**INTEGRATING CHILD OUTCOMES MEASUREMENT INTO THE IEP PROCESS**

**PRACTICES SUMMARY WORKSHEET**

**Instructions:** Have your group review and discuss each practice and decide whether each is ‘not implemented,’ ‘needs improvement’ or ‘well implemented.’ For those practices that are not well implemented, list barriers that seem to interfere with implementation.

|  |  |
| --- | --- |
|  | **Check group decision** |
| **A. Referral to the 619 Preschool Program**  | **Not implemented** | **Needs Improvement** | **Well****Implemented** |
| 1. Determine family’s initial concerns about their child
 |  |  |  |
| 1. Determine next steps in the referral process
 |  |  |  |
| 1. Facilitate smooth transitions for children and families who have participated in Part C services
 |  |  |  |
| 1. Describe the 619 preschool program as a system of services for helping eligible children develop, learn and successfully participate in home and community life
 |  |  |  |
| Barriers/Issues:  |

|  |  |
| --- | --- |
|  | **Check group decision** |
| **B. Child Evaluation** | **Not implemented** | **Needs Improvement** | **Well****Implemented** |
| 1. Plan the evaluation
 |  |  |  |
| 1. Conduct the evaluation
 |  |  |  |
| Barriers/Issues:  |

|  |  |
| --- | --- |
|  | **Check group decision** |
| **C. Eligibility Determination** | **Not implemented** | **Needs Improvement** | **Well****Implemented** |
| 1. Collaboratively determine if the child is eligible for the 619 preschool program
 |  |  |  |
| 1. If required by state or local policy to do so at this point in the IEP process, summarize the information on the COSF and determine a rating for each outcome area
 |  |  |  |
| Barriers/Issues:  |

|  |  |
| --- | --- |
|  | **Check group decision** |
| **D. The IEP Meeting** | **Not implemented** | **Needs Improvement** | **Well****Implemented** |
| 1. Review the purpose and process for the IEP meeting
 |  |  |  |
| 1. Collaboratively develop the IEP
 |  |  |  |
| 1. If required by state or local policy to do so at this point in the IEP process, summarize the information on the COSF and determine a rating for each outcome area
 |  |  |  |
| 1. Review the IEP at least annually
 |  |  |  |
| Barriers/Issues:  |

|  |  |
| --- | --- |
|  | **Check group decision** |
| **D. Ongoing Intervention and Progress Monitoring** | **Not implemented** | **Needs Improvement** | **Well****Implemented** |
| 1. Collect initial and ongoing assessment data
 |  |  |  |
| 1. Promote child engagement, learning and independence in everyday activities, routines and transitions
 |  |  |  |
| 1. Monitor children’s progress toward goals
 |  |  |  |
| Barriers/Issues:  |

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