

# Building Quality Practices with the COS-Team Collaboration Toolkit

(Excerpt from the COS-TC Facilitator's Guide for use in session activity)

2016 DaSy Improving Data, Improving Outcomes Conference

## III.1 Video Guide - Understanding Child Functioning - Lucas Outcome 3

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; 'yes' indicates the practice is fully observed most or all of the time.

O3 refers to COS Outcome 3

Quality Practices	O3 No	O3 Partly	O3 Yes	Observation Notes
1. Team members discuss the full <b>breadth of each outcome</b> (i.e., across the range of functioning pertinent to each outcome).			X	Yes. Provider reviews outcome content briefly and accurately with those at the meeting. Parent and providers do talk about the child's current functioning fully for all the skills discussed. Yet, there is limited mention of his use of communication to get his needs met.
2. Providers invite the <b>family to share information</b> about their child's functioning for each outcome area.			X	Yes. Provider asks parent, "Why don't you tell us how he's doing with all those kinds of things?" Lucas's mom shares her perspective and the provider reinforces the mother's speaking and encourages her to continue.
3. Team members discuss the child's <b>current functioning</b> in each outcome area.	X			No. Provider and parent talk, but provider only facilitates parent input, she doesn't really add information, discuss what other people have seen, or reference assessment tools, etc.
4. Team members discuss <b>information from multiple sources</b> (e.g., family input, other observations, assessments, progress monitoring, child care providers, specialists, neighbors) for each outcome.	X			No. There is no discussion of additional sources of information (assessments, observations, other providers) in this video other than the parent's viewpoint and observations at the meeting.
5. Team members discuss the child's functioning <b>across settings and situations</b> .	X			No. In this video, there is no discussion of additional settings and situations other than the home.
6. Team members discuss the child's functioning for each outcome in sufficient <b>depth</b> to describe how the child uses skills in meaningful ways.			X	Yes. In the context of what they discussed, (behavior at home) there was depth in discussion of all the areas.
7. Team members focus on the child's <b>functional use of skills</b> versus discrete skills.			X	Yes. Parent shares child's functioning as functional use of skills within daily routines. "He can use a knife and cut with it, He cuts onions and strawberries with me."
8. Team members discuss <b>skills the child has and has not yet mastered</b> .		X		Partly. Parent shares that "the only thing he is still struggling with is the potty training. We are taking a break for a little while." The discussion of communicating to express needs is not evident as much as it could be.
9. Team members discuss how the child's <b>current use of skills relates to age-expected development</b> (AE-IF-F).		X		Partly. When the mother shares about Lucas's use of utensils and mealtime behaviors, one of the team members comments that that all the examples are "typical behavior" for a three-year-old. There are no other references to how his skills relate to age-expected development.

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## III.1 Video Guide - Interactive Practices - Lucas Outcome 3

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; 'yes' indicates the practice is fully observed most or all of the time.

Quality Practices	No	Partly	Yes	Observation Notes
a. Providers share and/or synthesize information clearly and concisely.			X	Yes. Right away the provider gives a brief explanation of Outcome 3 with specific examples.
b. Providers display good affect (e.g., tone, facial expressions, responsiveness, etc.).			X	Yes. Provider remains cheerful, responsive, and supportive throughout, presenting a positive attitude.
c. Providers give eye contact appropriately.			X	Yes. Except for when she is appropriately looking at and/or interacting with the child, the provider is focused on the parent.
d. Providers do not use jargon and clearly explain technical terms.			X	Yes. Explanation of Outcome and clarifying questions are clear and jargon-free.
e. Providers actively include all team members in the discussions.		X		Partly. The provider invites the mother to share her observations: "Tell us what it looks like....." Other provider (not on camera) volunteers observations, but is not specifically invited to share.
f. Providers show responsive behaviors that illustrate active listening and responding.			X	Yes. The provider nods head and smiles in response, and also asks clarifying questions to the parent, which support active listening techniques.
g. Providers let team members finish their thought before replying or moving on.			X	Yes. This happens many times as there are frequent interruptions to the conversation. Provider is patient and sometimes supports completion of a thought.
h. Providers ask good follow-up questions to check for understanding or collect rich detail.			X	Yes. There is evidence of many instances of this practice, such as asking about details and underlying routines, (toileting, dressing, etc.).
i. Providers use descriptive examples, paraphrasing, and summarizing to check understanding.			X	Yes. An excellent example of this is the provider paraphrasing the parent's challenges with leaving the house versus coming back inside. Parent affirms the provider's paraphrasing.
j. Providers listen empathetically being sensitive to emotional needs and environmental demands (e.g., phone ringing, child fussing, etc.).			X	Yes. Provider is able to support the parent despite an active child who needs attention due to safety concerns. She is willing to keep the yoga mat on her lap, interacts with the child appropriately, and keeps the meeting on track.
k. Providers acknowledge and respect family input about the child's functioning.			X	Yes. Parent is the primary source of information in this meeting. There is clear evidence of the parent being the expert on her child from all involved.