



SURVEY ON CHILD OUTCOMES SUMMARY PROCESS

This survey is being conducted by the Idaho Infant Toddler Program as part of the research for the State Systemic Improvement Plan (SSIP). The survey will be used to collect reliable data on the Child Outcomes Summary process, and to ensure that we can use the data to determine how to make child outcomes more meaningful for Infant Toddler Program service providers and families. This survey was originally developed as part of a national study through ENHANCE, funded by grant R324A090171 from the U.S. Department of Education.

The survey takes about 15 minutes to complete. Once you start, you **can** return to the most recently saved point in your survey from the **SAME COMPUTER** that you started the survey on.

Your answers are confidential. No information that identifies you or your individual answers will be shared publicly or with directors or other personnel in your program/region. Findings will be reported using overall responses from the whole group of survey participants. If at least 10 surveys are received from a program/region, those group-level responses to key questions will be shared with administrators for program improvement.

This survey uses the term COSF or child outcomes summary form to describe the form used to record a rating about the child's functioning on three child outcomes:

- · Having positive social relationships,
- · Acquiring and using knowledge and skills, and
- Taking appropriate action to meet needs.

The process used to complete the COSF asks people familiar with the child's functioning to combine information from direct assessments, clinical opinion, and family observations to decide on a rating of the child's functioning. Ratings may be labeled from 1-7 or with words such as "completely" to "not at all."

Questions in this survey are in multiple choice format. Space is available for additional explanations or comments about the COSF at the end of the survey.

Currently, at your program region, approximately how many COSEs have you participated in? (Count all COSEs where you had any

If you have any questions about the survey, please contact Jennifer Surrusco at 208-334-5520 or surruscj@dhw.idaho.gov.

involvement in identifying the rating. Examples include: discussing the rating with others, facilitating discussions with others, and/or completing the form yourself.)
C Zero
C 1-10
C 11-30
C 31-50
C More than 50
Have you received information or training about the Child Outcomes Summary Form (COSF) process?
C Yes
C No
Completed:



C Don't know what it is



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What training or information have you received? (Check all that apply.)
\sqcap In-person state level training event
\Box In-person local or regional training event
☐ Online or video training module
☐ Webinar or training conference call
Review of COSF training materials
□ One-on-one training
☐ Ongoing feedback from a supervisor or program director
☐ Website resources (e.g., ECO Center or state website)
lacksquare I provide training on the COSF to others
☐ Other (please describe):
How many total hours have you spent being trained or learning about the COSF process? (Give your best estimate.)
C None
C Less than 1 hour
C 1-2 hours
C 3-4 hours
C 5-8 hours
C 9-15 hours
C More than 15 hours
On average, how long does it take to identify a child's outcome ratings and provide documentation on the form?
In your estimate, please include:
• time to identify the rating.
 time discussing the child's functioning if it is directly related to the rating decision or exceeds discussions about child's functioning that would have occurred anyway.
time to complete information on the form.
Do <u>not</u> include:
time for data entry of the form, if this is done after completion.
C 1-15 minutes
o 1 13 minutes
C 16-30 minutes
C 16-30 minutes
C 16-30 minutes C 31-45 minutes
C 16-30 minutes C 31-45 minutes C 46-60 minutes
C 16-30 minutes C 31-45 minutes C 46-60 minutes
16-30 minutes 31-45 minutes 46-60 minutes More than 60 minutes

How helpful is the decision tree in reaching a rating?
C Very helpful
C Helpful
C Not helpful
O Not at all helpful
C I can't judge, I have seen it, but never used it
C I can't judge, I have not seen it before or I don't know what it is
Please rate HOW TRUE the following statements are: (Check one in each row.)

	Very True	Mostly True	Somewhat True	A Little True	Not at all True
I understand what happens with the child outcomes data that we collect.	O	C	C	С	С
I understand why we are collecting child outcomes data.	О	С	О	С	О
I understand what is age-expected functioning in each of the three outcome areas.	О	О	О	С	О
I understand the difference between functional behaviors and discrete skills.	О	С	О	С	С
I understand how to apply the criteria for each of the 7 rating points.	С	О	С	С	С
I understand the meaning of each of the three outcomes.	C	С	C	С	C

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Section 2: About Knowledge and Skills Related to the Child Outcomes Summary Process

Please rate HOW TRUE the following statements are: (Check one in each row.) Mostly True Not at all True Very True Somewhat True A Little True I know how to collect information about the \circ 0 child's functioning across settings and situations. I know how to explain the need for the child outcomes ratings to families. I know how to compare the child's functioning to age-expected functioning. I know how to talk with families about age- \circ \circ \circ \circ expected functioning. I know how to identify how the child uses his/her skills to perform meaningful, everyday I know how to identify whether or not the child made any progress in the outcome areas (needed at exit or for follow up discussions). I know how to discuss the child's functioning in the three outcome areas with others who know the child.

Completed:	111
Completed:	





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Section 3: About Your Experience with the COSF

In HOW MANY of your COSFs have you experienced the following in your current program/region? (Check one in each row.)

	All of the children's COSFs (100%)	Most of the children's COSFs (76- 99%)	Many of the children's COSFs (51- 75%)	Some of the children's COSFs (26- 50%)	A few of the children's COSFs (1-25%)	None of the children's COSFs (0%)
I was confident that the ratings given were accurate.	С	О	0	C	O	О
All involved considered information carefully in order to identify an accurate rating.	С	С	С	C	0	0
The rating was decided by a team that included at least one other professional and me.	О	o	c	О	C	С
I was <u>not</u> involved in deciding the ratings, but I provided input on the child's functioning.	c	c	C	С	С	0
The family provided input about the child's functioning.	О	О	О	С	O	O
The family was present during the decision of the child outcomes ratings.	С	С	С	C	0	0
The process used for deciding ratings matched my understanding of how it is supposed to be done.	С	c	c	С	С	С
There was enough time to review the child's functioning in each of the three outcome areas.	c	С	С	С	С	О
The ratings were selected to make the program look good.	О	С	С	С	C	O
At least one other professional in addition to me provided input about the child's functioning.	С	С	С	С	С	O
Information from one or more assessment tools was used in deciding the ratings.	О	С	О	С	C	О
The decision tree was used to determine a rating.	С	С	C	C	О	О
Information about the child's functioning from multiple settings and situations was used in deciding the ratings.	O	С	О	О	C	С
There was enough information about the child's functioning in each outcome to decide on a rating.	С	С	0	С	0	0

Completed:	<i># # # 1</i>
Completed:	<i>HHH</i>





For the following questions, consider all professionals involved in the rating decisions since you have been at your *current* program/region. Include both program/regional staff and any contracted providers who participate in the COSF process.

How many other professionals involved in COSF ratings understand... (Check one in each row.)

	All	Almost All	Many	Some	A Few	None
The meaning of each of the three outcomes.	0	0	0	0	O	0
What is age-expected functioning in each of the three outcome areas.	C	С	C	C	С	С
How to apply the criteria for each of the 7 rating points.	O	О	С	О	С	С
The difference between functional behaviors and discrete skills.	0	О	О	C	0	О





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Section 4: About Experiences with the Child Outcomes Summary Process

Please rate HOW TRUE the following statements are: (Check one in each row.)

	Very True	Mostly True	Somewhat True	A Little True	Not at all True
The child outcomes summary process is a good way to collect data on child outcomes.	О	О	С	С	О
I receive feedback from someone such as a supervisor on the child outcomes summary ratings or the form.	C	С	c	c	С
There's too much additional paperwork associated with the child outcomes summary process.	С	О	c	О	С
Child outcomes summary ratings are too subjective.	С	С	С	С	О
Information from assessment tools we use is very helpful in determining ratings for the three outcomes.	С	О	c	О	C
Ratings tend to be low at entry relative to the child's actual level of functioning.	О	С	С	С	О
The ratings given are higher than the child's actual level of functioning.	O	O	С	О	C

Please rate HOW TRUE the following statements are: (Check one in each row.)

	Very True	Mostly True	Somewhat True	A Little True	Not at all True
I like the three outcomes.	C	O	О	O	C
Ratings are less accurate when parents are present for the rating decision.	C	С	С	С	O
Ratings are more accurate when parents are present for the rating decision.	С	С	o	С	С
The ratings given are lower than the child's actual level of functioning.	С	С	С	C	С
Ratings tend to be high at exit relative to the child's actual level of functioning.	О	О	С	О	O
It is difficult for individuals involved in identifying child outcomes ratings to reach consensus on one or more of the three outcomes.	C	C	C	С	C
I receive helpful feedback about the child outcomes summary form.	С	С	o	С	С
Ongoing support related to the child outcomes summary process is adequate.	c	С	С	C	С
The child outcomes summary process emphasizes age-expected functioning too much.	c	О	c	o	О
The child outcomes summary process is a useless activity.	0	С	C	С	С

Completed:	<i>#####</i>



C Yes



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Section 5: About program/region activities

Someone in our current program/region.... (Check one in each row.) Don't Know No checks child outcome summary forms after С C they are completed to ensure the ratings are trains professionals new to the child 0 0 outcomes summary process. provides feedback to those who are involved in the COSF process. is available to provide me with ongoing support if \boldsymbol{I} ask for it. O O

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Section 6: Impact of the	Child Outcom	es Summary P	rocess on Practic	e/Services	
The child outcomes summary process (Check	one in each row	.)			
	Very True	Mostly True	Somewhat True	A Little True	Not at all True
makes me more aware of children's functioning relative to expectations for their age.	С	O	C	С	O
improves the way we work as a team.	0	0	0	0	0
leads to better IFSP or IEP outcomes.	0	О	С	0	0
leads to poorer quality IFSP or IEP outcomes.	0	0	0	0	0
improves the assessment process.	0	C	C	0	O
negatively impacts the assessment process.	0	0	C	0	0
takes time away from other important activities.	О	О	С	С	c
helps me focus on functional use of skills to perform meaningful tasks instead of discrete skills.	C	С	C	С	c
helps me think about children's progress over time.	О	C	С	С	С
has negative impacts on my relationships with families.	0	С	O	С	С
improves the quality of my conversations with families about their child.	О	О	О	0	С
helps focus discussion on the "whole child."	О	О	C	О	0
helps me think about children's functioning across settings and with different people.	O	0	O	0	0
Have there been any other POSITIVE impacts	on your practic	e that are not in	cluded in the que	stions above?	
C Yes					
C No					
Please describe:					
Have there been any other NEGATIVE impacts	on your practic	ce that are not in	ncluded in the que	stions above?	

verall, what has been the i	mpact of the child outcomes sumn	nary process on your work with ch	ildren and families?
Very Positive			
Positive			
Positive			
Positive Neutral Negative			
Positive Neutral			
Positive Neutral Negative			
Positive Neutral Negative			

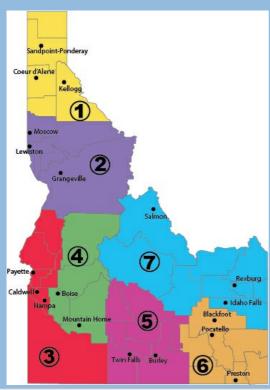




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Section 7: About You

Which region of Idaho do you work in for the Infant Toddler Program?



C 1	
O 2	
C 3	
C 4	
C 5	
C 6	
C 7	
C Central Office	

Are you a Health and Welfare employee or contractor, and are you working for the Infant Toddler program part-time or full-time?

C Full-time employee		
C Part-time employee		
C Full-time contractor		
O Part-time contractor		

What is your primary role with the Infant Toddler Program?

0	Service Coordinator
O	Therapist (all types)
0	Program Administration (Hub Leaders, Human Services Supervisors)
0	Support Staff

Completed:





which type of therapy is your primary role with the infant Toddler Programs	
C Physical Therapist	
C Occupational Therapist	
C Speech Language Pathologist	
C Developmental Specialist	
C Vision/Hearing Specialist	
C Clinician	
C Other	
In what year did you begin working for Idaho's Infant Toddler Program?	
C 2015	
C 2012-2014	
C 2009-2011	
C 2005-2008	
C Prior to 2005	
Of the children you work with in a typical month, what percent are in the followsed on the age of child in the family. Enter "0" if none. Total must equal 100%)	lowing age groups? (Please count work with families
Birth to 3 years (%)	
3 through 5 years (%)	
Other ages (%)	
Total	
Total	
How long have you been providing services to young children with disabilities years of age.)	es? (Working with children with disabilities under 6
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How long have you been providing services to young children with disabilitie years of age.)	es? (Working with children with disabilities under 6
How long have you been providing services to young children with disabilities years of age.) C Less than 1 year	es? (Working with children with disabilities under 6
How long have you been providing services to young children with disabilities years of age.) C Less than 1 year C 1-2 years	es? (Working with children with disabilities under 6
How long have you been providing services to young children with disabilities years of age.) C Less than 1 year C 1-2 years C 3-5 years	es? (Working with children with disabilities under 6
How long have you been providing services to young children with disabilities years of age.) C Less than 1 year C 1-2 years C 3-5 years C 6-10 years	es? (Working with children with disabilities under 6
How long have you been providing services to young children with disabilities years of age.) C Less than 1 year C 1-2 years C 3-5 years C 6-10 years	
How long have you been providing services to young children with disabilities years of age.) C Less than 1 year C 1-2 years C 3-5 years C 6-10 years C 11 years or more Have you worked (in any capacity) with young children birth to three without	
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How long have you been providing services to young children with disabilities years of age.) C Less than 1 year C 1-2 years C 3-5 years C 6-10 years C 11 years or more Have you worked (in any capacity) with young children birth to three without assessment) C Yes - less than 1 year	
How long have you been providing services to young children with disabilities years of age.) C Less than 1 year C 1-2 years C 3-5 years C 6-10 years C 11 years or more Have you worked (in any capacity) with young children birth to three without assessment) C Yes - less than 1 year C Yes - 1-2 years	
How long have you been providing services to young children with disabilities years of age.) C Less than 1 year C 1-2 years C 3-5 years C 6-10 years C 11 years or more Have you worked (in any capacity) with young children birth to three without assessment) C Yes - less than 1 year C Yes - 1-2 years C Yes - 3-5 years	
How long have you been providing services to young children with disabilities years of age.) C Less than 1 year C 1-2 years C 3-5 years C 6-10 years C 11 years or more Have you worked (in any capacity) with young children birth to three without assessment) C Yes - less than 1 year C Yes - 1-2 years C Yes - 3-5 years C Yes - 6 years or more	
How long have you been providing services to young children with disabilities years of age.) C Less than 1 year C 1-2 years C 3-5 years C 6-10 years C 11 years or more Have you worked (in any capacity) with young children birth to three without assessment) C Yes - less than 1 year C Yes - 1-2 years C Yes - 3-5 years C Yes - 6 years or more	
How long have you been providing services to young children with disabilities years of age.) C Less than 1 year C 1-2 years C 3-5 years C 6-10 years C 11 years or more Have you worked (in any capacity) with young children birth to three without assessment) C Yes - less than 1 year C Yes - 1-2 years C Yes - 3-5 years C Yes - 6 years or more C No What is your gender?	
How long have you been providing services to young children with disabilities years of age.) C Less than 1 year C 1-2 years C 3-5 years C 6-10 years C 11 years or more Have you worked (in any capacity) with young children birth to three without assessment) C Yes - less than 1 year C Yes - 1-2 years C Yes - 3-5 years C Yes - 6 years or more C No	

How old are you?
C Under 30
C 30-39
C 40-49
C 50-59
C 60-69
C 70 or above
Which of these describes you? (Check all that apply.)
☐ Caucasian/White
☐ African-American/Black
☐ American Indian
□ Asian-American
□ Hispanic/Latino
□ Pacific Islander
☐ Do not wish to disclose
□ Other
Would you consider yourself to be fluent or bilingual in any of the following areas/languages? Spanish - reading Spanish - speaking Spanish - writing Other language (please list below) - reading Other language (please list below) - speaking Other language (please list below) - writing Not fluent or bilingual in a language other than English Other language: SURVEY ON CHILD OUTCOMES SUMMARY PROCESS
Section 8: About Your Ideas to Improve the COSF Process and Other Comments
Is there anything else you want to tell us about the child outcomes summary process or this survey?
Completed: