COS-TC
Child Outcomes Summary Team Collaboration

Quality Practices

Training Scenario:
Quality Team Collaboration Practices in Assessment

Guidance for Trainers

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Contents

Introduction

Purpose

This scenario and the associated trainer guidance are a part of a set of resources around training on the *Child Outcomes Summary-Team Collaboration (COS-TC) Quality Practices*. The full set of COS-TC training resources can be found online at: http://ectacenter.org/eco/pages/costeam.asp.

This scenario is designed to be used as a follow-up to the *COS-TC Training Scenario: Talking with Families about Assessment Results* to help early intervention practitioners enhance their communication and partnership skills when teaming with families to use assessment information in the COS process. This guidance document includes:

1) Suggested activities for trainers to use to facilitate review and discussion of the Quality Team Collaboration Practices in Assessment scenario;

2) The *Quality Team Collaboration Practices in Assessment* training scenario, including a recap of the *Talking with Families about Assessment Results* scenario (see Appendix A);

3) Sections from the *COS-TC Quality Practices Checklist and Descriptions* for participants to complete when reviewing the scenario (provided with the scenario in Appendix A);

4) Trainer resources, including completed rating sheets and points to consider for the scenario (see Appendix B); and

5) Supplemental trainer resources, such as helpful print documents and videos (see Appendix C).

As noted above, this scenario draws on the *COS-TC Quality Practices Checklist and Descriptions* (available at: http://ectacenter.org/eco/pages/costeam.asp). Trainers should have a strong understanding of these practices to support rich conversations with early intervention providers about the challenges and opportunities demonstrated in the scenario.

Background on the Scenario

- The *Quality Team Collaboration Practices in Assessment* scenario was developed to address a need in the field to effectively engage families as full partners in assessment and the COS process. The scenario describes interactions between early intervention service providers and the parents of a 2-year-old child (the Herman Family) entering early intervention services. This scenario is focused on the IFSP meeting and specifically the COS rating process. It is divided into three sections:

    1) Planning for the COS—Provider Pre-Meeting

    2) Explaining the COS Process

    3) Understanding Child Functioning and Building Consensus for a High-Quality Rating

- The scenario presents examples of challenging situations (e.g., communicating difficult information to families, determining ways to engage families when they have limited time or availability, finding ways to fully understand children's functional abilities beyond conventional testing alone, etc.). In the scenario, these situations result in less than optimal practices which will provide opportunities for participants to problem solve and identify effective alternative strategies to use in their own work. In addition, learners will benefit from the collective expertise of other participants.

Uses of the Scenario

The scenario can be used in several ways with providers. For example, trainers can facilitate discussions in small or large groups (e.g., review scenario practices, review and reflect on current program practices). In addition, training participants can engage in role playing to practice interactions with families.

Guidance for Trainers

This document includes the following guidance for trainers:

- *Suggested Training Activities (pages 4-6)*—Two activities in which trainers and participants review the scenario to critically examine the extent to which the team uses best practices
- *Trainer Facilitation Resources (Appendix B)*—Completed sections of the COS-TC Checklist and detailed explanations of recommended ratings, as well as suggested discussion questions designed to evaluate strengths and areas for improvement within the scenario team's collaboration process.
- *Supplemental Trainer Resources (Appendix C)*—Resources to enrich training content. Trainers can use the resources to gain more in-depth background knowledge on information that formed the basis for the scenario activities.

Suggested Training Activities

Purpose

Two suggested activities can help trainers use the *Quality Team Collaboration Practices in Assessment* scenario to engage participants in reflection and discussion that deepens their understanding of COS-TC Quality Practices. These activities provide participants with opportunities to use the *COS-TC Quality Practices Checklist and Descriptions* (Younggren, Barton, Jackson, Swett, & Smyth, 2017). The scenario intentionally presents a range of positive practices and missed opportunities to generate a lively discussion. The scenario focuses on only two child outcome areas (Outcome 1—Positive Social Relationships and Outcome 3—Taking Actions to Meet Needs) to streamline the discussion.

Target Audience

Early Intervention (birth to 3) service providers, and/or administrators and supervisors

Learning Objectives

- Identify the assessment practices that promote quality practices during the COS process.

- Apply DEC Recommended Practices around assessment to the COS process.

- Improve communication skills so providers can partner with families during the COS process.

Activity One: Identifying Quality Team Collaboration Practices

Activity time: 50–60 minutes

Preparation time: 30 minutes

Participant handout: *Quality Team Collaboration Practices in Assessment* scenario and selected sections from the *COS-TC Quality Practices Checklist and Descriptions* (both available in Appendix A)

Activity summary: Participants review a COS entry rating discussion from an IFSP meeting while considering the COS-TC Quality Practices.

Activity directions:

Step 1—Participants read the scenario and use the provided sections from the *COS-TC Quality Practices Checklist and Descriptions* to indicate whether or not particular quality practices are evident.

Step 2—Participants discuss both the strengths and the areas that could be enhanced for each section of the scenario using their COS-TC Checklist ratings and notes.

Step 3—Trainer leads group discussion using the questions provided for each section of the *COS-TC Quality Practices Checklist and Descriptions* and at the end of the scenario. Appendix B provides for trainers a key to the ratings, as well as additional points to ponder.

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

Activity Two: Let's Try Another Way

Activity time: 50–60 minutes

Preparation time: 30 minutes

Participant handout: *Quality Team Collaboration Practices in Assessment* scenario (included in Appendix A)

Activity Summary: Participants practice their communication as they partner with parents in the COS process. This activity could be presented as a stand-alone activity or could follow and build on the first activity.

Step 1—**(if <u>presented as a stand-alone activity</u>)**—Participants read the scenario and use the provided sections from the *COS-TC Quality Practices Checklist and Descriptions* to indicate whether or not particular quality practices are evident.

Step 2—Based on the ratings from the COS-TC Quality Practices Checklist, have the participants "try another way" of communicating with the family that reflects quality practices. Role playing could occur in multiple ways depending on the size of the group. Here are some possible strategies:

- Divide into groups with each group focusing on one section of the scenario. Have two individuals volunteer to role play. For example, one volunteer could take the role of a parent and another could take the role of a speech/language pathologist; together they could illustrate another way they would approach an instance identified in the scenario that could be enhanced. Others in the group could offer support for finding the words to say, as needed. A new 2-person pair from the group can repeat using a different instance from the scenario.

- Divide the participants into groups of three. Assign each person in the group the role of parent, provider, or observer. Have each parent-provider pair role play the instances identified in the scenario that could be enhanced. Then, have each observer reflect on the role play and offer suggestions and comments.

Step 3—Trainer leads group in reflecting upon and discussing their role playing experiences using prompts, such as:

- How did it feel?

- What went well?

- What was difficult?

Appendix A: Quality Team Collaboration Practices in Assessment Scenario

Recap of "Talking with Families about Assessment Results" Scenario

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

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

Part 1: Provider Pre-meeting—Planning for the COS

The developmental specialist and speech/language pathologist (SLP) met to review the assessment data that had been gathered. They had data from the original assessment during which Lily was observed in the child care center and in her grandmother's home. They also had information from an interview that was completed with Lily's grandmother. The following is a summary of those data:

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

The SLP and developmental specialist discussed Lily's skills and behavior based on these evaluation data, including strengths and areas that they were concerned about (e.g., lack of social interaction across settings).

COS-TC Quality Practices Checklist: Planning for the COS

After reading this section of the scenario, use the table below to indicate the extent to which there is evidence that each practice is implemented. 'No' indicates that the practice is not observed, 'Partly' indicates that the practice is observed some of the time or some, but not all, of the practice is observed, and 'Yes' indicates that the practice is fully observed most or all of the time.

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

Part 2: Explaining the COS Process

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

<table>
<tr><td colspan="4">COS-TC Checklist: Explaining the COS Process to Families
After reading this section of the scenario, use the table below to indicate the extent to which there is evidence that each practice is implemented. 'No' indicates that the practice is not observed, 'Partly' indicates that the practice is observed some of the time or some, but not all, of the practice is observed, and 'Yes' indicates that the practice is fully observed most or all of the time.</td></tr>
<tr><th>Quality Practice</th><th>No</th><th>Partly</th><th>Yes</th></tr>
<tr><td>1. Providers explain to the family why outcomes data are collected and how they are used.</td><td></td><td></td><td></td></tr>
<tr><td>2. Providers describe the three child outcomes that are measured.</td><td></td><td></td><td></td></tr>
<tr><td>3. Providers describe how the outcome data are collected.</td><td></td><td></td><td></td></tr>
<tr><td>4. Providers check for family understanding before moving on.</td><td></td><td></td><td></td></tr>
</table>

Part 3. Understanding Child Functioning and Building Consensus for a High-Quality Rating

After introductions and a review of the purpose of the IFSP meeting, the developmental specialist and SLP engaged the family in a conversation. Together they discussed how Lily interacted with familiar and unfamiliar adults, her understanding of social rules, the extent to which she understood routines and transitions, and how she played and socialized with other children. They explained that these are the types of skills that are related to Outcome 1, Positive Social Relationships. The providers were interested in whether her parents saw any differences in Lily's interactions with others at home versus at child care. Lily's parents described how these behaviors were often different at child care and at home, specifically interactions with adults. At home she was more likely to hand her parents a toy when she needed help (e.g., turning on the iPad), but child care staff reported rarely seeing this type of request. Across settings, Lily primarily imitated words, but she did not typically use words to request what she wanted (e.g., saying "More"). The SLP indicated that we would expect two-year-olds to use short phrases to communicate and use language in social conversations. The SLP added she had seen, both at the grandparent's home and child care, that Lily didn't make much eye contact or engage in social games (e.g., "Five Little Monkeys"). The providers reaffirmed what the parents had observed, as they had seen Lily display a higher level of social skills at home or at her Grandmother's home than at child care. At the conclusion of this discussion, the developmental specialist suggested that Lily was demonstrating many skills like those of a younger child in the area of Positive Social Relationships and fewer skills at age level. The team reached consensus that, for Outcome 1, Lily demonstrated some age-expected functioning, with more skills that come in just before age-expected functioning (i.e., immediate foundational functioning).

The team then discussed Outcome 2, Acquisition of Knowledge and Skills, following a similar process. For Outcome 3, Taking Actions to Meet Needs, the developmental specialist led the discussion. She reviewed the results of Lily's gross and fine motor screening assessment, which was completed at the child care center. She provided many examples of the skills Lily was able to perform (e.g., stringing beads, throwing a ball, and standing on one foot with support). She indicated that for Outcome 3, she would rate Lily at a 7 using the COS rating scale. She asked the parents if they had any input about that rating. They said they agreed with the assessment results. Following this discussion, the team began to develop the IFSP outcomes. To determine the outcomes for the plan, they used the descriptive information from the discussion to identify Lily's strengths and needs as well as other concerns the family raised.

COS-TC Checklist: Understanding Child Functioning

After reading this section of the scenario, use the table below to indicate the extent to which there is evidence that each practice is implemented. 'No' indicates that the practice is not observed, 'Partly' indicates that the practice is observed some of the time or some, but not all, of the practice is observed, and 'Yes' indicates that the practice is fully observed most or all of the time.
Note: O1 refers to Outcome 1 (Positive Social Relationships) and O3 refers to Outcome 3 (Taking Actions to Meet Needs).

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

COS-TC Checklist: Building Consensus for a High-Quality COS Rating

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

Appendix B. Trainer Facilitation Resources

A completed version of the COS-TC Quality Practices Checklist for each part of *Quality Team Collaboration Practices in Assessment* scenario is provided in this appendix. Space is included for trainers to jot notes with points they want to make during the training. Trainers may want to note particular portions of the scenario to refer to when discussing rationale for decisions on ratings, so each section of the scenario is displayed with numbered lines for easy reference.

Part 1: Planning for the COS

1   The developmental specialist and speech/language pathologist met to review the assessment

2   data that had been gathered. They had data from the original assessment during which Lily was

3   observed in the child care center and in her grandmother's home. They also had information from an

4   interview that was completed with Lily's grandmother. The following is a summary of those data:

5   *The team gathered information about Lily's functional skills during daily routines*

6   *through interviews with Lily's grandmother and a short interview over the phone with her*

7   *parents. The team split up, with some completing observations at Lily's grandmother's home and*

8   *others at the child care center. Two standardized assessments, the Preschool Language Scale 4*

9   *and Bayley Scales of Infant Development-III (BSID-III), were also completed. The team had a*

10   *difficult time collecting assessment information because it was hard to engage Lily in the*

11   *activities. Lily attended to the activities she chose, often repeating these activities over and over.*

12   *Even during preferred activities, such as playing with an iPad or shape boxes, Lily did not typically*

13   *look at the adult or imitate adult actions. The child care staff reported seeing similar behavior*

14   *from Lily in their program. They reported that Lily most often played by herself without initiating*

15   *interactions with her peers and without imitating peers' play.*

16   The developmental specialist and speech/language pathologist discussed Lily's skills and behavior based

17   on these evaluation data, including strengths and areas that they were concerned about (e.g., lack of

18   social interaction across settings).

I. Planning for the COS

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

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

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

Trainer Notes:

Part 2: Explaining the COS Process to Families

1   The service coordinator called the family to discuss the purpose of the upcoming meeting: to

2   develop an Individualized Family Service Plan (IFSP) to support Lily and her family. She indicated that,

3   "We will also have to come up with a rating of Lily's functional skills to decide the extent to which Lily

4   displays behaviors and skills expected for her age related to each of the three child outcomes. This entry

5   data rating is a requirement for our federal reporting." The family expressed an understanding of

6   information about the child outcomes that had been shared earlier.

II. Explaining the COS Process to Families

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

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

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

Trainer Notes:

Part 3: Understanding Child Functioning and Building Consensus for a High-Quality Rating

1   After introductions and a review of the purpose of the IFSP meeting, the developmental
2   specialist and SLP engaged the family in a conversation. Together they discussed how Lily interacted
3   with familiar and unfamiliar adults, her understanding of social rules, the extent to which she
4   understood routines and transitions, and how she played and socialized with other children. They
5   explained that these are the types of skills that are related to Outcome 1, Positive Social Relationships.
6   The providers were interested in whether her parents saw any differences in Lily's interactions with
7   others at home versus at child care. Lily's parents described how these behaviors were often different at
8   child care and at home, specifically interactions with adults. At home she was more likely to hand her
9   parents a toy when she needed help (e.g., turning on the iPad), but child care staff reported rarely
10   seeing this type of request. Across settings, Lily primarily imitated words, but she did not typically use
11   words to request what she wanted (e.g., saying "More"). The SLP indicated that we would expect
12   two-year-olds to use short phrases to communicate and use language in social conversations. The SLP
13   added she had seen, both at the grandparent's home and child care, that Lily didn't make much eye
14   contact or engage in social games (e.g., "Five Little Monkeys"). The providers reaffirmed what the
15   parents had observed, as they had seen Lily display a higher level of social skills at home or at her
16   Grandmother's home than at child care. At the conclusion of this discussion, the developmental
17   specialist suggested that Lily was demonstrating many skills like those of a younger child in the area of
18   Positive Social Relationships and fewer skills at age level. The team reached consensus that, for
19   Outcome 1, Lily demonstrated some age-expected functioning, with more skills that come in just before
20   age-expected functioning (i.e., immediate foundational functioning).

21   The team then discussed the Outcome 2, Acquisition of Knowledge and Skills, following a similar
22   process. For the Outcome 3, Taking Actions to Meet Needs, the developmental specialist led the
23   discussion. She reviewed the results of Lily's gross and fine motor screening assessment, which was
24   completed at the child care center. She provided many examples of the skills Lily was able to perform,
25   (e.g., stringing beads, throwing a ball, and standing on one foot with support). She indicated that for
26   Outcome 3, she would rate Lily at a 7 using the COS rating scale. She asked the parents if they had any
27   input about that rating. They said they agreed with the assessment results. Following this discussion, the
28   team began to develop the IFSP outcomes. To determine the outcomes for the plan, they used the
29   descriptive information from the discussion to identify Lily's strengths and needs as well as other
30   concerns the family raised.

COS-TC Checklist: Understanding Child Functioning

After reading this section of the scenario, use the table below to indicate the extent to which there is evidence that each practice is implemented. 'No' indicates that the practice is not observed, 'Partly' indicates that the practice is observed some of the time or some, but not all, of the practice is observed, and 'Yes' indicates that the practice is fully observed most or all of the time.

Note: O1 refers to Outcome 1 (Positive Social Relationships) and O3 refers to Outcome 3 (Taking Actions to Meet Needs).

III. Understanding Child Functioning

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

Quality Practice	O1 No	O1 Partly	O1 Yes	O3 No	O3 Partly	O3 Yes	Points to Consider	Line # from Scenario that supports rating
1. Team members discuss the full **breadth of each outcome** (i.e., across the range of functioning pertinent to each outcome).		x		x			The developmental specialist provided information that was based on discrete skills, rather than functional skills. Beginning conversation about content of O1. No Evidence for O3.	5-7 26-27
2. Providers invite the **family to share information** about their child's functioning for each outcome area.			x	x			Parents provided input about what they were seeing in O1. No Evidence for O3.	8-12 23-24
3. Team members discuss the child's **current functioning** in each outcome area.			X	x			Providers presented information about skills related to O1. No Evidence for O3.	10-11 27-29
4. Team members discuss **information from multiple sources** (e.g., family input, other observations, assessments, progress monitoring, child care providers, specialists, and neighbors) for each outcome.		x		x			There was limited information from child care providers about daily routines. No evidence for O3.	13-15

III. Understanding Child Functioning

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

Quality Practice	O1 No	O1 Partly	O1 Yes	O3 No	O3 Partly	O3 Yes	Points to Consider	Line # from Scenario that supports rating
5. Team members discuss the child's functioning **across settings and situations.**			x	x			Providers discussed Lily's functioning at home and child care for O1. No evidence for O3.	8-12
6. Team members discuss the child's functioning for each outcome in sufficient **depth** to describe how the child uses skills in meaningful ways.			x	x			SLP began the discussion on a number of aspects of O1, but could have expanded the discussion, e.g. describing typical skills of 2-year-olds related to social games, or describing Lily's interaction with other children.	18-19
7. Team members focus on the child's **functional use of skills** versus discrete skills.	x			x			Limited discussion of functioning related to O1. No Evidence for O3.	9-12
8. Team members discuss **skills the child has and has not yet mastered.**			x	x			SLP described how Lily was using her functional skills in this area. Parents indicated that Lily does not yet use words to initiate interactions but uses gestures. No Evidence for O3.	10-12 13-16
9. Team members discuss how the child's **current use of skills relates to age-expected development** (AE-IF-F).			x	x			SLP described functional skills that Lily was not yet using for O1. No Evidence for O3.	19-21

Trainer Notes:

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

IV. Building Consensus for a High Quality COS Rating

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

O1 refers to COS Outcome 1; O3 refers to COS Outcome 3.

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

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

Trainer Notes:

Appendix C. Supplemental Trainer Resources

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

Print Resources

Division for Early Childhood. (2014). *DEC recommended practices in early intervention/early childhood special education 2014***. Retrieved from** http://www.dec-sped.org/recommendedpractices

The DEC recommended practices, first developed by the Division for Early Childhood (DEC) in 1991, emphasize practices that have been shown to result in better outcomes for young children with disabilities and their families. The practices are intended to be used by individuals providing services to young children with disabilities or delay. In the *Trainer's Guide: Talking with Families about Assessment Results Scenario,* users will observe the extent to which DEC recommended practices are present in the scenario. Many of the Assessment and Family DEC practices have been incorporated into the training checklists.

Harvard Family Research Program. (2013). *Tips for administrators, teachers, and families: How to share data effectively***. Retrieved from** http://www.hfrp.org/publications-resources/browse-our-publications/tips-for-administrators-teachers-and-families-how-to-share-data-effectively

This resource is a set of tip sheets intended to help teachers and administrators discuss student data with families in an understandable and accessible way. After using the *Trainer's Guide for Talking with Families about Assessment Results* to learn quality and recommended practices for engaging families, providers can refer to *Tips for Administrators, Teachers and Families* for specific tips on facilitating ongoing formal and informal conversations with families about student data.

National Parent Technical Center at the PACER Center, & the Early Childhood Technical Assistance (ECTA Center). (2013). *A family guide to participating in the child outcomes measurement process***. Retrieved from** http://olms.cte.jhu.edu/olms2/data/ck/sites/2865/files/FamilyGuide_ChildOutcomes_PACER_2013(1).pdf

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

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

The Agreed Upon Practices use evidence-based research to suggest a series of activities for providers to implement during each part of the Individualized Family Service Plan (IFSP) process, including first contact with families, the IFSP meeting, and ongoing intervention activities. In this Guide, users will rate the extent to which providers in the Talking with Families Scenario implement the Agreed Upon Practices throughout the initial meeting with the Herman family and the assessment process.

Video Resources

Younggren, N., Barton, L., Jackson, B., Swett, J., & Smyth, C. (2016). *Child Outcomes Summary-Team Collaboration video guides.*

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

Desired Results Access Project. (2014). *Harpers Hope: A parent's view of the power of early intervention.* **Retrieved from http://draccess.org/videolibrary/harperhope.html**

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