

# COS-TC

Child Outcomes Summary Team Collaboration



## Quality Practices

# Checklist and Descriptions

**March 2017**

**Naomi Younggren**

*Educational & Developmental Intervention Services,  
U.S. Department of Defense, U.S. Army*

**Lauren Barton**

*SRI International*

**Barbara Jackson**

*Munroe-Meyer Institute,  
University of Nebraska Medical Center*

**Judy Swett**

*PACER Center*

**Catherine Smyth**

*SRI International*

## Acknowledgment

Special thanks to providers and families who shared their videos with us, trainers and technical assistance providers who have piloted these materials and given feedback, and funders who helped support this work.

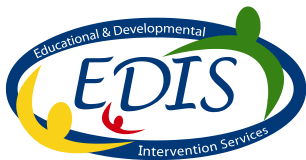
The contents of this document were developed under a grant from the U.S. Department of Education, #H373Z120002, and a cooperative agreement, #H326P120002, from the Office of Special Education Programs, U.S. Department of Education. However, those contents do not necessarily represent the policy of the U.S. Department of Education, and you should not assume endorsement by the Federal Government. DaSy Center Project Officers, Meredith Miceli and Richelle Davis and ECTA Center Project Officer, Julia Martin Eile.



March 2017

### Suggested citation:

Younggren, N., Barton, L., Jackson, B., Swett, J. & Smyth, C. (2017). *Child Outcomes Summary-Team Collaboration (COS-TC) Quality Practices: Checklist and Descriptions*. Retrieved from <http://ectacenter.org/eco/pages/costeam.asp>



ECTA Center



# Contents

Introduction .....	1
Purpose .....	1
Background .....	1
Uses .....	1
Contents .....	1
Descriptions and Examples .....	2
Video Clips .....	2
Checklist .....	3
I. Planning for the COS .....	3
II. Explaining the COS Process to Families .....	3
III. Understanding Child Functioning .....	4
IV. Building Consensus for a High-Quality COS Rating .....	4
V. Interactive Practices .....	5
Descriptions & Examples .....	6
I. Planning for the COS .....	6
II. Explaining the COS Process to Families .....	11
III. Understanding Child Functioning .....	15
IV. Building Consensus for High-Quality COS Rating .....	23
V. Interactive Practices .....	26
Appendix A: COS-TC Child Outcomes Summary Outcome Content Reminder Tool .....	27
Appendix B: Emanuel’s Present Levels of Development (PLOD) .....	28

# Child Outcomes Summary Team Collaboration (COS-TC) Quality Practices Checklist and Descriptions

## Introduction

### Purpose

- The *Child Outcomes Summary Team Collaboration (COS-TC) Quality Practices Checklist and Descriptions* is designed to assist states and programs in improving COS team collaboration. Built around a set of quality practices, the checklist is a mechanism for those who implement, supervise, or train on the COS process to identify, observe, and assess recommended team collaboration practices in COS implementation. It underscores ways to actively engage families as critical members in the COS process. This resource also provides a description of each of the quality practices and two examples of ways to introduce the different COS discussion points with team members.
- Prior completion of COS introductory training is strongly recommended for optimal use of the COS-TC quality practices.

### Background

- The *Child Outcomes Summary Team Collaboration (COS-TC) Quality Practice Checklist and Descriptions* was developed with input from parents, researchers, service providers, and technical assistance providers involved with the COS processes in early intervention and early childhood special education programs.
- COS-TC quality practices emerged from observing teams engaging in the COS process and the realization that greater family partnership and guidance in the COS process were needed. Research on COS implementation was instrumental in defining the quality practices. See <http://ectacenter.org/eco/pages/enhance.asp> for more information.

### Uses

- The *Child Outcomes Summary Team Collaboration (COS-TC) Quality Practices Checklist and Descriptions* has multiple uses. For example, it can be used for self reflection or team reflection, for observation and feedback by a supervisor or mentor, to identify current practices and opportunities for improvement, to measure process change, and to determine staff understanding and application of quality COS team collaboration practices. It also can provide the foundation for training staff about quality COS practices. (See *Child Outcomes Summary Team Collaboration (COS-TC) Quality Practices Trainer's Guide* for more information about this use.)

### Contents


- The COS-TC Quality Practices Checklist and Descriptions made up of three tools: a checklist of quality practices, descriptions and examples that expand on the checklist, and associated video clips. These tools and additional resources for trainers organizing professional development on the COS-TC quality practices are available at: <http://ectacenter.org/eco/pages/costeam.asp>.


### Checklist


- The quality practices highlighted in the checklist are organized into four sections: Planning for the COS, Explaining the COS to Families, Understanding Child Functioning, and Building Consensus for High-Quality COS Ratings. Additionally, a checklist of quality interactive practices is included (see Section V). The checklist includes space to document notes about quality practices as well as space for rating each quality practice as implemented, partly implemented, or not observed during observation or through self-reflection.

## Descriptions and Examples

- To support use of the checklist and promote quality COS implementation, a description of each practice is provided along with examples that illustrate the practice.
- The descriptions provide information about each of the quality practices on the COS-TC checklist: a narrative description (*What it is*) and supplemental background information (*More about it*).
- Within the *More about it* section the following key codes further denote the type of information included:

 Key background information about the COS process associated with this COS-TC quality practice

 Why this quality practice and the way it is implemented are critical to the COS process

 Greater detail about this quality practice and additional considerations

- The examples are based on the COS process for two children, Norton and Emanuel. The examples include ways to introduce the different COS discussion points with team members. It's important to note these are only examples of discussion openers; they are not scripts to be memorized and repeated. Taking time to reflect on the scenarios and exploring other ways to initiate and have these discussions with families and other team members are encouraged to build provider capacity and confidence with implementing the COS-TC quality practices.
- The examples illustrate team-based planning processes for two children about whom different levels of information have been gathered and shared. In the Norton examples the team has less information about the child's functioning for each of the outcome areas. In the Emanuel examples the team has gathered, shared, and discussed the COS process in prior meetings and interactions (i.e., during the evaluation, completion of the Routines-Based Interview™, and sharing of written information about the COS process). The Emanuel examples are also more closely aligned with an annual or exit COS rating process, as much information is already available about his functioning relative to each outcome.

## Video Clips

- The video clips contain real-life excerpts of COS meetings with families. These clips illustrate both quality practices as well as missed opportunities. The video clips are provided to stimulate thought and discussion about team collaboration in the COS process.
- The video clips provide specific teaching and learning points. Each clip illustrates a different component of the COS process. The clips are aligned with the four sections of the COS-TC Quality Practices Checklist and Descriptions. The clips are intended to support providers in assessing and reviewing their practices. They are not to be used to assess family participation. Viewers can complete a blank checklist and discuss their observations and reactions. The completed checklist that accompanies each clip highlights specific teaching and learning points. The completed checklist also can be used as a guide for technical assistance providers to facilitate discussion and reflection during training activities.
- *Video clips are available for rating and reflection as a part of the Child Outcomes Summary-Team Collaboration (COS-TC) Quality Practice Checklist and Descriptions: Online Practice.*

# Child Outcomes Summary-Team Collaboration (COS-TC) Quality Practices Checklist

Team Identifier:	Date:
------------------	-------

## I. Planning for the COS

Quality Practices	No	Partly	Yes
<i>'No' indicates that the practice is not observed; 'partly' indicates that the practice is observed some of the time or that some, but not all, of the practice is observed; 'yes' indicates the practice is fully observed most or all of the time.</i>			
1. Providers <b>review COS background information</b> , including the meaning of the three outcomes, the rating criteria, the decision tree, the descriptor statements, and COS process ( <i>as needed</i> ).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Providers <b>review age-expected growth and development</b> for the age of the child ( <i>as needed</i> ).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Providers ensure that <b>multiple sources of information</b> about the child's functioning are available for review ( <i>e.g., observations, evaluation, progress reports, and reports from parents, specialists, and others who know the child</i> ).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Providers confirm there is information about the child's functioning for each of the <b>three child outcome areas</b> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Providers confirm that there is information about the child's <b>current functioning across settings and situations</b> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Providers consider the child's functioning in terms of <b>AE-IF-F</b> with reference to <b>age-anchoring</b> tools and resources. ( <i>AE-age-expected, IF-immediate foundational, F-foundational</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Providers <b>review plans for sharing information</b> about the COS and how to engage the family in the COS decision-making process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes

## II. Explaining the COS Process to Families

Quality Practices	No	Partly	Yes
<i>'No' indicates that the practice is not observed; 'partly' indicates that the practice is observed some of the time or that some, but not all, of the practice is observed; 'yes' indicates the practice is fully observed most or all of the time.</i>			
1. Providers <b>explain to the family why</b> outcomes data are collected and <b>how</b> they are used.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Providers <b>describe the three child outcomes</b> that are measured.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Providers <b>describe how</b> the outcome data are collected.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Providers <b>check for family understanding</b> before moving on.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes

### III. Understanding Child Functioning

Quality Practices <i>'No' indicates that the practice is not observed; 'partly' indicates that the practice is observed some of the time or that some, but not all, of the practice is observed; 'yes' indicates the practice is fully observed most or all of the time. Practices are rated for each outcome area.</i>	Outcome 1			Outcome 2			Outcome 3		
	No	Partly	Yes	No	Partly	Yes	No	Partly	Yes
1. Team members discuss the full <b>breadth of each outcome</b> (i.e., across the range of functioning pertinent to each outcome).									
2. Providers invite the <b>family to share information</b> about their child's functioning for each outcome area.									
3. Team members discuss the child's <b>current functioning</b> in each outcome area.									
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.									
5. Team members discuss the child's functioning <b>across settings and situations</b> .									
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.									
7. Team members focus on the child's <b>functional use of skills</b> versus discrete skills.									
8. Team members discuss <b>skills the child has and has not yet mastered</b> .									
9. Team members discuss how the child's <b>current use of skills relates to age-expected development</b> (AE-IF-F).									

Notes

### IV. Building Consensus for a High-Quality COS Rating

Quality Practices <i>'No' indicates that the practice is not observed; 'partly' indicates that the practice is observed some of the time or that some, but not all, of the practice is observed; 'yes' indicates the practice is fully observed most or all of the time. Practices are rated for each outcome area.</i>	Outcome 1			Outcome 2			Outcome 3		
	No	Partly	Yes	No	Partly	Yes	No	Partly	Yes
1. Team members discuss <b>key decisions</b> about the child's functioning shown on the <b>decision tree</b> using all they know about the child's mix of skills.									
2. Team members discuss the <b>rating for each outcome in descriptive terms</b> , not simply as a number.									
3. Team members <b>reach consensus</b> for each outcome rating.									
4. The COS <b>ratings are consistent with rating criteria</b> for all the information shared and discussed.									

Notes

## V. Interactive Practices

Please look for opportunities where providers could use the following interactive practices and rate the extent to which each occurs. Examine if these practices are observed throughout all four of the earlier sections of the COS-TC Quality Practices. Indicate if the presence or absence of a practice is particularly notable in a specific type of activity or was perhaps not applicable.

Quality Practices			
<i>'No' indicates that the practice is not observed; 'partly' indicates that the practice is observed some of the time or that some, but not all, of the practice is observed; 'yes' indicates the practice is fully observed most or all of the time.</i>			
Providers:	No	Partly	Yes
a. ...share and/or synthesize information <b>clearly and concisely</b> .			
Notes			
b. ... <b>display good affect</b> (e.g., tone, facial expressions, and responsiveness).			
Notes			
c. ...give <b>eye contact</b> appropriately.			
Notes			
d. ... <b>do not use jargon</b> and <b>clearly explain technical terms</b> .			
Notes			
e. ... <b>actively include all team members</b> in the discussions.			
Notes			
f. ... <b>show responsive behaviors</b> that illustrate active listening and responding.			
Notes			
g. ... <b>let team members finish their thought</b> before replying or moving on.			
Notes			
h. ... <b>ask good follow-up questions</b> to check for understanding or collect rich detail.			
Notes			
i. ... <b>use descriptive examples</b> , paraphrasing, and summarizing to check understanding.			
Notes			
j. ... <b>listen empathetically</b> , being sensitive to emotions and environmental demands (e.g., phone ringing, child fussing).			
Notes			
k. ... <b>acknowledge and respect family input</b> about the child's functioning.			
Notes			



# Child Outcomes Summary-Team Collaboration (COS-TC) Quality Practices Descriptions & Examples

## I. Planning for the COS

To prepare for the COS meeting with the family, providers need to be sure they understand the COS process and have information about the child's functioning. Specific quality practices of the planning process are described below. These practices may be implemented in a variety of ways. For example, planning may occur in a team meeting or be carried out by one primary facilitator who confirms that needed information is gathered and planning has occurred in other ways. The examples below illustrate team-based planning processes for two children, Norton and Emanuel, about whom different levels of background information and preparations have previously been completed.

**I.1** Providers **review COS background information**, including the meaning of the three outcomes, the rating criteria, the decision tree, the descriptor statements, and COS process (*as needed*).

### What it is

The expectation is that the providers on the team have a working knowledge of the COS process.

The need for each provider to review COS background information depends in part on the individual's and the team's familiarity with the COS process (e.g., information about the functional abilities aligned with each outcome area, the COS scale and criteria, the decision tree, rating descriptors, etc.).

### More about it

🔑 COS ratings reduce rich information about a child's functioning into a common metric allowing a summary of progress across children. Rating decisions involve synthesizing input from many sources familiar with the child. Through the full team decision-making process, a team can reach valid conclusions about the child's current abilities relative to age-expected functioning.

### *Norton*

Since this is only our second time doing the COS together let's review the information to be certain we have and understand everything before meeting with the family.

### *Emanuel*

It's time for Emanuel's COS. We've done this several times with other families. Please email me if there any questions about the process or resources you'd like to review in advance of the meeting with the family.

## 1.2 Providers review age-expected growth and development for the age of the child (as needed).

### What it is

It is expected that all providers understand age-expected skills and behaviors for the age of the child being reviewed. Providers must be comfortable describing these skills and behaviors and the associated age expectations with the family and discussing them as a team.

Providers who need more information about typical development should use resources and reference developmental milestone tools, early learning guidelines, and standards to obtain a clear picture of age-expected skills for the child's chronological age.

### More about it

🔑 Providers must have a clear understanding of typical development because the COS ratings are based upon how close a child is to age-expected development in each of the three outcome areas. Families may have a working knowledge of age-expected development, but they may not know the finer points of child development in each of the three outcomes.

➤ Check with your state and/or program to identify recommended resources for further background on age-expected development.

### Norton

*Norton is 30 months old and we have questions about his social/emotional development. Let's review age expectations for his age so that we're not missing anything.*

### Emanuel

*We age-anchored many of the skills Emanuel is using based upon our Present Levels of Development (PLOD) write-up. I will bring the MEISR<sup>1</sup> and HELP<sup>2</sup> to the meeting to reference in case there are questions about age expectations.*

## 1.3 Providers ensure that multiple sources of information about the child's functioning are available for review (e.g., observations, evaluation, progress reports, and reports from parents, specialists, and others who know the child).

### What it is

As part of planning for the COS discussion with the family, providers will want to make sure the information that has been collected provides a comprehensive picture of the child's functioning. Possible sources of information include reports from parents and/or other caregivers, information from the referral source, evaluations, progress reports, etc. If sufficient information is not available to determine the COS rating, the team will need to identify what else is needed and gather that information before discussing the rating.

### More about it

📌 Information from different perspectives and tools is needed to provide a complete picture of how the child functions across settings and relative to age expectations.

### Norton

*In preparation for the visit with Norton's family we have the evaluation report and observation notes. When we meet we'll want to be sure that we get a better understanding from his grandma about how he does when he is with just her, as we didn't spend too much time talking about that.*

### Emanuel

*For the meeting with Emanuel's family, there is the IFSP completed up to this page and the PLOD, which includes information we gathered during the process up to this point. It includes the information from the Routines-Based Interview™ (RBI) so we have lots of information from multiple sources about Emanuel's functioning, well beyond what we know from the evaluation. No one else needs to be contacted before the meeting.*

<sup>1</sup> MEISR is a Measure of Engagement, Independence, and Social Relationships (McWilliam & Younggren, 2012).


<sup>2</sup> HELP is the Hawaii Early Learning Profile (HELP 0 to 3) (VORT Corporation, 2004).

**I.4** Providers confirm there is information about the child’s functioning for each of the **three child outcome areas**.

What it is

Providers will need to determine if the information they have addresses how the child functions across the breadth of skills covered within each outcome area. Any additional information needed should be collected prior to the COS decision-making process.

More about it

 Information about the child’s functioning relative to each of the three outcome areas is necessary for accurate COS rating decisions. This includes having thorough information available to consider about the child’s functioning for each outcome area. This is different from assessing developmental domains, as skills in the five domains are integrated across the three outcome areas.

*Norton*

*We have a good bit of information from the evaluation, but we will want to ask the family more about how Norton interacts with other children. We have a lot of information about adult interactions and following routines, but I don’t feel like we have a good sense about his interactions with other children his age. We’ll need that for outcome one, for sure.*

*Emanuel*

*It looks like the information we have about Emanuel’s functioning covers the key kinds of skills we will want to look at for each outcome. We’ll review this with the family at the meeting and see if there is anything they have to add.*

**I.5** Providers confirm that there is information about the child’s **current functioning across settings and situations**.


What it is


The team should discuss information about the child’s current functioning across different routines, activities, places, and interactions.

Information about functioning needs to reflect the child’s current use of skills and not be based on assessments or interviews conducted several months ago.

As part of planning for the COS team decision-making process, providers may identify the need to acquire or update their information about the child’s functioning in different settings and situations. This may be collected during the COS discussion or the team may see a need to gather additional information about functioning prior to the COS team decision-making process.

More about it

 Each of the outcomes refers to what children know and the actions they carry out to function successfully across a variety of settings.

 Discussion about a child’s current behaviors across settings and situations helps teams understand any variations in the child’s current abilities in different settings and situations. This includes settings with different caregivers (e.g., in the home, school/child care, and the community) and situations with different people and demands (e.g., novel adults, familiar adults, siblings, other children, group settings, community settings, settings with different sensory characteristics, settings with familiar and less familiar routines, etc.).

*Norton*

*As a reminder, we have to focus on his current functioning in all of the settings where he is spending time and not just in his home.*

*Emanuel*


*When we review this information with Emanuel’s family, we’ll be sure to see if there are any changes in how he is currently using those skills in different settings. It’s been less than a week since we did the RBI, but it is always good to be sure.*

**I.6** Providers consider the child’s skills in terms of **AE-IF-F** with reference to **age-anchoring** tools and resources. (*AE-age-expected, IF-immediate foundational, F-foundational*)

### What it is

Accurate categorization of anchoring skills as age-expected (AE), immediate foundational (IF), and foundational (F) is critical. Providers may need to reference additional resources to confirm the criteria for AE, IF, and F levels for particular skills if there is any doubt about when these skills typically develop.

### More about it

 Information about a child’s functional abilities in terms of the developmental progression of skills and behaviors is required to understand how close a child’s functioning is from that expected for his/her chronological age.

### *Norton*

*Remember at their home how Norton stayed close by his mother’s side and took nearly 30 minutes before going to play and explore? That seems like a much younger behavior than what we’d expect for his age. Let’s look up when that comes in developmentally to be sure when that skill usually emerges in children. Are there other behaviors we want to know more about?*

### *Emanuel*

*I worked on the PLOD and highlighted Emanuel’s functioning with colors for AE, IF, and F. Does anyone have any questions, or is there anything about the age-anchoring that we need to review before sharing this with the family?*

**I.7** Providers **review plans for sharing information** about the COS and how to engage the family in the COS decision-making process.

What it is

Providers prepare for how they will have an effective and efficient meeting with the family. This preparation helps ensure that providers will engage the family in the COS decision-making process and not simply meet to share a predetermined rating with the family. This quality practice addresses the need for providers to be fully prepared and to thoughtfully consider how best to engage the family in the upcoming discussion. It also supports provider planning about how to share information with the family about the COS process in advance of the meeting.

More about it

- Preparation may include activities such as:
  - Making a list of lingering questions about the child’s abilities that providers want to discuss with the family.
  - Identifying special family circumstances to discuss (e.g., cultural considerations or recent changes).
  - Noting key things to explain to the family, such as background on the outcomes and the COS process, as well as clarifying that in the COS we don’t adjust for prematurity and that we do consider the child’s use of assistive technology when it is available in the child’s settings.
  - Considering specific practices to use to maximize participation from the family and all team members (e.g., how best to support family participation with the interpreter).

**Norton**

*I think we have everything we need. Of course we’ll have to get more information from the family to be sure we cover everything for each of the outcomes. The older children will still be in school during our visit and Norton typically naps during this time so there shouldn’t be many distractions. But we’ll have to play that as it goes.*

**Emanuel**

*I’ve sent the family a draft copy of the PLOD and shared what to expect. Everything else on the IFSP, up to that point, was completed with them so we should be able to start there. Emanuel’s dad was going to try to be home. We haven’t met him yet, so I do hope he is able to break away from work. We scheduled an hour for the meeting to complete the COS and remaining sections of the IFSP. Please remind me if I forget to make sure that still works for the family since our meeting is over the lunch break and Emanuel’s dad may need to rush back to work.*

## II. Explaining the COS Process to Families


Explaining the COS process can be part of earlier interactions with the family. Depending on how much background the family has, the explanations can be shorter or longer during the COS decision-making discussion. The examples below illustrate a team that has had less discussion about measuring outcomes (Norton) and a team that has discussed measuring outcomes in detail in earlier encounters (Emanuel).


### II.1 Providers explain to the family why outcome data are collected and how they are used.

#### What it is

Before beginning the COS decision-making discussion, providers need to give the family basic information about why outcome data are collected and how those data are used and make sure the family has no additional questions. Providers are encouraged to share written materials with families about why child outcome data are collected and the COS process before coming together for the COS rating meeting. Some states have developed specific materials to use with families, and a national resource to share is available at <http://www.pacer.org/publications/pdfs/ALL-71.pdf>. At the meeting, providers summarize the key ideas and give the family an opportunity to ask questions.

#### More about it

 Families want to know whether or not the services they are receiving are effective at helping children develop and learn. Collecting and evaluating outcome data helps programs improve the services they provide. Additionally, the process of collecting and discussing data with families enables providers to keep families informed about their child's progress.

 Outcome data are used to improve programs. Having good data about outcomes allows families and other stakeholders to see and discuss the results of participation in early intervention or early childhood special education. Achieving the three outcomes will allow children to be active and successful participants across the settings, including their homes, schools, and communities. All early intervention and early childhood special education programs use these outcomes to measure children's progress, which in turn helps programs determine and improve their effectiveness.

#### *Norton*

*We know that early intervention can improve children's functioning by helping families help their children be successful participants in a variety of activities, interactions, and settings. To help us know how well our program is achieving this goal, we measure how all children in our program are doing in three broad areas. We call this measuring child outcomes. We use the data collected to understand how children, including Norton, benefit from early intervention.*

#### *Emanuel*


*One of the things we'll do today is collect the child outcome information that we've talked about before. This information will help all of us understand where Emanuel is in each of the three outcome areas. And because we collect this information for all children, it helps us know if the program is meeting the goal of helping all children improve their functioning. We've looked at this brochure earlier. What additional questions would you like to discuss?*

## II.2 Providers describe the three child outcomes that are measured.

### What it is

Part of the preparation for families should include a brief description of the outcomes as each is discussed during the meeting. This may include a new description or reference to an earlier explanation about the outcomes. Providers should remind families that each of the outcome areas includes a variety of functional skills and abilities that teams consider when identifying ratings for each outcome.

### More about it

 1-Positive social relationships (how your child relates to and interacts with adults and children, how s/he understands social rules in different settings, how s/he transitions in routines and activities, as well as other social interactions with people and the environment).

2-Acquiring and using knowledge and skills (how your child figures things out, how s/he learns new things, understands, and responds to directions, as well as how s/he interacts with books and other playthings).

3-Taking appropriate action to meet needs (how your child meets his or her basic needs like eating, dressing, showing toilet readiness, getting from place to place, as well letting others know what s/he needs).

See also related quality practice III.1.

➤ It may be helpful to clarify that these three child outcomes are different from the outcomes or goals on a child's IFSP or IEP. IFSP outcomes and IEP goals are specific to the child and are changed periodically based on the child's needs. The three early childhood outcomes are the same for all children in the program.

### *Norton*

*Children bring together many skills to accomplish everyday tasks. One way to understand children's development is to think about their functioning in three outcome areas. These include positive social relationships, acquiring and using knowledge and skills, and taking appropriate action to meet needs. Within each of these outcomes are many skills. Today, we'll talk more about what we mean by each of these outcomes and discuss how Norton is using skills in each of these outcome areas.*

### *Emanuel*

*You may remember our earlier conversation about three child outcome areas highlighted in the brochure we shared. Included here in the brochure (pointing) are the three outcomes we measure along with the types of skills included in each outcome area. Through our discussions, the evaluation, and the RBI, we have learned about Emanuel's functioning in each of these outcome areas. Today we'll discuss and summarize Emanuel's functioning in each of these areas.*




## II.3 Providers describe how the outcome data are collected.

### What it is

For each of the three outcomes, team members determine how the child is currently doing by discussing information that has been obtained about the child's functioning in many different ways. Providers can reinforce the approaches that were used to gather information about the child's functioning (e.g., assessment, observation, interviews, etc.) and when the information was collected. Then, in collaboration with families, all team members consider the mix of functional skills a child has for each of the outcome areas and then determine how close these skills are to age-expected development. The process is repeated later (i.e., annually and/or at exit) to compile information that helps identify changes observed in the child's functioning.

### More about it

 The Federal Office of Special Education Programs (OSEP) requires early intervention programs and local school systems to report outcomes data for every child ages birth through five who receives early intervention or special education services. Early childhood outcome data are collected when a child begins to receive services and again when the child exits from services. In some programs, the data are collected annually, as well.

### *Norton*

*We measure child outcomes by compiling all that we know about Norton's functioning in each of the three outcome areas. Then, as a team, we determine Norton's functioning relative to age expectations and choose statements for each outcome that describe his mix of skills.*

*By carefully considering Norton's functioning as he gets started in early intervention, participates in early intervention, and as he leaves early intervention, we can understand how he has progressed. We measure outcomes for every child in our program so that we can understand the results for Norton and all children in the program.*

### *Emanuel*

*Based on all the information you've shared and all that we've gathered, today we'll work together to determine where Emanuel is in each of the outcome areas and relative to what is expected of children at 18 months of age. We'll refer to the PLOD that we shared with you earlier, as we go along. We look forward to any additional information or questions you have.*




## II.4 Providers **check for family understanding** before moving on.

### What it is

When sharing information about the outcomes and the COS, it is important to confirm the family's understanding. Asking open-ended questions may be more helpful than simply asking, "Does this make sense?" or "Do you understand?." In addition to initially checking the family's understanding of the why and how of the COS process, the providers should check the family's understanding periodically as needed throughout the meeting.

### More about it

 Families are an integral part of the team and the COS process. Ensuring families understand the COS process is critical to meaningfully engaging them in it.

### *Norton*

*What questions do you have about measuring these child outcomes?*

*Please tell me what else would be helpful for you to understand about measuring these three outcome areas.*

### *Emanuel*

*How is this information similar to or different from what you knew about measuring the child outcomes?*

*What else would you like to say or know about measuring the child outcomes?*

### III. Understanding Child Functioning

The length of the discussion about the child’s functioning relative to each outcome may vary depending upon the information discussed during earlier interactions with the family, the child’s age, and the consistency of the child’s functioning in an outcome area. If the team has already gathered rich information about the child’s functioning, the discussion may be a review of this information organized around the three outcomes. If rich information about the child’s functioning has not already been discussed, then the team may spend more time discussing the child’s functioning relative to the three outcomes. The examples included illustrate both of these circumstances. The Norton example illustrates a team that needs to have a longer discussion about the child’s functioning. The Emanuel example shows a team that has already gathered and discussed rich detail about the child’s functioning relative to the outcomes.

#### III.1 Team members discuss the full breadth of each outcome (i.e., across the range of functioning pertinent to each outcome).

##### What it is

Before discussing the child’s functioning relative to each outcome area, it might be helpful for team members to have a brief discussion about what skills and behaviors are included within the outcome area. When discussing the child’s functioning the team must consider the full extent of skills included in each outcome to be certain the rating reflects the full range of strengths, challenges, and functioning across all aspects of the outcome. Through discussion, team members should develop a shared picture of the child’s functioning.

##### More about it

Each of the three outcomes includes a span of functional skills and abilities that are meaningful for a child’s participation in day-to-day routines and activities. Teams are encouraged to use available resources (such as the tool illustrated here and included in Appendix A, or brochures that states have developed to describe outcomes to families) to remind them about the breadth of skills included in each outcome.

Sharing examples of the types of skills included in each outcome helps the family understand the types of information needed relative to each of the outcomes.

##### Norton

Let’s start with the first outcome, positive social relationships. Within this outcome we’ll review how Norton interacts with adults and peers, expresses emotions, uses greetings, and reacts to changes in routines. As we review Norton’s functioning for this first outcome (reference the outcome on the tool), let’s look together at this tool to be sure we address the outcome completely.

##### Emanuel

Okay, now let’s look at the next outcome, acquiring and using knowledge and skills. This outcome area includes skills like thinking and figuring things out, responding to directions, using language, learning new play skills, and understanding books and pre-academic concepts appropriate for Emanuel’s age. Let’s look at the PLOD and our tool here to be certain we don’t miss anything in this outcome area.

COS-TC Child Outcomes Summary Outcome Content Reminder Tool		
<b>Positive Social Relationships</b>		
<input type="checkbox"/> Attend to people?	<input type="checkbox"/> Relate with family members?	<input type="checkbox"/> React to changes in the environment?
<input type="checkbox"/> Display/communicate emotions?	<input type="checkbox"/> Relate with other adults?	<input type="checkbox"/> Adapt to changes in routines or settings?
<input type="checkbox"/> Respond to touch?	<input type="checkbox"/> Relate with siblings/other kids?	<input type="checkbox"/> Follows group rules/expectations across settings
<input type="checkbox"/> Use greetings?	<input type="checkbox"/> Engage others in play?	
<input type="checkbox"/> Turn-taking?	<input type="checkbox"/> Cope with and resolve conflicts that emerge with others/in play?	
	<input type="checkbox"/> Communicate during back and forth interactions with others?	
<b>Acquiring and Using Knowledge and Skills</b>		
<input type="checkbox"/> Understand and respond to directions and requests?	<input type="checkbox"/> Think, remember, reason, and problem solve?	<input type="checkbox"/> Solve problems and figure things out?
<input type="checkbox"/> Understand language (e.g., prepositions, vocabulary understandings)?	<input type="checkbox"/> Interact with books, pictures, toys?	<input type="checkbox"/> Remember familiar play routines and where things are or when they are different?
<input type="checkbox"/> Communication skills (from cooing to using sentences)?	<input type="checkbox"/> In play, imitate what he has seen others do?	<input type="checkbox"/> Engage in play with objects (how elaborate or connected)?
	<input type="checkbox"/> Learn new skills and use these skills in play?	<input type="checkbox"/> Understand pre-academic concepts and symbols?
<b>Taking Appropriate Action to Meet Needs</b>		
<input type="checkbox"/> Move around/move his body to get things?	<input type="checkbox"/> Communicate what he wants and needs (e.g., hunger, desired toys, illness/injury) to familiar and unfamiliar adults and to peers/siblings?	<input type="checkbox"/> Convey sleep needs?
<input type="checkbox"/> Use hands and fingers to manipulate toys and things?	<input type="checkbox"/> Take care of basic needs such as feeding, dressing, hand washing, and potty training?	<input type="checkbox"/> Contribute to his health and safety on his own?
<input type="checkbox"/> Using tools to get desired things (e.g., strings, pencils, forks, scissors, etc.)		<input type="checkbox"/> Follow rules related to safety (hold hands, stop, understands hot)?

See Appendix A for this tool.


COS-TC Child Outcomes Summary Outcome Content Reminder Tool		
<b>Positive Social Relationships</b>		
<input type="checkbox"/> Attend to people?	<input type="checkbox"/> Relate with family members?	<input type="checkbox"/> React to changes in the environment?
<input type="checkbox"/> Display/communicate emotions?	<input type="checkbox"/> Relate with other adults?	<input type="checkbox"/> Adapt to changes in routines or settings?
<input type="checkbox"/> Respond to touch?	<input type="checkbox"/> Relate with siblings/other kids?	<input type="checkbox"/> Follows group rules/expectations across settings
<input type="checkbox"/> Use greetings?	<input type="checkbox"/> Engage others in play?	
<input type="checkbox"/> Turn-taking?	<input type="checkbox"/> Cope with and resolve conflicts that emerge with others/in play?	
	<input type="checkbox"/> Communicate during back and forth interactions with others?	
<b>Acquiring and Using Knowledge and Skills</b>		
<input type="checkbox"/> Understand and respond to directions and requests?	<input type="checkbox"/> Think, remember, reason, and problem solve?	<input type="checkbox"/> Solve problems and figure things out?
<input type="checkbox"/> Understand language (e.g., prepositions, vocabulary understandings)?	<input type="checkbox"/> Interact with books, pictures, toys?	<input type="checkbox"/> Remember familiar play routines and where things are or when they are different?
<input type="checkbox"/> Communication skills (from cooing to using sentences)?	<input type="checkbox"/> In play, imitate what he has seen others do?	<input type="checkbox"/> Engage in play with objects (how elaborate or connected)?
	<input type="checkbox"/> Learn new skills and use these skills in play?	<input type="checkbox"/> Understand pre-academic concepts and symbols?
<b>Taking Appropriate Action to Meet Needs</b>		
<input type="checkbox"/> Move around/move his body to get things?	<input type="checkbox"/> Communicate what he wants and needs (e.g., hunger, desired toys, illness/injury) to familiar and unfamiliar adults and to peers/siblings?	<input type="checkbox"/> Convey sleep needs?
<input type="checkbox"/> Use hands and fingers to manipulate toys and things?	<input type="checkbox"/> Take care of basic needs such as feeding, dressing, hand washing, and potty training?	<input type="checkbox"/> Contribute to his health and safety on his own?
<input type="checkbox"/> Using tools to get desired things (e.g., strings, pencils, forks, scissors, etc.)		<input type="checkbox"/> Follow rules related to safety (hold hands, stop, understands hot)?

**III.2** Providers invite the **family to share information** about their child’s functioning for each outcome area.

**What it is**

Following a brief review of the outcome area content, invite families to share information, to reinforce the critical importance of their participation and the information they choose to share. Invite the family to describe how they have seen their child use his or her skills in meaningful situations. As the family shares information, the providers can use prompts and ask clarifying questions to ensure all team members fully understand what the family is sharing about how their child functions in different settings and in situations with different kinds of supports.

**More about it**

 Families know their child longest and best. They have great insight to share about what their child does and does not do in different settings, situations, and interactions. Hearing from families is an essential and critical component of the COS process.

**Norton**

*Thinking about this first outcome, what are some things you’ve seen Norton do?*

*Does that describe his actions all the time or do you see differences with certain people or in different situations?*

*When you say he gets along well with his sister, tell me what that looks like, what do you see him do when he’s with her?*

**Emanuel**

*During our last visit we talked about a typical day for Emanuel and your family and earlier this week we shared with you this PLOD write-up of Emanuel’s present levels of development. As we think about the range of skills we described in this outcome area, are there skills or behaviors that you’d like to talk further about or that we have not discussed?*

### III.3 Team members discuss the child's **current functioning** in each outcome area.

#### What it is

The focus is on how the child uses his or her current functional skills (strengths and needs) in everyday situations. The team might discuss progress the child has made, however the focus for the COS process should ensure a good functional understanding of the child's *present* skills and functioning for each of the three outcome areas.

#### More about it

🔑 The COS process is about measuring children's current functioning. Teams may discuss abilities that may have regressed or celebrate the progress the child has made, but the COS rating decision captures the child's present functioning in each outcome area relative to age-expected functioning.

➤ Confusion can occur when teams think that a rating should go up from one time to the next because a child has made progress. The rating reflects how close the child's current functioning is to age-expected functioning. In typical development, skills increase with age, so even maintaining the same rating between entry and exit requires that the child gains new skills.

#### *Norton*

*You mentioned earlier that Norton has made progress playing for longer periods of time with his sister, especially if they are playing his favorite game on the iPad. What does that look like now when they play together? What about when they have different toys?*

*During the evaluation visit he spontaneously said "bye" as we were leaving. You mentioned at that time that you'd never seen him do that with adults before. Have you seen him do it since then or was it just that time?*

#### *Emanuel*


*Now that we've updated the PLOD together based on the team discussion, let's consider if we have a good picture of Emanuel's current skills and behaviors in this outcome area (refer to tool again). As we think about how Emanuel goes through his daily routines, how is he using his skills now? Is there anything we've missed to capture how he currently is using his skills?*

**III.4** Team members discuss **information from multiple sources** (e.g., family input, other observations, assessments, progress monitoring, child care providers, specialists, neighbors) for each outcome.

What it is

Following and in response to family input, providers share information gathered from many different sources (some of whom are likely at the meeting and simply invited to share). This may include their observations about how the child functions in different situations, the child's skills or information from progress monitoring or assessment tools, and input from others who are familiar with the child (e.g., grandparents, child care providers, physicians, specialists, other caregivers, or child welfare staff/caseworkers).

More about it

 Teams discuss information so that all members have a picture of the different ways the child uses his or her functioning in each of the three outcome areas. This picture should reflect the perspectives of all who interact with the child. Each person is an important source of information about the child's functional skills and how and when specific skills are observed. Information from multiple sources helps the team accurately gauge the child's functioning relative to what is expected at the child's chronological age.

**Norton**

*We discussed during the evaluation that Norton was slow to warm up to us, as less familiar adults. He stayed close by your side for about 30 minutes before he began to move about. You also shared that he tends to cry for about the same amount of time when you drop him off at daycare and that the day care providers noted too that he is shy when new adults are in the room. What else is important to know? How does that fit with experiences others have observed or learned about?*

**Emanuel**


*You certainly know Emanuel the best and your insight about his functioning helps us understand what he is doing. We also have information from the evaluation, our observations, and all that you shared about your family's day and Emanuel's experiences with other children and the providers at the church nursery. Have we heard input from others who also interact with Emanuel about what they have seen him do? Dotty (Emanuel's grandma), since you have been here visiting, is there anything you'd like to add?*

**III.5** The team discusses the child's functioning **across settings and situations**.

What it is

Information about the child's participation and demonstration of skills in multiple settings and situations is discussed. The expectation is that the information shared paints a picture of the child's abilities in day-to-day routines and activities. The family is a vital source of information about the child's functioning across a wide range of settings.

More about it

 Children can react and function differently in different settings (e.g., home, child care, new environments, community settings such as parks, churches, stores, and restaurants, etc.) and with familiar and less familiar people (e.g., parents, siblings, peers, extended family, child care providers, assessors, therapists, new people, etc.). The mix of skills in different settings and situations must be considered to understand functioning.

**Norton**

*We know he runs to the door to greet his sister, Jenna, when she comes home from school. Have you noticed if he greets other people in other places or at other times? What does he do when he first sees someone arrive at the child care or in the park? Is that similar to what you see at busy places, like at a restaurant, grocery store, or church?*

**Emanuel**


*When we think about the abilities included in this outcome area, how does Emanuel do these things in different settings or situations? Our earlier discussions highlighted how Emanuel understands familiar directions at home and on the playground. Is this any different when he is in other settings or situations? What is the same or different when you are out shopping or at your friends' homes?*

**III.6** Team members discuss the child’s functioning for each outcome in sufficient **depth** to describe how the child uses skills in meaningful ways.

### What it is

By considering the complexity of how the child functions, the team gains a shared understanding of how and when the child demonstrates different functional abilities. This goes beyond simply identifying the presence or absence of skills to describing how they look. From the conversation, everyone present should have a clear picture of what the child’s functioning looks like. If team members share information that summarizes a judgment about what the child does (e.g., when her cousin is over they play well together and get along, or she plays like other two-year-olds), it is important to ask follow-up questions that encourage others to describe what that play looks like and what their statement means.

### More about it

 The complexity and rich array of ways the child demonstrates skills when functioning must be addressed. There should be enough information to describe what the child does and does not yet do so that team members can envision it and distinguish it from other kinds of functioning in the developmental sequence.

### *Norton*

*When he has an opportunity to play with other children his age, what happens? What does that look like? How does the play get started? How long does it continue? What happens that causes play with the peer to end? Are his interactions with Jenna the same or different as his interactions with peers?*

*(Outcome 3) As we think about how he communicates to tell you what he wants, are there times he is more successful than others? When is that? What happens just before that? Is there something that seems to help him to be successful telling you what he wants or doesn’t want? Does he do this the same way for different things he wants? What about with different people or in different places?*

### *Emanuel*


*During our visits we’ve spent a good amount of time talking about Emanuel’s acquiring and using knowledge and skills. This helps us understand what he does and how he does things associated with using language, figuring things out, playing with books and toys, remembering, and responding. Included here in the PLOD, we talk about how he shows little interest in books and only looks for a short time at pictures, but I wonder now if there are other pictures he notices and looks at or points to – like pictures on the phone or the pictures you have on the walls, or perhaps pictures on movie covers? What do you think about his understanding of pictures?*

### III.7 Team members focus on the child's **functional use of skills** versus discrete skills.

#### What it is

Emphasis is placed on functional abilities in the context of meaningful everyday routines and activities, rather than discrete or isolated behaviors. Ratings are based on the child's functioning rather than a list of developmental assessment items and whether or not the child received credit for each item.

#### More about it

 Information from different sources about the child's functioning is essential. However, the information must be focused on functional abilities versus isolated skills that are not used frequently to accomplish tasks. Often, knowing how a child performs on an evaluation does not provide a rich understanding about how the child uses his or her skills to function in everyday situations.

#### *Norton*

*We talked about how Norton is starting to learn pre-academic concepts. I remember during the evaluation you were surprised at how he was able to match the colored blocks. Have you seen him show his understanding of color matching since then? You mentioned too that he'll say "red." Do you see him doing that with meaning – like saying "red" when he sees something red or making a choice for a red shirt, car, or other item? How about in different settings or with other people, what does he do then?*

#### *Emanuel*

*The example you shared about Emanuel picking out the movie he wants to watch by looking at the pictures on the cases tells us that he knows pictures convey meaning. So even though he is not that interested in books he is 'reading' the pictures on the movie cases.*



### III.8 Team members discuss **skills the child has and has not yet mastered.**

#### What it is

Discussing the complete range of functional skills associated with each outcome includes addressing behaviors that are and are not part of the child's repertoire. Doing so helps the team fully understand the complete mix of a child's functioning related to each outcome as well as understanding functional abilities that s/he is not yet, almost, or intermittently demonstrating. Discussion about what is age-expected and the skills the child uses and does not yet use helps the team understand and think about the child's functioning relative to age expectations. The conversation references functional abilities that the child is currently demonstrating as well as skills that are just emerging or not yet part of his or her repertoire.

#### More about it

- Teams also must consider the use of assistive technology (AT) and describe the child's functioning using whatever AT may be currently in use. It is expected that a child's functioning includes his or her use of whatever AT is available in his or her everyday settings. If the availability of AT is uneven across settings, the child will likely appear to exhibit higher-level functioning in some settings than in others.
- The description of what the child does and does not do is not a judgment about what the child could do if given other opportunities. The team considers what skills are seen and not seen currently given the child's experiences. If a child has had little exposure due to illness or poverty, for example, he or she may not yet demonstrate functioning. Speculation about what the child could do if the child had more exposure or different experiences does not enter into the rating decision.

#### *Norton*

*We've talked about how Norton is slower to warm up around less familiar people and that he stays close by your side for up to 30 minutes. It seems that he is not yet separating easily even in familiar surroundings, like home and child care. Is that an accurate assessment?*

*(Outcome 2) You shared many examples of how Norton imitates words you say. You also said that he says some two-word sentences on his own, like "Jenna home" when greeting her, or "train go" when playing with the train set. However, he is not yet naming things unless they are first modeled for him. Typically, at his age, children are able to name most familiar objects and use two- and even three-word sentences when communicating.*

#### *Emanuel*

*As we look at the PLOD and think about Emanuel's functioning in this outcome area, are there other skills that we see him use often? Or skills that he is not using? Are there any things you think he should be doing that you haven't seen him begin doing?*



### III.9 Team members discuss how the child's current use of skills relates to age-expected development (AE-IF-F).

#### What it is

The team talks about the child's functional skills and how close they are to abilities of same-aged peers without disabilities. Part of this discussion involves painting a picture of what is age-expected and talking about how the child's functioning is similar to or different from that. Teams should use age-anchoring tools and resources as needed to reference the range at which skills emerge in the sequence of development.

#### More about it

🔑 Age-expected (AE) functioning is demonstrating skills and abilities in day-to-day activities in ways that are consistent with what is expected for a child's chronological age.

Immediate foundational (IF) functioning is demonstrating skills and abilities that typically occur developmentally just before age-expected development. It can be thought of as skills like those of a slightly younger child.

Foundational (F) functioning is demonstrating skills and abilities like those of a much younger child. These are important developmental skills to build upon, but there is greater distance between the observed functional skills and what is expected for a child this age.

➤ The relationship of IF and F skills to AE skills is based on where the skill lies in the sequence of development. IF skills reflect development just before AE skills. F skills are further from AE skills than IF skills. Since the sequence of development occurs at different rates for different skills at different ages, there is not a consistent rule about how much different (in months) an IF or F skill is from an AE skill.

#### Norton

*Being able to separate from you easily in familiar surroundings is an ability expected for his age. Norton, however, displays notable shyness and can take up to 30 minutes to separate. This is more typical of a younger child and is often seen before being able to separate more easily. When we think of how Norton separates from you we'd call it an immediate foundational ability.*

*(Outcome 2) During the evaluation we observed Norton do several steps in pretend play (e.g., getting groceries from you, putting them in his toy cart, and then putting them in the sink at the pretend kitchen). You said he had learned that from Jenna. This series of activities in pretend play is similar to what other children his age often do. Are there other play routines or scenarios you see him do? When you think about his play, are there things you think he should be doing that you haven't seen yet?*

#### Emanuel

*Agreed. Children Emanuel's age are typically saying more words. They also use words functionally to name things that they see. Emanuel is making sounds and starting to say things that sound like they could be words. These are skills more typical of a much younger child; we'd call these foundational skills. They are important skills, and ones we'll want to build upon to help him get closer to age-expected development.*


## IV. Building Consensus for High-Quality COS Rating

**IV.1** Team members discuss **key decisions** about the child's functioning shown on the **decision tree** using all they know about the child's mix of skills.

### What it is

Once the team has a thorough understanding of the child's functioning in an outcome area and how those abilities compare to age expectations, the team applies the criteria to decide upon an accurate rating. Using the decision tree helps teams accurately apply the rating criteria and carefully consider the distinctions among the ratings. It is expected that providers facilitate the team process allowing for discussion at each question and associated decision point on the decision tree.

### More about it

 When using the decision tree, the team must consider the child's full mix of skills relative to each outcome and in light of age-expected development. The decision tree is a guide for key questions to distinguish among the criteria that lead to different ratings. It is expected that providers facilitate discussion and decision-making with the decision tree as a guide rather than handing the decision tree to the family to read and provide an answer. Questions on the decision tree also are not intended to provide a rigid script for teams that limits other discussion.

### *Norton*

*I believe we have a good picture of Norton's functioning in this first outcome area. Let's now use this decision tree to help us make a decision about Norton's use of skills in this outcome area. The first question is about age-expected functioning. We've discussed that Norton interacts with Jenna in a way that is expected for his age; he also follows the routine at child care and transitions easily between activities. These are abilities typical of children his age. So in regards to this first question would you all agree that he does show some age-expected functioning in this outcome?*

*For the next question, we have to consider if he demonstrates age-expected functioning in all or almost all settings and situations. Earlier, we heard that when we think of his play with others, Norton continues to do more onlooker play with familiar peers at child care and he continues to have difficulty separating from you. These are behaviors that typically appear before his age. So in response to this question, I think we'd say no. Do you agree? Let's go on to the next question thinking about the mix of age-expected and earlier skills we see from Norton in everyday situations....*

### *Emanuel*

*Together let's look again at the PLOD and think about the other information we've discussed to understand where Emanuel (who is 18 months old) is relative to age expectations. As we look at this PLOD we highlighted things that he is doing that come in just before his age; these are immediate foundational skills and are highlighted in blue. We also teased out the things that are more typical of much younger children; these are foundational skills and are highlighted in peach. Purple is reserved for age-expected skills; none of the purple highlight was used in this paragraph. Does anyone have any questions or clarifications? Okay, let's look at the decision tree to help us with the rating decision.*

#### Present Levels of Development

##### Acquiring and Using Knowledge and Skills

At home Emanuel understands some routinely spoken words, such as night night, no, up, down, and out. When on the playground, he understands ready, set, go when his mom says that as he is getting ready to go down the slide – he will go down the slide when she says go. He does not yet demonstrate understanding of questions/directions like Do you want \_\_\_? Go get the \_\_\_; Bring me a diaper. When offered a choice he takes what he wants without indicating a choice first by pointing to or naming the item desired without showing understanding of the question "What do you want?" During play and hanging out, Emanuel makes vowel sounds, cries, and laughs, but is not consistently saying words or using signs. He will say "mmm" when he is eating something he likes and was recently heard saying something that sounded like "Wado" as if meaning "what do you do?" His parents have tried sign language (e.g., more) with him, but he does not yet imitate the action. He rarely imitates what he sees others do unless it is of high interest to him (e.g., he imitated sliding the block down a ramp, which was a novel activity for him). Emanuel's favored toys are blocks, shape sorters, and toys that involve putting in and taking things out. He dumps the Duplo's in and out of boxes and then takes them apart. He is not yet putting them together. He uses toys in their intended manner and tries different things with the toys (e.g., drop, shake, taking apart, exploring the small toy boxes to see what is in them, trying different ways to put toys in and out of other containers). Emanuel has pretended to bring a bottle to himself, but is not extending pretend play to toys or others (e.g., pretending to feed a stuffed toy). At this time, Emanuel shows little interest in books. He turns the pages and looks briefly at pictures, but does not point at pictures or generally spend more than a minute exploring books. Emanuel likes the Mickey Mouse Club House show and will stop and watch it smiling and sometimes moving to songs that are sung during the show. Bath time is another favored activity for Emanuel. In the tub he plays with containers by dumping and filling them and splashing in the water.

See Appendix B for the full PLOD example.

## IV.2 Team members discuss the **rating for each outcome in descriptive terms**, not simply as a number.

### What it is

When working through the process, providers should use descriptive terms that focus on the child's use of age-expected skills rather than single numbers to describe the child's rating relative to each of the three outcomes.

### More about it

➤ Many states and programs have a set of defined descriptor statements for each of the COS ratings. These uniform rating descriptors make it easier to understand the ratings. Even in states where descriptor statements are not used, teams should indicate what the number represents, not just provide the number.

### *Norton*

*So using this decision tree and the resources we looked at, we've identified that Norton shows some functioning expected for his age and has more skills that come in just before his age. Using our descriptor statements, we'd say Norton has occasional use of age-expected skills, with more behavior that is not age-expected.*

### *Emanuel*

*From our consideration of Emanuel's functioning and working through the decision tree, we've identified that he is not yet showing any age-expected functioning in this outcome area. He does, however, show many skills that come in just before his age, although he does not demonstrate them across settings. He also has some skills that would be foundational or like those of a much younger child. Our team's summary would be that he uses immediate foundational skills most of the time with some skills at a foundational level.*

## IV.3 Team members **reach consensus** for each outcome rating.

### What it is

Following the discussion and decision tree rating process, check in with the team members to see if consensus was reached. In some instances, the meeting facilitator might look to each person to ensure s/he had a chance to comment before finalizing a rating. You might ask, "What do you all think – how well does this describe [child's name]'s functioning given all that we've just discussed?"

### More about it

➤ It's important to engage all team members in the COS process. If disagreements arise it will be important to determine the source of the question and work to resolve it. Is it about what skills people consider to be age-expected? Is there a shared understanding about criteria on the COS scale? Have all those present had a chance to share their illustrations that seem to really represent the child's functioning, or are they thinking about examples that haven't been shared with the group?

### *Norton*

*What does everyone think about this rating? How well does this summarize Norton's current functioning for this first outcome area? Is this an accurate recap of his functioning? (Call on each team member by name for comment until all have shared).*

### *Emanuel*

*Okay, we're here on the decision tree, mostly immediate foundational skills and some foundational functioning. Based on our discussion, what questions remain? Do we each agree that Emanuel uses immediate foundational skills most of the time with some skills at a foundational level?*

#### IV.4 The COS ratings are consistent with rating criteria for all the information shared and discussed.

##### What it is

Given all the information shared and discussed, the team determines a rating that best describes the child's functioning. The team thoroughly addresses each outcome, considers the child's current functional abilities across settings, correctly uses age-anchoring tools, accurately references AE-IF-F, and accurately uses the COS scale, demonstrating understanding of the different meanings and parameters of each rating point. If there are any questions or concerns, the team discusses these further and refers to resources with more information about rating criteria or age-expected child development.

##### More about it

🔑 Teams must understand and apply the rating criteria consistently to ensure valid COS ratings.

➤ Descriptor statements generally provide a basic check for the team because the statement describes the skills the team agrees on. In places where the team summarizes the rating using a number from 1 to 7 or a single word, it is especially important to summarize the criteria, the rating decision, and the rationale to ensure that everyone agrees with the reasoning behind the decision and not just on a number or word.

##### *Norton*

*We talked about Norton mostly using immediate foundational skills in this outcome area. However, we do see some age-expected functioning in how he displays and communicates his emotions with others. Let's consider if this other statement is a more accurate way to describe his functioning. [Read alternate statement.]*

##### *Emanuel*

*Good, it sounds like we are all in agreement that Emanuel uses many important immediate foundational skills in most settings and situations. We are not yet seeing him use age-expected skills, but instead many of the skills that come just before that level of functioning. [Look around for affirmations or pause to encourage or ask for comments]. As we continue to develop the rest of the IFSP, we will talk more about how we can build on his current strengths to support progress with specific skills in the months ahead. Before that, let's look at his current functioning on the next outcome.*

## V. Interactive Practices

A brief list of general interactive practices associated with quality teaming and decision-making is included with the COS-TC Quality Practices Checklist. The set of interactive practices listed provides an essential foundation for effectively implementing other quality practices in the COS process, but these items reflect general content and are not specific to the Child Outcomes Summary process.

a. Providers share and/or synthesize information <b>clearly and concisely</b> .
b. Providers <b>display good affect</b> (e.g., tone, facial expressions, responsiveness, etc.).
c. Providers give <b>eye contact</b> appropriately.
d. Providers do not use jargon and clearly explain technical terms.
e. Providers actively include all team members in the discussions.
f. Providers <b>show responsive behaviors</b> that illustrate active listening and responding.
g. Providers <b>let team members finish their thought</b> before replying or moving on.
h. Providers <b>ask good follow-up questions</b> to check for understanding or collect rich detail.
i. Providers <b>use descriptive examples</b> , paraphrasing, and summarizing to check understanding.
j. Providers <b>listen empathetically</b> , being sensitive to emotional needs and environmental demands (e.g., phone ringing, child fussing, etc.).
k. Providers <b>acknowledge and respect family input</b> about the child's functioning.

### More about it

Actively engaging all team members, including the family, in the COS process requires careful application of active listening and full engagement of all involved. Team members should consider cultural backgrounds and preferences of those involved, however in most cases these interactive practices will support effective teaming. Information should be shared in an easy-to-understand manner while actively engaging team members and ensuring appropriate wait time for processing and understanding information and inviting team input. While some team members may be more interactive and participatory than others, it is essential that all team members are included and acknowledged. Allowing time for members to complete their thoughts and asking clarification questions are important when facilitating the discussion and ensuring that the team has a rich understanding about the child's functioning. Checking for understanding by using recapping techniques helps all participants gain a shared understanding. Tuning into others' body language, being sensitive to others' responses, and acknowledging the demands that family members may need to attend to also will help encourage a positive conversational flow to the discussion. It is important to convey that active participation by all team members in the COS decision-making process adds to the team's shared understanding. By encouraging input from all participants the team is able to engage in a shared COS decision-making process and reach accurate COS ratings.

## Appendix A: COS-TC Child Outcomes Summary Outcome Content Reminder Tool

Positive Social Relationships		
<ul style="list-style-type: none"> <li>▪ Attend to people?</li> <li>▪ Display/communicate emotions?</li> <li>▪ Respond to touch?</li> <li>▪ Use greetings?</li> <li>▪ Taking turns</li> </ul>	<ul style="list-style-type: none"> <li>▪ Relate with family members?</li> <li>▪ Relate with other adults?</li> <li>▪ Relate with siblings/other kids?</li> <li>▪ Engage others in play?</li> <li>▪ Cope with and resolve conflicts that emerge with others/in play?</li> <li>▪ Communicate during back-and- forth interactions with others?</li> </ul>	<ul style="list-style-type: none"> <li>▪ React to changes in the environment?</li> <li>▪ Adapt to changes in routines or settings?</li> <li>▪ Follow group rules and/or expectations across settings?</li> </ul>
Acquiring and Using Knowledge and Skills		
<ul style="list-style-type: none"> <li>▪ Understand and respond to directions and requests?</li> <li>▪ Understand language (e.g., prepositions, directions, concepts)?</li> <li>▪ Show communication skills (from cooing to using sentences)?</li> </ul>	<ul style="list-style-type: none"> <li>▪ Think, remember, reason, and problem solve?</li> <li>▪ Interact with books, pictures, and toys?</li> <li>▪ In play, imitate what s/he has seen others do?</li> <li>▪ Learn new skills and use these skills in play?</li> <li>▪ Demonstrate early literacy understanding?</li> </ul>	<ul style="list-style-type: none"> <li>▪ Solve problems and figure things out?</li> <li>▪ Remember familiar play routines and where things are or when they are different?</li> <li>▪ Engage in play with objects (how elaborate or connected)?</li> <li>▪ Understand pre-academic concepts and symbols?</li> </ul>
Taking Appropriate Action to Meet Needs		
<ul style="list-style-type: none"> <li>▪ Move around and/or move his or her body to get things?</li> <li>▪ Use hands and fingers to manipulate toys and things?</li> <li>▪ Use tools to get desired things (e.g., strings, pencils, forks, scissors, etc.)?</li> </ul>	<ul style="list-style-type: none"> <li>▪ Communicate what s/he wants and needs (e.g., hunger, desired toys, illness/injury) to familiar and unfamiliar adults and to peers/siblings?</li> <li>▪ Take care of basic needs such as feeding, dressing, hand washing, and potty training?</li> </ul>	<ul style="list-style-type: none"> <li>▪ Convey sleep needs?</li> <li>▪ Contribute to his or her health and safety on his or her own?</li> <li>▪ Follow rules related to safety (hold hands, stop, understands hot)?</li> </ul>





## Appendix B: Emanuel's Present Levels of Development (PLOD)

### Emanuel (18 months) Present Levels of Development (PLOD)

#### Acquiring and Using Knowledge and Skills

(Peach indicates foundational skills; blue indicates immediate foundational skills.)

At home Emanuel understands some routinely spoken words, such as “Night-night, no, up, down, and out.” On the playground, he understands when his mom says, “Ready, set, go!” as he is getting ready to go down the slide – he will go down the slide when she says “go.” He does not yet demonstrate understanding of questions or directions like, “Do you want \_\_\_?,” “Go get the \_\_\_,” or “Bring me a diaper.” When offered a choice, Emanuel takes what he wants; he does not indicate a choice first by pointing to or naming the item desired or show understanding of the question, “What do you want?” During play and while hanging out, Emanuel makes vowel sounds, cries, and laughs, but he is not consistently saying words or using signs. He will say “mmm” when he is eating something he likes and was recently heard saying something that sounded like “Wado,” as if meaning “What do you do?” His parents have tried sign language (e.g., the sign for “more”) with him, but he does not yet imitate the action. He rarely imitates what he sees others do unless it is of high interest to him (e.g., he imitated sliding the block down a ramp, which was a novel activity for him). Emanuel's favored toys are blocks, shape sorters, and toys that involve putting things in and taking them out. He dumps the Duplos in and out of boxes and then takes them apart. He is not yet putting them together. He uses toys in their intended manner and tries different things with the toys (e.g., dropping, shaking, taking apart, exploring the small toy boxes to see what is in them, and trying different ways to put toys in and take them out of other containers). Emanuel has pretended to bring a bottle to his mouth, but he is not extending pretend play to toys or others (e.g., pretending to feed a stuffed toy). At this time, Emanuel shows little interest in books. He turns the pages and looks briefly at pictures, but he does not point at pictures or generally spend more than a minute exploring books. Emanuel likes the Mickey Mouse Clubhouse show and will stop and watch it, smiling, and sometimes moving to songs that are sung during the show. Bath time is another favored activity for Emanuel. In the tub he plays with containers by dumping and filling them and splashing in the water.