Nevertheless, early intervention should strive to achieve the outcomes for all the families and children they serve (ECO Center, April 25, 2005).

Early Childhood Outcomes Are Functional: Characteristics of functional outcomes include:

- Things that are meaningful to the child in the context of everyday living.
- An integrated series of behaviors or skills that allow the child to achieve the child outcomes.
- Emphasis on how the child is able to integrate (behaviors) across developmental domains to carry out complex meaningful behaviors.
- Functional outcomes are **not** (1) a single behavior, (2) the sum of a series of discrete behaviors, (3) based on developmental domains (like on many assessments), and (4) not trying to separate child development into discrete areas (communication, gross motor, cognitive, etc).

Thinking about young children's outcomes from a functional framework requires a shift from a more traditional viewpoint of child development.

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Thinking Functionally (within age-expected bounds)	
Not just does the child.....	**But does he/she.....**
Know how to make eye contact, smile, and give a hug ➔	Initiate affection toward care-givers and respond to others' affection?
Know how to imitate a gesture when prompted by others ➔	Watch what a peer says or does and incorporate it into his/her own play?
Use finger in pointing motion ➔	Point to indicate needs or wants?
Show a skill in a specific situation ➔	Use a skill in actions across settings and situations to accomplish something meaningful to the child?

Items to Consider When Measuring Functional Outcomes
What does the child typically do?
What is the child's actual performance across settings and situations?
How does the child use his/her skills to accomplish tasks?
It is **not** assessing the child's capacity to function under ideal circumstances.

OSEP Early Childhood Outcomes for the State Performance Plan and Annual Performance Report: The ECO Center was funded by OSEP to develop child outcomes. While OSEP considered the ECO Center's recommendations, they changed the wording of the outcomes for the SPP/APR. Since information about child outcomes is developing quickly, the table below will include both OSEP required child outcomes for the APR and the ECO Center's recommendations for outcomes. Montana will use the ECO Center's wording for child outcomes.

Early Childhood Outcomes Statements	
OSEP's APR Child Outcomes	**ECO Center's Child Outcomes**
1. Positive social-emotional skills (including positive social relationships)	Children have positive social relationships
2. Acquisition and use of knowledge and skills (including early language/ communication)	Children acquire and use knowledge and skills
3. Use of appropriate behaviors to meet their needs	Children take appropriate action to meet their needs

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For the APR, OSEP requires that the following five items must be reported for each of the three APR child outcomes:

a. % of infants and toddlers who did not improve functioning
b. % of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-age peers
c. % of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it
d. % of infants and toddlers who improved functioning to reach a level comparable to same-aged peers
e. % of infants and toddlers who maintained functioning at a level comparable to same-age peers

Key assumptions concerning child outcomes include:

- Children can be described with regard to how close they are to age expected behavior for each of the three outcomes.
- By definition, most children in the general population demonstrate the outcomes in age-expected ways.
- By providing services and supports, early intervention is trying to move children closer to age expected behavior.
- Some children will not move as close to typical development as their peers.
- Once the child outcomes system is implemented, the three outcomes will be reported for every child enrolled (with specific exceptions noted in Section 2).
- All three outcomes need to be measured for every child enrolled, even if:
  - No one has any concerns about the child's development for a specific outcome, or
  - A child has delays in one or two outcomes, but not in all three outcomes.

Will this early childhood outcome system be fair for Montana and truly represent the child outcomes of early intervention services? The following points provide a frame of reference: (1) The SPP/APR 14 performance indicators, including child outcomes, must be applicable for all states. (2) OSEP knows that Montana has one of the more conservative eligibility definitions and does not serve "at risk" young children. Hence, they may not necessarily expect Montana to have the same level or % of children in the "**e.**" range above as compared to a state that has a more open eligibility criteria and/or serves children "at risk". (3) It seems unlikely that many children will fall into the "**a.**" range where they either regress or did not improve their functioning in any way. (4) More children may be included in the "**e. and d.**" range than one might expect because typical functioning for same-age peers is a range and not just meeting all items on a norm-referenced assessment for a particular age. Further, in Montana approximately 25% of the children exiting Part C sometime before they turn three, do so because they have met their IFSP goals. (5) Not all children will have IFSPs that address all three OSEP child outcomes, so it does not seem fair to measure how a specific child performs on an outcome not addressed in their IFSP. Further, will these results reflect

the impact of the early intervention services the child received? However, the three outcomes are considered important for all children and it is hard to imagine that most children will not have services/IFSPs that address some aspect of all three OSEP child outcomes. In addition, the primary purpose of the child outcome system is to be able to aggregate effectiveness information for all children and early intervention agencies in a state and across all states.

Importantly, OSEP understands that this is a very new process that will take time to see how it works and how it can be improved. The good news is that, Montana is able to develop its' early childhood outcomes system in a way that works for Montana As Montana gains more experience and evaluates how the system works, improvements will be made. Further, the ECO Center is a partner in this process.

Understanding the Three Early Childhood Outcomes: First, the linkage of three outcomes to the overarching goal constitutes the overall vision for what we hope children achieve as a result of participating in early intervention. Next, consider the following critical assumptions and issues concerning outcomes and measurement of achieving outcomes.

- Achievement of the outcomes is age-based, i.e., children of different ages will demonstrate achievement in different ways.
- There are many pathways to competence for children with atypical development (e.g., using sign language, wheel chair). This seems obvious but may get lost in assessment scores that do not account for alternative ways of demonstrating a particular item. So when thinking about achievement of outcomes include any assistive technology, supports or alternative means (e.g., sign language instead of speaking) the child typically uses.
- Outcomes reflect the child's everyday functioning across a variety of settings and not what the child is capable of under ideal or highly unusual circumstances.
- Outcomes need to take into consideration how different cultures view typical child development at particular ages. What is expected of a 2 year old in one culture may not be an age expectation in another culture.
- Determining the achievement of outcomes would not be complete with only looking at a child's performance in terms of assessment results. Thus, the measurement of the achievement of outcomes must include other critical information such as observations with care-givers across settings, and progress on child-focused outcomes and objectives on the child's IFSP. (See **1.3**, page 8)
- The Part C IDEA requires assessment and a summary in the IFSP concerning the child's developmental status for five "domains" (cognitive, physical, communication, social/emotional, adaptive) but these domains do not directly provide the information needed for the three child outcomes. Further, a single outcome may include specific behaviors/assessment items that come from more than one domain.
- There is overlap of specific behaviors across the three outcomes and that's okay because behavior is integrated.

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The following descriptions are just examples of things to consider for each of the child outcomes. These items are not meant to show all the ways outcomes could be demonstrated across the birth to three age span or across the range of abilities and disabilities of children served in early intervention.

Items to Consider About Each of the Three Child Outcomes
APR outcome - Positive social-emotional skills (including positive social relationships). **ECO outcome - Children have positive social relationships.**
Involves: ➢ Relating with adults ➢ Relating with other children ➢ For older children - following rules related to groups or interacting with others Includes areas like: ➢ Attachment / Separation / Autonomy ➢ Expressing emotions and feelings ➢ Learning rules and expectations ➢ Social interaction and play
APR outcome - Acquisition and use of knowledge and skills (including early language/ communication). **ECO outcome - Children acquire and use knowledge and skills.**
Involves: ➢ Thinking ➢ Reasoning ➢ Remembering ➢ Problem-solving ➢ Using symbols and language ➢ Understanding physical and social worlds Includes areas like: ➢ Early concepts - symbols, pictures, numbers, classification, spatial relationships ➢ Imitation ➢ Object permanence ➢ Expressive language / Communication

APR outcome - Use of appropriate behaviors to meet their needs. **ECO outcome - Children take appropriate action to meet their needs.**
Involves: ➢ Taking care of basic needs ➢ Getting from place to place ➢ Using objects as "tools" (e.g., forks, sticks, crayons, switches) ➢ In older children - contributing to their own health and safety Includes areas like: ➢ Integrating motor skills to complete tasks ➢ Self-help skills (e.g., dressing, feeding, grooming, toileting, household responsibility) ➢ Acting on the world to get what one wants (age appropriately)

1.3 What Sources of Information Are Used for Determining Early Childhood Outcomes?

Multiple sources of information will be used to determine the status for each of the child outcomes. Most of this information needed is collected as part of the planning for developing a new IFSP for a child. It should be noted that using multiple sources of information for gathering information about the child for IFSP development, implementation and evaluation is: currently required in Part C services in Montana, considered to be best practice (research-based), and is recommended practice by the Division of Early Childhood (Council for Exceptional Children). Thus, collecting child assessment information is currently part of the IFSP development process and is not an added step. A specific assessment tool is not being required for child outcomes information. The following information should be considered in determining a child's status related to the three child outcomes.

- The summary information for child outcomes is expected to take into account the child's functioning across a full range of situations and settings. Therefore, information from many individuals in contact with the child should be considered in deciding on outcomes. These may include (but are not limited to): parents and family members, care-givers, child care providers, therapists, service providers, teachers, and physicians.
- Many types of information should be considered in determining the child's status relative to the child outcomes. These may include (but are not limited to): parent observations, FSS's and other clinical observations, curriculum-based assessments, norm-referenced assessments and/or evaluations, FSS's and other service providers notes about the child's performance in different situations and settings, progress made on IFSP outcomes/objectives, and issues identified in the IFSP planning, implementation and/or evaluation processes.
- Many assessment tools can be a useful source of information for reaching a summary rating decision but assessment information should be placed in context with other information available about a child. Some assessments will be more

useful than others. 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 an outcome might not mean the child has achieved the outcome and, conversely, a low score might not mean the child has not achieved it.

- Information about outcomes should reflect the child's current functioning across the typical settings and situations that make up his/her day. The results from measuring outcomes should convey the child's **typical** functioning across typical settings, not his/her capacity to function under ideal circumstances.
- If assistive technology or special accommodations are available in the child's everyday environments, then the outcome information should describe the child's functioning using those adaptations. However, if technology is only available in some environments or is not available for the child, rate the child's functioning with whatever assistance is commonly present. Answers are to reflect the child's **actual** functioning across a range of settings, **not** his/her capacity to function under ideal circumstances.

1.4 In What Ways Are Assessment Results Used for Determining Early Childhood Outcomes?

In order to determine child outcomes, FSSs must have a good understanding of typical early childhood development. Further, one needs to understand atypical development. These are prerequisite skills for appropriately completing early childhood assessments. FSSs should thoroughly know and be able to complete several early childhood assessment tools. This knowledge and skill is a key foundation and a required competency for all FSSs and it is also needed for determining child outcomes.

Overview of Assessments: In early intervention, what is assessment and recommended assessment practice?

What is Assessment?
Assessment is a generic term that refers to the process of gathering information for decision-making (McLean, 2004).
Early childhood assessment is flexible, collaborative decision-making process in which teams of parents and professionals repeatedly revise their judgments and reach consensus about the changing developmental, educational, medical, and mental health services needs of young children and their families (Bagnato and Neisworth, 1991).

What are the Division for Early Childhood Recommended Practices?
Assessment involves multiple sources (e.g., families, professional team members, service providers, caregivers).
Assessment involves multiple measures (e.g., observations, criterion-curriculum-based instruments, interviews, curriculum-compatible norm-referenced scales, informed clinical opinion, work samples).

Using Assessment Tools to Determine Performance is a Challenge: Current early childhood assessment tools are not designed to measure the three early childhood outcomes directly. However, most assessments will include items that describe behavior that might be part of or directly related to one or more of the three early child outcomes. The key question is, "How much information will the assessment provide about the attainment of the three outcomes and at particular ages?" Some items to consider when thinking about assessments in terms of the early child outcomes are:

- Each assessment tool sees children through its own lens and organizing framework.
- Each lens is slightly different (some assessments include items that describe a behavior that most children perform at a certain age and others describe behaviors in terms of target skills that are ordered by when most children perform each target skill).
- Lenses are not right or wrong.
- Many assessments are organized around domains.
- Different assessments may use different domains.
- Even if two assessments use that same domain name, the items covered in the domain may differ by assessment.
- Assessment administration differ across assessments (e.g., some assessments may require observations/administration across child settings, while others may require administration in an environment designed for the assessment, some may be based on input by a parent or caregiver while other require the child to be directly assessed).
- Not all assessments allow for a "different" way for a child to demonstrate performance concerning assessment items (e.g., a child who may use some sign language competently but is not able to speak, a child who independently uses a wheel chair to move in his/her environments).

So making decisions about a child's status concerning the child outcomes is more complicated than completing a specific assessment tool and translating the results into a simple form that answers the early child outcomes items about the child's performance or status. As noted, current assessments are not based on the three child outcomes. Further, the framework of functional outcomes has not been the foundation for most assessments. Assessment development is complex and takes much time and testing. So it will take time before new assessments are or may be developed on these child outcomes.

ECO Center "Crosswalks" of Assessment Items to the Three Early Childhood Outcomes: Thus, measuring functional outcomes and the three child outcomes is not as simple as finding assessment domain summary scores and having that information be sufficient to determine a child's status. However, individual assessment items can be closely related to a particular child outcome. The ECO Center is working with the developers of the most widely used early childhood assessment tools to provide a "crosswalk" between appropriate assessment items and the three child outcomes. For each assessment the ECO Center Crosswalks will provide: basic descriptive information about the assessment tool (e.g., developer company, costs, developmental and/or curriculum framework) and identify which assessment areas (e.g., domains)/subareas (e.g., items) link to each outcome. Specific items on an assessment tool might apply to more then one child outcome. Likewise, not all items on an assessment tool are closely related to any of the child outcomes. If a Crosswalk is available for the assessment you have used with a child, using the Crosswalk for that assessment tool will be helpful in using assessment results as one of the sources of information to determine a child's performance related to the child outcomes. Resources include a link to **"Crosswalks" of Birth-to-Five Assessment Instruments to Early Childhood Outcome Center (ECO) Child Outcomes**, and ECO Center Crosswalk documents for many early childhood assessments. As the ECO Center develops more Crosswalks for other assessment tools, this information will be disseminated. However, the ECO Center and Montana Part C are not recommending just using assessment tools that have Crosswalks. Through the planning processes for developing Montana's early child outcomes system for the SPP/APR, FSSs have identified the most common assessment tools used in Montana for IFSP development. Other appropriate tools may be added in the future. Check the ECO Center's website for updated Crosswalks at http://www.fpg.unc.edu/~eco/index.cfm .

1.5 How to Collect Other Valuable Sources of Information Concerning Child Outcomes?

In addition to results from assessment tools other essential sources of child outcome information are: parent observations, FSS's and other clinical observations, FSS's and other service providers notes about the child's functioning in different situations and settings, and progress and issues identified in the IFSP planning, implementation and/or evaluation processes. Again, collecting child outcomes information can be incorporated into the activities FSSs should be practicing as part of providing good services for developing, implementing, and evaluating IFSPs. All of the above means for collecting IFSP information to evaluate the current IFSP or develop a new IFSP are recommended for effective early intervention practices. However, for the purpose of gathering information about functional child outcomes, FSSs may ask questions differently with parents and other service providers/caregivers than for just planning or evaluating the IFSP.

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Parent Information and Input: Parents and other family caregivers are key sources of information for developing an IFSP that reflects their priorities and concerns. Likewise, parents and family caregivers have unique insights about their child's capabilities across settings and daily routines. Gathering information about children from parents concerning child outcomes is an important and required component of the early childhood outcomes system. However, this process should be invisible to parents. It should be infused into the information gathering FSSs completed as part of the steps for child assessment and evaluating and developing a child's IFSP.

As FSSs become more familiar with the child outcomes and the behaviors related to each of the outcomes, asking discrete questions about their child relative to the child outcomes should become a routine part of preparing for the IFSP. While some states are requiring that families directly participate in deciding about their child's developmental status concerning each of the three outcomes, Montana is not. There are a couple reasons for this. First, we think that FSSs can gather all the information needed from families about child outcomes through the IFSP processes. Second, many of the children served by Part C in Montana have significant delays and/or disabilities and parents do not need to be reminded that their child does not possess the same skills and abilities as their child's typically developing same-age peers.

However, parents need to know that child outcomes information is being collected as part of required program accountability. A parent brochure entitled, **How Do We Know Early Intervention Services Help Infants, Toddlers and Families?** (see Appendix A) should be discussed and when requested, shared with parents. Remember, the focus of determining child outcomes is to ascertain the impact or outcome of early intervention services for an agency's and the State's early intervention program and not focused on any single child.

Professionals and Service Providers Information and Input: Service providers, professionals, child care providers, etc. have valuable information about a child's status relative to the three child outcomes as well as input for IFSP planning and evaluation. Again, gathering information for the child outcomes should just be part of the routine information gathering FSSs does to develop, implement and evaluate a child's IFSP. The information may come from reports or assessments completed by professionals (e.g., speech/language specialist), notes concerning others' observations of the child, and notes the FSS maintains from conversations with service providers and professionals, etc.

The FSS could specifically inquire about the child with others who have a strong developmental framework, through direct questions concerning the child outcomes. For instance in a discussion with an Occupational Therapist who sees the child every other month, the FSS may ask a direct question, "Do you think Billy's use of appropriate actions or behaviors to meet his routine needs is comparable to other children his age?" If the answer is no, then ask, "Do you think Billy has improved his functioning in this area since you been working with him?" If the answer is yes, then ask, "Do you

think he is getting closer in his performance in this area to children his age then where he was at when you first saw him? An FSS should ask for examples that provide evidence of the child's functioning related to the child outcomes. This information will be useful for justifying the description of a child's status on each outcome. At this point, there is not a protocol of questions to ask professionals.

1.6 How Will Decisions About Early Childhood Outcomes Be Made?

❊ Before answering this question, let us review where the field is concerning collecting child outcome information and making decisions about a child's status relative to these child outcomes. Montana is part of the national effort for making this a more refined process. Montana is starting with the best current thinking and ideas available about child outcomes, and is working with the ECO Center on this child outcomes system. It will take time to determine which specific strategies work best for child outcomes. ❊

Utilizing the ECO Center Child Outcomes Summary Form and Process: Montana will utilize the Child Outcomes Summary Form (see Resources) to document child outcomes and recommended practices for making child outcome decisions. Key features of the Child Outcomes Summary Form and practices include:

- It uses information from assessments and observations to get a **global** sense of how the child is doing.
- It is not an assessment.
- It is based on a rating scale that considers a child's functioning **compared to other children of the same age** - their distance from typical.
- It is based on a child's **functioning**, what a child **generally does** across settings and situations, and **not what a child can do** under ideal circumstances.
- It documents children's movement toward typical development, which is one type of evidence that early intervention is effective.
- It documents the extent of children's progress which is further evidence of effectiveness of early intervention.
- It provides a rating of the **overall sense** of a child's current functioning for the three outcomes.
- It does **not** rate or summarize:
  - Information on the services provided to the child,
  - The family's satisfaction with services,
  - A explanation of **why** the child's functioning at a specific level, or
  - Information for planning for the individual child. Information at a rich, detailed level will be more helpful for early intervention planning purposes.
- It can be used in a team process to enrich decisions made about a child.
- It provides a common framework for deciding on child outcomes, which promotes uniformity in implementation of the overall child outcome system in an agency and across the state.

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Determining a Child's Behaviors and Skills relative to Same-Aged Children: Just as there is not a single assessment tool that can identify the range of behaviors and skills related to the child outcomes for infants and toddlers, there is not a single resource that can capture all the behaviors and skills that make up typical development from birth to 36 months relative to child outcomes. Thus, utilizing the Child Outcomes Summary Form and process appropriately requires at least one FSS/Part C Staff member (e.g., supervisor) involved with the child outcome decision process for a specific child to have a strong foundation in young children's development and its' variations. Such clinical judgment is necessary for making good informed decisions about a child's functioning related to child outcomes in reference to what is expected for same-aged peers without a disability. Further, a thorough understanding of child development and its' variations is a key competency that early interventionists need to possess in order to plan for and provide effective services for young children and families. To assist early interventionists in both the child outcomes process and providing effective services, the ECO center provides links to age-expected resources at: http://www.fpg.unc.edu/~eco/outcomes.cfm .

Agencies Will Utilize a Team Approach for Determining Child Outcomes: Each early intervention agency will use a team process to complete the ECO Center's Child Outcomes Summary Form. The FSS working with the child and family will be responsible for gathering all the information outlined above (e.g., assessment and evaluation results, observations of the child functioning across settings and situations by individuals, including parents and other caregivers, who regularly interact with the child). The Summary Form is being used because it allows FSSs to use a variety of child assessment tools and types of information about the child to make child outcome decisions.

In addition to the FSS, the team will include at least one other FSS or supervisor with a thorough understanding of early childhood development and early childhood assessments. The team will review the information collected by the FSS about the child, decide if further information is needed or not, and once all the necessary information is collected, they will come to consensus on a rating for each child outcome (1 - 7, see below), and complete the Child Outcomes Summary Form. Details for this process are listed in the Section 2.

1.7 On What Kind of Scale Will Child Outcomes Be Rated?

As noted, Montana has adopted the ECO Center's forms for early child outcomes. This includes the Child Outcomes Summary Form (also referenced as COSF) which consists of a cover sheet and one page to rate each outcome. For each outcome there is a page to record the status of the child outcome on a 7-point scale, progress is also recorded and there is space for listing the supporting evidence. The summary form allows FSSs, the agency and the State to examine children's status and progress at a detailed level. Please note, that this does **not** require that FSSs collect any more child outcome data then what is needed for OSEP reporting, it just allows the data to be summarized in a

way that is useful for making decisions about program improvements and training. It also results in more details about types of child progress.

The Child Outcomes Summary Form includes summary ratings that have several advantageous features:

- Ratings on each child outcome are a snapshot of:
  - The whole child,
  - Child functioning, and
  - The child across settings and situations.
- Rather than ratings based on:
  - Skill by skill,
  - In only one standardized way, or
  - Domains.

- Ratings require:
  - Looking at functional behaviors, and
  - Collecting and synthesizing input from many sources familiar with the child in many different settings and situations.
- Ratings account for:
  - The many different ways that children function effectively,
  - Forms of effective functioning that are less common,
  - Patterns of behavior that may interfere with future development, and,
  - The use of assistive technologies and accommodations.

Before continuing, see the **Definitions for Outcome Ratings** table (page 29) for details of each of the points **7** through **1**, and review the Child Outcomes Summary Form for each of the child outcomes (see Resources, page iv). The highest point on the **7**-point scale is age-expected development with no concerns. A rating of **6** means a child's functioning is over-all age expected, but there are some concerns in this outcome area. Each lower point is a degree of distance from age expectations. The ratings scale goes from a **7**- for a child who shows behaviors and skills expected for their age, to a **1** - for a child who the does not yet show behaviors and skills expected for their age, nor any immediate foundational skills upon to build age expected skills. Rating categories are described for Completely - **7**, Somewhat - **5**, Emerging - **3** and Not Yet - **1**. The rating categories for numbers **6**, **4**, and **2** are used for the child that is between two of the described rating categories and have some of the characteristics of each category.

For each outcome, supporting evidence for the number (**7**-**1**) chosen will be provided on the Child Outcomes Summary Form (COSF). In addition, for all child outcome ratings after baseline, the child outcome team will answer the question, "Has the child shown any new skills or behaviors" related to the specific outcome? If "**Yes"**, mark **1** and briefly describe the progress and if "**No**", mark "**2**." The specific rules for translating the data (rating 1-7 and Yes/No answer) on the COSF into the 5 OSEP reporting

measurement levels are outlined in the **Rules For COSF To OSEP Reporting Categories** table (page 18).

Children included in the early childhood outcomes system for the SPP/APR will have at least two measures completed. The first measure is the child's baseline and the 7-point scale rating would be the only decision made by the team for each outcome, for a total of three numbers - one for each outcome. This is the only information that will be reported for a child's baseline measure for the OSEP SPP/APR report. A year later or when the child has a new IFSP or exits-transitions from services, there would be another 7-point rating for each outcome and for each outcome answer the question, "Has the child shown any new skills or made progress for the outcome?" Remember, this can be documented from any of the sources previously described and not just from an assessment. Even though a child is rated as a 1 on the 7-point scale at the second rating, a child can still have progressed from where they were one year ago. That is why the second question is asked about progress for each outcome.

1.8 How Will Early Childhood Outcomes Progress Be Reported?

For the SPP/APR reporting purpose, the completion of the ECO Center's Child Outcomes Summary Form will be sufficient for each of the early intervention agencies. The data on the form will be converted into the OSEP measurement levels (at the state level):

a. % of infants and toddlers who did not improve functioning
b. % of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-age peers
c. % of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it
d. % of infants and toddlers who improved functioning to reach a level comparable to same-aged peers
e. % of infants and toddlers who maintained functioning at a level comparable to same-age peers

The ECO Center's child outcomes system has the capacity to translate their 7 point rating scale into 5 categories of progress for each child outcome. The ECO Center's categories of progress and the indicators (**Definitions for Outcome Ratings**) correlated with OSEP's five levels of progress are outlined in the table below (page 17), and the specific rules for translating the data (rating 1-7 and Yes/No answer) on the COSF into the 5 OSEP reporting measurement levels are outlined in the **Rules For COSF To OSEP Reporting Categories** table (page 18).

At some point, there will be a data form and/or electronic spreadsheet program to summarize this information (see ECO Center's website for resources).

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Translation of ECO Center's Categories of Progress Into OSEP's Measurement Levels for the SPP/APR		
ECO Center Categories of Progress For Each Child Outcome	**For each Child Outcome Eco Center Indicators of Progress**	**OSEP's Levels of Progress for SPP/APR**
Children who did not make progress.	Children who did not move up the scale or moved down, and no to the question, "Has the child shown any new skills?" These children did not acquire any new skills between measurements. Some may have lost skills.	a. Infants and toddlers who did not improve functioning
Children who made progress but did not move closer to age-expected functioning.	Children who stay the same or moved down on the measurements, and yes to the question, "Has the child shown any new skills?" These children made progress but did not move significantly closer to age-expected functioning.	b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-age peers
Children who made sufficient progress to move closer to age-expected functioning but did not achieve it.	Children who moved up the scale from the first measurement to the next but did not reach 6 or 7 (e.g., from 3 to 4, from 4 to 5), and yes to the question, "Has the child shown any new skills?"	c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it
Children who achieved age-expected functioning.	Children who scored 5 or lower at entry and 6 or 7 at the next measurement and yes to the question, "Has the child shown any new skills?"	d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers
Children who maintained age-expected functioning.	Children who scored 6 or 7 at both measurements, and either yes to the question, "Has the child shown any new skills?"	e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers

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Rules for COSF to OSEP Reporting Categories					
Dates must be at least 6 months apart					
COSF Reporting Rules					OSEP Category
Time 1 - Baseline		Time 2 - Exit			
Date	Outcome Rating	Date	Outcome Rating	Progress	
	7		7	yes	e
	7		6	yes	e
	7		1 to 5	yes	b
	7		1 to 5	no	a
	6		7	yes	e
	6		6	yes	e
	6		1 to 5	yes	b
	6		1 to 5	no	a
	5		6 or 7	yes	d
	5		5	yes	b
	5		1 to 4	yes	b
	5		1 to 4	no	a
	4		6 or 7	yes	d
	4		5	yes	c
	4		4	yes	b
	4		1 to 3	yes	b
	4		1 to 3	no	a
	3		6 or 7	yes	d
	3		4 or 5	yes	c
	3		3	yes	b
	3		1 or 2	yes	b
	3		1 or 2	no	a
	2		6 or 7	yes	d
	2		3 to 5	yes	c
	2		2	yes	b
	2		1	yes	b
	2		1	no	a
	1		6 or 7	yes	d
	1		2 to 5	yes	c
	1		1	yes	b
	1		1	no	a

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2. EARLY CHILDHOOD OUTCOMES MEASUREMENT PROCEDURES

2.1 Which Infants and Toddlers Are Included in Early Childhood Outcomes Measurement?

OSEP requires that all infants and toddlers receiving Part C services be included in child outcomes accountability (SPP/APR Indicator 3) with a two exceptions.

▶Children entering early intervention services after April 1, 2006 (through June 30, 2007) will be included in the baseline measurement with the **exception** of:
(1) children who are two years and six month old through two years eleven months old when they enter services; and
(2) children who received Part C services for less then six months.

▶Infants and toddlers in Part C services with IFSPs developed prior to April 1, 2006 **will not be included with the exception of young children who were six months old or younger (birth through six months) when they entered early intervention services**. [These six month old or younger children will be included for their baseline measurement at their second IFSP that occurs sometime between April 1, 2006 and June 30, 2007.]

It would be difficult to impact much developmental change for young children in the early intervention program for only six months or less. Thus, children entering services at two years six months of age or older will not be included. Others not included are children of any age who leave services prior to being in services for at least six months. (This will be discussed in a subsequent session.)

2.2 How Often Will Children Be Measured?

The child outcomes measurement will occur during or shortly after **(within 30 days)** a child's IFSP is developed when an infant or toddler enters Part C services or annually re-written, or when a child exits/transitions out of the Part C early intervention program. Every child will be measured at least twice and some three or four times while they are receiving Part C early intervention services. The first measure is the child's baseline measurement. The second, and for some, the third and fourth measurements are compared to the baseline measurement to determine the child's level of progress while in Part C services. Child outcomes measures occur at the following points in service.

▶A child's first or **baseline** measurement occurs at entry to services and the development of their first IFSP (within 30 days of IFSP development).

▶A child's second measure to compare to their baseline will occur at:
(1) their second IFSP or
(2) exit/transition (that occurs between September 30, 2006 and June 30, 2007).

▶A child must be in Part C services for at least six months in order to have a second measurement completed, thus any child leaving services before being in services for six months or longer will not have a second measure.

▶A child's third measurement will occur at:
(1) their third IFSP or
(2) exit/transition (that occurs between September 30, 2006 and June 30, 2007).

▶A child's fourth measurement will occur at exit/transition. [Note: It would be quite unusual for any child to be measured for a fourth time during the time period of April 1, 2006 through June 30, 2007.]

▶During the time period of September 30, 2006 through June 30, 2007, most children who will have a second child outcome measurement will be children leaving Part C services, have been in services for at least six months, and had their first IFSP developed between April 1 and June 30, 2006. It is unlikely that many, if any, children will have a third measure during the time period ending June 30, 2007.

The measurement at exit/transition may be more complicated. Technically, in Part C transition refers to when children transition out of services at or near their third birthday and specific transition activities are planned in the child's IFSP and must meet certain transition requirements. In addition, children exit at other times and some of those exits might be planned like transitions for children near or at age three. Then there are unexpected exits, where the FSS has little or no notification from the family that their child is leaving the early intervention program. When the child and family exit unexpectedly, it is difficult for the FSS to complete or update an assessment or get a parent's observation of their child's most current development. In another case, the transition is planned and it will happen only three months after the last IFSP was completed. In these cases, the FSS will update the child outcomes information with the most recent and best information that is available (see page 20, **Sources of early child information**). The FSS might update the assessment information for the child but not complete a new assessment unless that is needed for some other reason (e.g., facilitate transition to a new program/preschool). However, if the assessment information is six months old or older, the FSS may need to complete a new assessment in order to have accurate developmental information for planned transitions.

▶If any child leaves services for any reason **within** three months of their last IFSP and child outcomes measurement, use the data from the most recent child outcomes measurement for their final measurement and final Child Outcomes Summary Form.

▶If a child leaves services for any reason, **after** three months or more since their last IFSP and child outcomes measurement, update the information needed to complete a final Child Outcomes Summary Form. The FSS will update the child outcomes information with the most recent and best information that is available. The FSS might update the assessment information for the child but not complete a new assessment

unless that is needed for some other reason (e.g., facilitate transition to a new program/preschool). If the assessment information is six months old or older, the FSS may need to, if it is possible, complete a new assessment in order to have accurate developmental information.

2.3 What Early Childhood Outcomes Will Be Measured?

Essentially OSEP's APR child outcomes are the same as the ECO Center's child outcomes. Since Montana is using the ECO Center's Child Outcomes Summary Form which is based on the ECO Center's child outcomes, we will use the ECO Center's wording for child outcomes. Montana's SPP/APR is required to use OSEP's wording for child outcomes. Although these are slight wording differences, both refer to the same outcomes for Part C children.

Early Childhood Outcomes Statements	
OSEP's APR Child Outcomes	**ECO Center's Child Outcomes**
1. Positive social-emotional skills (including positive social relationships)	Children have positive social relationships
2. Acquisition and use of knowledge and skills (including early language/ communication)	Children acquire and use knowledge and skills
3. Use of appropriate behaviors to meet their needs	Children take appropriate action to meet their needs

For the APR, OSEP requires that the following items must be reported for each of the three child outcomes:

a. % of infants and toddlers who did not improve functioning
b. % of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-age peers
c. % of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it
d. % of infants and toddlers who improved functioning to reach a level comparable to same-aged peers
e. % of infants and toddlers who maintained functioning at a level comparable to same-age peers

However, Montana will first determine child outcomes according to the ECO Center's definitions for outcome ratings, and record the rating for each child outcome on the ECO Center's Child Outcomes Summary Form. These data will be later translated into the data required for the SPP/APR. (See section **2.5** page 24.)

2.4 What Information Does the FSS Collect to Determine Early Childhood Outcomes?

In order to complete the child outcomes measurement process and recording, the FSS and other team members must be familiar with the previous **Foundations For Early Childhood Outcomes** section. The summary information for the three child outcomes is expected to take into account the child's functioning across a full range of situations and settings the child normally experiences. Developmental information needs to be collected from individuals in routine contact with the child. These individuals may include (but are not limited to): parents and family members, care-givers, child care providers, therapists, service providers, teachers, and physicians.

►**Sources of early childhood information.** Many types of information should be considered in determining the child's status relative to the child outcomes. These may include (but are not limited to):

- parent observations,
- FSS's and other clinical observations,
- curriculum-based assessments, norm-referenced assessments and/or evaluations,
- FSS's and other service providers notes about the child's performance in different situations and settings,
- progress made on IFSP outcomes/objectives, and
- developmental status notes identified in the IFSP planning, implementation and/or evaluation processes.

►**Assessments tools.** Assessments tools can be a useful source of information for reaching a summary rating decision but assessment information should be placed in context with other information available about a child. Many typical assessments are domain-based and were not designed to provide information about the child's functional behaviors and his/her functioning across a variety of situations. Knowing that a child has or has not mastered assessment items that are related to the child outcome provides helpful information but the information should be used in conjunction with what else is known about the child. The ECO Center is developing "Crosswalks" for commonly used assessments that identify specific assessment items that directly relate to and are listed by child outcome. For infants born prematurely, do not adjust the child's chronological age when reporting assessment scores **for the purpose of measuring child outcomes** and comparison of the child's development with age-expected development.

►**Approved assessments tools for early child outcomes.** The approved and most commonly used instruments in Montana include: Alpern-Boll (DPII); Assessment, Evaluation and Programming system for infants and Children (AEPS); Battelle Developmental Inventory (Battelle); Bayley Scales of Infant Development; Carolina Curriculum for Infants and Toddlers with Special Needs (Carolina); Developmental Assessment of Young Children (DAY-C); Developmental Profile II; Early Learning

Accomplishment Profile (ELAP); Hawaii Early Learning Profile (HELP); Infant Toddler Developmental Assessment (IDA); Portage Growing Birth to Three (Portage 0-3); Temperament and Atypical Behavior Scale (TABS); The Ounce of Prevention Scale (OUNCE): and Vineland Adaptive Behavior Scales (Vineland);. In addition, other tools are also being considered. (See section 1.4, page 9, for a discussion concerning assessments and early child outcomes.)

▶**Across settings and routines.** Information about outcomes should reflect the child's current functioning across the typical settings and situations that make up his/her day. Answers about outcomes should convey the child's **typical** functioning across typical settings, not his/her capacity to function under ideal circumstances.

▶**Assistive technology and normal accommodations.** If assistive technology or accommodations are available in the child's everyday environments, then the outcome information should describe the child's functioning using those adaptations. However, if technology is only available in some environments or is not available for the child, rate the child's functioning with whatever assistance is commonly present. Answers are to reflect the child's **actual** functioning across a range of settings, **not** his/her capacity to function under ideal circumstances.

▶**Parent Information and Input:** Parents and other family caregivers are the key source of information for developing an IFSP that reflects their priorities and concerns. Likewise, parents and family caregivers have unique insights about their child's capabilities across settings and daily routines. Gathering information about children from parents concerning child outcomes is an important and required component of the child outcomes system, but that process should be invisible to parents. It should be infused into the information gathering FSSs complete as part of the steps for child assessment and evaluating and developing a child's IFSP. As FSSs become more familiar with the child outcomes and the behaviors related to each of the outcomes, it should become a routine part of preparing for the IFSP.

However, parents need to know that child outcomes information is being collected as part of required program accountability. A parent brochure entitled, **How Do We Know Early Intervention Services Help Infants, Toddlers and Families?** (see Appendix A) should be discussed and/or shared with parents. Remember, the focus of determining child outcomes is to ascertain the impact/outcome of early intervention services for an agency's and the State's early intervention program and not focused on any one child.

▶**Professionals and Service Providers Information and Input:** Gathering information for child outcomes should just be part of the routine information gathering the FSS does to develop, implement, and evaluate a child's IFSP. The information may come from reports or assessments completed by professionals (e.g., speech/language specialist), notes concerning others' observations of the child, and notes the FSS maintains from conversations with service providers, professionals, etc.

The FSS could specifically inquire about the child with others who have a strong developmental framework, through direct questions concerning the child outcomes. For instance in a discussion with an Occupational Therapist who sees the child every other month, the FSS may ask a direct question, "Do you think Billy's use of appropriate actions or behaviors to meet his routine needs is comparable to other children his age?" If the answer is no, then ask, "Do you think Billy has improved his functioning in this area since you been working with him?" If yes then ask, "Do you think he is getting closer in his performance in this area to children his age then where he was at when you first saw him? At this point, there is not a protocol of questions to ask professionals.

2.5 What Process Will Be Used to Determine Early Childhood Outcomes and Who Will Be Involved?

Each early intervention agency will use a team process to complete the ECO Center's Child Outcomes Summary Form. In addition to the FSS, the team will include at least one other FSS or supervisor with a thorough understanding of early childhood development, early childhood assessment tools, and child outcomes. Before going on, become familiar with the ECO Center's Child Outcome Summary Form, **Definitions for Outcome Ratings** (page 26), **Rules for COSF to OSEP Reporting Categories** (page 18) and Instructions for Completing the Child Outcomes Summary Form.

▶The child's FSS will complete **all items** on the ECO Center's Child Outcomes Summary Form's first page.

▶Under the heading "Child Information", the child's "ID" is the child's ID number used for billing of services for that child with the Developmental Disabilities Program. The team members' names in "deciding the summary ratings" can be added at the meeting.

▶On the Child Outcomes Summary Form, indicate:

(1) "Baseline" – for a child's first measure;
(2) "2 - 3 Measure" - for a child still in Part C and a new IFSP was just developed (their second or third IFSP);
(3) "Exit" - for a child that leaves Part C services before 30 months of age and the exit was expected/planned for (e.g., family moved, family decides they no longer want/need Part C services, child is no longer meets eligibility criteria for Part C services but has not aged out of Part C services);
(4) "Unexpected Exit" - for a child/family that left services with little or no notice to the agency and without agency involvement in planning for the exit prior to the exit; or
(5) "Transition" - for a child that is near to or at 36 months of age and is leaving Part C services and the agency has been involved in planning for the exit with the family. (The exit can be to school services, other service programs and/or just to home.)

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▶The FSS will have the child's file and all the information gathered related to the three early child outcomes for the child.

▶The team will review the **Definitions for Outcome Ratings** developed by the ECO Center (page 29), **Rules for COSF to OSEP Reporting Categories** (page 18) and the following instructions.

▶Does the information collected about child outcomes include:

- ✓ Assessment information about the child's development?
- ✓ Assessment information reported in ways that reflect the child's development according to what children of a particular age are expected to do within their culture?
- ✓ Information about the child's functioning in different settings?
- ✓ Information about the child's functioning in different situations and across normal routines?
- ✓ If appropriate for the child, information about any assistive technology and/or accommodations available across settings that assist the child's functioning?
- ✓ Parent information related to outcomes about their child's abilities and progress?
- ✓ Professionals and other service provider's information and input related to the outcomes about the child's abilities and progress?
- ✓ Progress made on IFSP outcomes/objectives?
- ✓ Developmental status notes identified in the IFSP planning, implementation and/or evaluation processes?
- ✓ Information about the child's functioning related to the child outcomes from any other observations, notes, etc.?
- ✓ For a child's 2 -3 Measure or Left Part C summary (Exit, Unexpected Exit, transition at 3), their previous Child Outcomes Summary Form(s)?

▶For infants born prematurely, **do not adjust the child's chronological age** when reporting assessment scores **for the purpose of measuring child outcomes and comparison of the child's development with age-expected development for same-aged children**. Use the actual birth date of the child to assessment date to determine the actual age of the child. This will better reflect the positive impact of early intervention services. However, it is acceptable to adjust for the child's age for IFSP planning and sharing assessment results with the parents and family members, if the assessment allows for age adjustment.

▶For each child outcome, the **team will**:

- ✓ review the child outcomes information collected by the FSS about the child,
- ✓ decide if further information is needed for any child outcome,
- ✓ once all the necessary information is collected and discussed, come to consensus about a 1 - 7 point rating for each child outcome, team discussions about ratings for the outcomes may go back and forth from one outcome to another before coming to consensus on a final rating for an outcome,

- ✓ enter the 1 - 7 rating on the Child Outcomes Summary Form for each child outcome, and
- ✓ enter **all** the information to the "Supporting evidence for answer to Question" for each child outcome (**1a.**, **2a.**, and **3a.**). This includes:
  - ✓ Sources of the evidence listed under **Sources of early child information** on page 20,
  - ✓ Date(s) the evidence was collected (e.g., date of the assessment, last observation date, date of conversation with professional about child outcomes), and
  - ✓ Summary of Relevant Results (e.g., the items most relevant to the specific outcome).

  Note: How many decisions the team makes and how much of the form is completed will depend on if this is, (1) the first measurement (baseline) for the child across the three outcomes or (2) the second, third or exit/transition outcome measurement for the child.

▶During the **baseline outcomes rating**, the team only completes items, **1a.**, **2a.**, and **3a.**, which includes,

- ✓ the 1 - 7 point rating for each outcome and
- ✓ the "Supporting Evidence" information for each outcome.

▶ Do **not** complete items **1b.**, **2b.**, or **3b.**, during the baseline measure.

▶Use the **Definitions for Outcome Ratings Table** (page 29) and **Rules for COSF to OSEP Reporting Categories** (page 18) to make the rating for each child outcome.

▶During the **subsequent outcomes ratings** (after baseline) for a child, the team completes all items,

- ✓ **1a.**, **2a.**, and **3a.** (the 1 - 7 point rating for each outcome),
- ✓ "Supporting Evidence" information, and
- ✓ items **1b.**, **2b.**, or **3b** ("Has the child shown any new skills or behaviors related to the specific Outcome - 1, 2 or 3, since the last outcomes summary?") First complete all items for Outcome 1, then 2, then 3.

2.6 Where Will the Child Outcomes Summary Form Be Stored?

▶The Child Outcomes Summary Form(s) for each child should be stored in each child's file.

▶There will be a specific section just for the Child Outcomes Summary Form(s) in each child's file.

▶In addition to storing the Child Outcomes Summary Form(s) in each child's file, the agency may also want to store the forms in other secure files (e.g., for the purpose of tracking forms).

While a case may be made for other options for storing the Child Outcomes Summary Form(s), there are good reasons for keeping the information in the child's file. For most children, there will be two or more Child Outcomes Summary Forms that will be completed for a child over the time they receive early intervention services. In order to complete all forms after the baseline, the FSS and Team will need the previously completed Child Summary Forms to complete the rating form being worked on presently. Since the team may ask questions that the FSS will have to find elsewhere in the Child's files (e.g., specific assessment items, report from a PT), the file will need to be brought to the meeting anyway. In addition, if it is important for FSSs to follow a child's progress, both for providing the best services for the child, as well as, track how he or she is doing relative to the child outcomes. Thus, this information needs to be readily accessible. Further, down the road, the DDP will be required by OSEP to have general supervision procedures for monitoring to ensure that FSSs and early intervention agencies are uniformly following the child outcomes procedures, so DDP representatives may need to access the forms as part of the overall accountability/monitoring process.

2.7 How Will the Child Outcomes Data Be Reported to DPP for the APR?

The early childhood outcomes systems will be evolving over the next few years. The reporting system will be one part of the early childhood outcomes system that will change.

▶The child outcomes baseline data have been reported for all the designated children for the time period of April1, 2006 through September 30, 2006 for the February 2007 APR.

▶The child outcomes initial baseline measurement data for the February 2008 APR will be reported for all the designated children for the time period of October 1, 2006 through June 30, 2007.

▶The child outcomes subsequent (2-3 Measure, Left Part C measure) measurement data (at IFSP or exit) for the February 2008 APR will be reported for all the designated children for the time period of October 1, 2006 through June 30, 2007.

▶Each Part C early intervention agency will submit a copy of each child's Child Outcomes Summary Form (whether it is for a baseline or subsequent measurement).

▶Once all the Child Outcomes Summary Forms are collected for an agency**, reviewed** to ensure that each form is completed accurately, and arranged alphabetically by last name, send the forms to the Erica Swanson, Part C Coordinator, at the DDP office in Helena.

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▶Also include in the quarterly Child Outcomes report the name and DDP identification number of any child who had a baseline measurement completed in the past but exited services before being in Part C services for at least six months. If a child had entered services during the current reporting quarter and a baseline measurement was completed but left services before the end of the reporting quarter, do not submit their baseline Child Outcomes Summary Form but do include their name and DDP identification number on the above list noting that they entered and exited services in the reporting quarter.

▶The Child Outcomes Summary Forms and report will be submitted on a quarterly schedule to coincide with other DDP quarterly reports.

▶Once all the Child Outcomes Summary Forms are collected for an agency, send them to the Erica Swanson, Part C Coordinator, at the DDP office in Helena

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Definitions for Outcome Ratings Table		
Completely means:	**7**	➢Child show 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	➢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 may be substantial enough to suggest monitoring and possible additional support. ➢Although age-appropriate, the child's functioning may border on not keeping pace with age expectations.
Somewhat means:	**5**	➢Child shows functioning expected for his or her age **some of the time and/or in some 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	➢Child shows some but not much age-appropriate functioning.
Emerging means:	**3**	➢Child does **not yet** show functioning expected of a child of his or her age in any situation. ➢Child's behaviors and skills include **immediate foundational skills** upon which to build age appropriate functioning. Child shows these immediate foundational skills most or all of the time across settings and situations. ➢Functioning might be described as more like those of a **younger child***.
	2	➢Child's behaviors and skills include some **immediate foundational skills** but these are not displayed very often across settings and situations.
Not Yet means:	**1**	➢Child does **not yet** show functioning expected of a child his or her age in any situation. ➢Child's skills and behaviors also **do not yet include any immediate foundational skills** upon which to build age appropriate functioning. ➢Child's functioning might be described as like that of a **much younger child***.

APPENDIX A

How Do We Know Early Intervention Services Help Infants, Toddlers and Families?

How Do We Know Early Intervention Services Help Infants, Toddlers and Families?

How Do We Know Early Intervention Helps?

The federal government requires states to report certain information about children to determine whether or not early intervention programs are making a positive difference. This is part of the national push for accountability - the government simply needs to be able to justify money spent on early intervention. This is not additional reporting about your individual child. It is more like a "report card" for the program itself.

Who needs this information?

The required information will be reported to the Montana Developmental Disabilities Program in the Montana Department of Public Health and Human Services. In addition, all local early intervention programs report required information as part of an Annual Performance Report. This is required by the U.S. Department of Education's Office of Special Education Programs and is available to parents and the general public. The Office of Special Education Program uses each state's Annual Performance Report to determine how well the state's early intervention program has helped young children and families. This information is also used to develop an annual report the U.S. Congress so they can see how early intervention programs are performing in helping young children and families.

Why is this information needed?

The Annual Performance Reports and Report to Congress are required in the new IDEA law (Individuals with Disabilities Education Improvement Act of 2004). This information is needed to make improvements in state-wide services, to justify money spent on early intervention, and to try to get more federal and state funding for these services in Montana.

What information about my child is required?

Developmental information about each child is needed to know how early intervention services help infants, toddlers and families. *The required information is specific to three early childhood outcomes*: (1) Children have positive social relationships, (2) Children acquire and use knowledge and skills (like early communication skills), and (3)Children take appropriate action to meet their needs.

Where will the information about my child's development come from?

The FSS who works with you and your child is your early intervention service provider. Families already work closely with their specialist to develop an annual Individualized

Family Service Plan (IFSP). This plan outlines your child's skills and abilities, what your child does well, where your child needs support, and where your child has made progress. Some of this information is gathered from formal child assessment but other information is gathered from talking with you, any other caregivers who are involved in your child's life, and professionals who work with your child regularly.

Will my child need to have any additional assessments or evaluations completed to gather my child's developmental information?

No, the only assessment and evaluation information needed will come from the assessment information used to develop the IFSP.

When the information about my child gathered, will our names be attached?

No, your name or your child's name will not be attached to any of the information that needs to be reported.

Is other information collected about early intervention services?

Yes. The Annual Performance Report for each state will provide information in 13 other areas, including information about how the early intervention services have helped families. This information will be gathered from the annual survey sent to you. There will be questions on the survey about if and how helpful these services have been for each family. Other types of information are also collected about: finding young children eligible for these services; how services are provided; and the transition process for moving out of early intervention services when a child becomes three years old.

APPENDIX B

Child Outcomes Summary Form (MT Version)

CHILD OUTCOMES SUMMARY FORM (MT Version)

Baseline ___ 2 - 3 Measure ___ Left Part C: Exit ___ Unexpected Exit ___ Transition (at 3) ___

Date: _____/_____/_____ **Agency:** _____
Mon Day Yr

Child Information

Name: _____

Date of birth: _____/_____/_____
Mon Day Yr

ID:_____

Persons involved in deciding the summary ratings:

Name	Role

Family information on child functioning (Check all that apply):

___ Received in team meeting

___ Collected separately

___ Incorporated into assessment(s)

___ Not included

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1. POSITIVE SOCIAL-EMOTIONAL SKILLS (INCLUDING SOCIAL RELATIONSHIPS)

To answer the questions below, think about the child's functioning in these and closely related areas (as indicated by assessments and based on observations from individuals in close contact with the child):

- *Relating with adults*
- *Relating with other children*
- *Following rules related to groups or interacting with others (if older than 18 months)*

1a. To what extent does this child show age-appropriate functioning, across a variety of settings and situations, on this outcome? *(Circle one number)*

Not Yet		Emerging		Somewhat		Completely
1	2	3	4	5	6	7

Supporting evidence for answer to Question 1a

Source of information	Date	Summary of Relevant Results

1b. *(If Question 1a has been answered previously):* **Has the child shown *any* new skills or behaviors related to positive social-emotional skills (including positive social relationships) since the last outcomes summary?** *(Circle one number)*

Yes	**1→**	Describe progress:
No	**2**	

2. ACQUIRING AND USING KNOWLEDGE AND SKILLS

To answer the questions below, think about the child's functioning in these and closely related areas (as indicated by assessments and based on observations from individuals in close contact with the child):

- *Thinking, reasoning, remembering, and problem solving*
- *Understanding symbols*
- *Understanding the physical and social worlds*

2a. To what extent does this child show age-appropriate functioning, across a variety of settings and situations, on this outcome? *(Circle one number)*

Not Yet		Emerging		Somewhat		Completely
1	2	3	4	5	6	7

Supporting evidence for answer to Question 2a

Source of information	Date	Summary of Relevant Results

2b. *(If Question 2a has been answered previously):* **Has the child shown *any* new skills or behaviors related to acquiring and using knowledge and skills since the last outcomes summary?** *(Circle one number)*

Yes	**1→**	Describe progress:
No	**2**	

3. TAKING APPROPRIATE ACTION TO MEET NEEDS

To answer the questions below, think about the child's functioning in these and closely related areas (as indicated by assessments and based on observations from individuals in close contact with the child):

- *Taking care of basic needs (e.g., showing hunger, dressing, feeding, toileting, etc.)*
- *Contributing to own health and safety (e.g., follows rules, assists with hand washing, avoids inedible objects) (if older than 24 months)*
- *Getting from place to place (mobility) and using tools (e.g., forks, strings attached to objects)*

3a. To what extent does this child show age-appropriate functioning, across a variety of settings and situations, on this outcome? *(Circle one number)*

Not Yet		Emerging		Somewhat		Completely
1	2	3	4	5	6	7

Supporting evidence for answer to Question 3a

Source of information	Date	Summary of Relevant Results

3b. *(If Question 3a has been answered previously):* **Has the child shown *any* new skills or behaviors related to taking appropriate action to meet needs since the last outcomes summary?** *(Circle one number)*

Yes	**1→**	Describe progress:
No	**2**	