

**Child Outcomes Summary Form (COSF)**  
**Survey of Part C and Section 619 Staff- Delaware**  
**February 2010**

1. Approximately how many COSFs have you completed or helped to complete?
  - 1-10 total COSFs
  - 11-25 COSFs
  - 26 or more COSFs
  - None (if none, skip to question 11)
  
2. Of the COSFs you have completed or helped to complete, how many were completed within 2 months of entry or exit?
  - All were within 2 months
  - Almost all were within 2 months (75% or more)
  - Some of them were within 2 months (25-74%)
  - A few of them were within 2 months (up to 24%)
  - None were within 2 months
  - I do not know
  
3. Some cases are different from others, but of the choices below, which process seems to be the **most typical** in your experience? (select one)
  - I typically gather information and determine COSF ratings on my own
  - I typically gather information and consult with one or more practitioners (only) to determine the COSF ratings
  - I typically gather information and consult with the family to determine COSF ratings
  - I typically gather information and discuss with both other practitioners and the family to determine the COSF rating
  - Other – If ‘other’ please describe:
  
4. What tools are you typically using to inform the COSF ratings? (check all that apply)
  - Adaptive Behavior Assessment System
  - Ages & Stages Questionnaire
  - Ages & Stages Questionnaire Social Emotional
  - Assessment of Basic Language and Learning Skills
  - Bayley SITD III
  - California Desired Results Access
  - Callier Azusa
  - Carolina Curriculum Assessment for Infants and Toddlers
  - Carolina Curriculum Assessment for Preschoolers
  - Creative Curriculum Developmental Continuum for Infants, Toddlers and 2s
  - Creative Curriculum Developmental Continuum for Preschoolers
  - DASH-2
  - Developmental Assessment for Severely Handicapped
  - Multi-Source
  - Oregon Project for Visually Impaired and Blind Preschool Children
  - Vineland II
  - Other – if ‘other’ please specify:
  
5. What tools are you finding most useful for informing the COSF ratings?

6. Have you found the decision tree helpful?
- Yes
  - Somewhat
  - No
  - I am not familiar with the decision tree
7. How often did you and your team use the Decision Tree to help you decide on the rating for each functional outcome on the COSF?
- Always
  - Almost always (75% or more)
  - Sometimes (25%-74%)
  - Rarely (less than 25%)
  - Never
  - I don't know
8. In your opinion, which statement below best describes what is generally true about COSF ratings in your program at this time? (check one)
- They seem to be pretty accurate most of the time
  - They seem to run too high
  - They seem to run too low
  - They seem to run either too high or too low, depending on the team or child
9. Of the COSFs you have helped to complete, how many had **parents/family members participate in the selection of the ratings?**
- All were completed with family participation in the rating selection
  - Almost all were completed with family participation in the rating selection
  - Some of them were completed with family participation in the rating selection
  - A few of them were completed with family participation in the rating selection
  - None were completed with family participation in the rating selection
10. Of the COSFs you helped to complete where the parent/family did not participate in the rating selection, how many **included input or information from the family?**
- All were completed with family input or information
  - Almost all were completed with family input or information
  - Some of them were completed with family input or information
  - A few of them were completed with family input or information
  - None were completed with family input or information
  - Not Applicable- all the COSF ratings I completed had the parent/family involved in the rating selection
11. In what ways, if any, has the COSF process had an impact on your practices?
12. How did you receive training or information on the Child Outcomes Summary Form (COSF) process? (check all that apply)
- In-person state level training event
  - In-person local training event
  - One-on-one training with local supervision
  - ECO Center or other web site resources
  - None
  - Other - If 'other' please describe:

13. Which statement best describes your own level of proficiency with the COSF process? (check one)

- I am confident I know the COSF process, and I do it well
- I mostly understand the COSF process, but I need some more practice and assistance
- I somewhat understand the COSF process, but I need more training, support, practice
- I do not know understand the COSF process

14. Regarding the COSF process, how would you rate your comfort on the following:

DK- Don't know

1- Very uncomfortable, definitely need assistance

3- Comfortable, but need some assistance

5- Very comfortable, no assistance needed

	<b>Rate your comfort on the following...</b>	DK	1	2	3	4	5
a	I know where to access state procedure and guidance materials						
b	I understand the required timelines for completing and submitting COSF ratings						
c	I know how to use multiple sources of information (assessment data, observations, parent input, etc.) to complete the COSF ratings						
d	I know how to use ongoing assessment information to effectively inform the COSF ratings						
e	I understand the three child outcome areas						
f	I understand each of the points on the COSF rating scale						
g	I am able to compare child functioning to age-expected behavior and skills on each of the three outcomes						
h	I am able to complete all parts of the COSF						
i	I have a system to keep track of COSF data and meet required timelines						
j	I understand how to document the evidence for a rating						
k	I am confident that our data are accurate, reliable and valid						

15. Do you have any comments about your experience with COSF ratings or your training needs to help trainers prepare for the March training?

16. Please identify which program you work with:

- Part C/Early Intervention
- Section 619/Preschool
- Both Part C and Section 619

17. Please identify your practitioner background/role: (check all that apply)

- Administrator
- Developmental Assessor
- Early Childhood Special Educator
- Educational Diagnostician
- Family Support
- Nurse
- Occupational Therapist
- Physical Therapist
- Psychologist
- Service Coordinator
- Social Worker
- Speech/Language Pathologist
- Other – Please specify: