

# QUALITY QUESTIONS TO IMPROVE OUTCOMES

## INFANTS AND TODDLERS (FROM FINESSE II, McWILLIAM, 2011)

1. Do your **written program descriptions** (brochures, flyers, websites, etc.) emphasize emotional, informational, and materials support to families or do they exclusively describe services for the child only, such as therapy and instruction?
2. Does the person handling the **initial referral call** describe the program primarily in terms of support to families or solely in terms of therapy and instruction for children?
3. At **intake**, is an ecomap developed to determine the family's informal and formal supports and who lives with the child or is no systematic method used to determine the family's resources?
4. Is an ecomap used to determine extended family members, friends, neighbors, religious supports, professionals, and financial resources, with an indication of level of support from each, or are the child's primary caregivers and services already received the only **supports** identified during IFSP development?
5. For **needs assessment**, in addition to any testing, are informal methods used to determine the child's engagement, independence, and social relationships in everyday routines or is hardly any needs assessment conducted (i.e., mostly testing results are used to plan interventions)?
6. Are **family-level needs** identified primarily through informal or semi-structured conversations about everyday routines as well as direct questions about their needs and desires for any change in their lives or are families simply asked what their needs are?
7. Are families asked to rate their **satisfaction with each home routine** on a 1-5 scale or, for planning interventions, are they not asked about their satisfaction with everyday routines?
8. Do plans have 6-12 **outcomes/goals**, some of which are participation-based child-level outcomes and some are family-level outcomes or do almost all plans have only child-level outcomes/goals that don't specify participation and have no family-level outcomes?
9. Do child-level outcomes/goals **specify** the behavior, criteria for acquisition and generalization, and time frame or do they not specify the behavior—just the domain?
10. Are **services decided** upon, after beginning with a primary service provider, then, outcome by outcome, adding only necessary people or are they decided upon on the basis of the child's delays or diagnoses?
11. Does one **primary service provider** work with the family, with consultation, as needed, from professionals from other disciplines or do two or more service providers work with the family at separate times and with little communication between or among them?
12. Do **home visits** consist primarily of consultation with/coaching of the family about functional child skills or meeting family-level needs or do visits consist primarily of the home visitor's working directly with the child?
13. Is the **home visit agenda** functional outcomes but the family has the opportunity to set the home visit agenda or is it the activities the home visitor takes, to work with the child?
14. Together, do the home visitor and the family provide information about needs, about potential interventions, and about the success of interventions tried or does the home visitor determine what the needs are, tell the family what should be done, and evaluate the family's success in carrying out the intervention? (**Adult learning and consultation/coaching**)
15. Are interventions (i.e., strategies) developed with the home visitor's mostly asking questions of the family, including "Have you tried \_\_\_\_?" or mostly telling the family what they should try? (**Family consultation**)
16. Do **demonstrations** of interventions occur after conversation about implementation in everyday routines and accompanied by discussion between the early interventionist and the caregiver (e.g., parent) or does the early interventionist work with the child to demonstrate for the caregiver, with little discussion?
17. When **visiting a child in community settings** (e.g., child care), does the early interventionist consult with/coach the teaching staff on interventions that fit within classroom routines, using demonstration as necessary or does the early interventionist work directly with the child on skills that might or might not be relevant for classroom routines?
18. Are early interventionists friendly and respectful to **families** and do they attend to their needs, support their decision making about their child, and give them a role in administration of the program or are they friendly and respectful to families but do not support their decision making about their child, attend to their needs, or give them a role in administration of the program?
19. Is the **focus of assessment and intervention** on positive social relationships, acquiring and using skills and knowledge, and taking action to meet needs (i.e., social relationships, engagement, independence) or on the child's performance of skills listed on developmental tests or curricula?

## PRESCHOOLERS (FROM PIPERS, MCWILLIAM, 2008)

1. Are **goals determined** by parents as a result of a Routines-Based Interview or by specialists based on professionals' assessment?
2. In the classroom, does each adult have a list of responsibilities scheduled throughout the day or do all adults follow the classroom schedule? (**Organization of adults**)
3. Is the **room organized** in clearly demarcated zones, named in child-centered ways, or is it open with similar objects stored together?
4. Is almost all teaching child-directed, with adults **responding** to children's interests and actions, or is almost all teaching adult-directed, with adults having children do activities adults decided upon ahead of time?
5. Does almost all teaching involve the provision of prompts or models to elicit more sophisticated behavior related to the child's current interest or does it involve praise but children are not prompted to do more? (**Elaboration**)
6. Does almost all teaching occur while children are playing or in teacher-directed interactions, which can be in large groups, small groups, or one on one? (**Context of teaching**)
7. Do therapists coach the teaching staff, with modeling and feedback as appropriate, to intervene with the child **in the ongoing activity**, or do they pull the child out of the classroom for intervention?
8. Do therapists convey an attitude that their strategies are for use by classroom staff, and classroom staff willingly accept the strategies, or do therapists convey an attitude that their strategies cannot be used by classroom staff, and classroom staff do not want to use the strategies? (**Role release and acceptance**)
9. Do therapists recommend *teaching* the child to function in routines with the **minimal necessary devices** such as augmentative communication systems, supportive seating, and splints, or do they recommend (a) devices that do not have direct relevance to the ongoing routine (e.g., weighted vests, chewy tubes, and facial vibrators) and (b) noncontingent stimulation (adult actions on the child that require no response from the child other than cooperation, such as stretching, massage, oral-motor stimulation, and brushing; i.e, they do not *teach* the child)?
10. Are the **overall goals for children** to maximize their engagement, independence, and social relationships or to maximize their potential?
11. Do children spend most of their time in **play** that consists of free, uninterrupted time; access to interesting materials; adults following children's lead in play; and opportunities for messy behavior, rough-and-tumble behavior, and nonsense behavior or in adult-directed activities such as circle, prepared small-group lessons, and one-on-one work?
12. Do adults set the stage for children to produce a desired behavior and, when the child responds, a natural or adult-delivered consequence ensues or do they pay little attention to setting events, antecedents, and prompts and little attention to consequences of children's behavior? (**Complete learning interactions**)
13. Are **goals addressed** throughout the day by whomever is interacting with the child or in sessions with specialists (e.g., therapists) but not during ongoing classroom routines?
14. Are **rooms** attractive to children and adults with objects of beauty; interesting materials that children can handle; a soft, tucked-away area; and an area where children can be messy or are they utilitarian, with few decorations; insufficient materials that children can handle; no soft area; and no area where children are allowed to be messy?
15. Are children encouraged to be **engaged** with peers and materials for most of the day, with adults supporting such engagement, or encouraged to be engaged with adults most of the day, watching or listening to adults in adult-directed activities, or in one-on-one interactions with adults?
16. Do teachers almost always encourage **peer interactions** or do they often discourage peer interactions, instead encouraging children to be on task in independent activities with materials?
17. Are children encouraged to be independent even if they don't do things the "right" way or are they expected to comply with rules and directions so they learn appropriate behavior, good manners, and rules? (**Self-direction versus compliance**)
18. Are children consistently referred to as "children" or "kids" or as "students"? (**Language promoting DAP**)
19. Do all children in the classroom have **individual** goals (outcomes) in addition to their overall curricular goals or do all children learn the core curriculum with little attention to any individual goals?
20. In their interactions with families, are professionals consistently positive, responsive, friendly, and sensitive, including supporting families in making decisions about interventions, or are they professional, with clear boundaries to ensure there is no confusion about who is the professional and who is the consumer? (**Partnership with families**)

21. Do professionals conduct an in-depth needs assessment, capturing both child- and **family-level needs**, and they ensure families receive support to address any family-level needs, including making suggestions about parenting at home and in the community or do professionals assess child performance and restrict themselves to addressing child-level needs related to the “school” day?
22. Do adults teach children to behave appropriately through systematic application, when necessary, of reinforcement principles, including the tactical withholding of reinforcement, shaping, and manipulating prompts or do they react inconsistently to children’s inappropriate behavior with voice control (i.e., “shouting”), physical handling (e.g., moving a child), and timed time out (e.g., one minute for every year of the child’s age)? (**Behavior management**)
23. During most activities, do all children, including those with significant motor or cognitive impairments, have some meaningful way to **participate** actively—not just watching—or are children with disabilities not present because they are not enrolled, are in the classroom but not involved in the main activity, or are present in the activity but not meaningfully participating?