

COS-TC

Child Outcomes Summary Team Collaboration



Quality Practices

Training Scenario: Talking with Families about Assessment Results

Guidance for Trainers

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Contents

Introduction	1
Suggested Training Activities	3
Appendix A. Talking with Families about Assessment Results Scenario and Practices Rating Sheets	7
Appendix B. Trainer Facilitation Resources	14
Part 1: Meeting with the Family (Trainer’s Version).....	14
Part 2: The Assessment Process (Trainer’s Version).....	17
Part 3: Joining with the Family to Review the Results of the Initial Assessment (Trainer’s Version).	20
Appendix C. Supplemental Trainer Resources.....	24

Introduction

Purpose

This scenario and the associated trainer guidance are a part of a set of resources around training on the *Child Outcomes Summary-Team Collaboration (COS-TC) Quality Practices*. The full set of COS-TC training resources can be found online at: <http://ectacenter.org/eco/pages/costeam.asp>. This scenario is the first in a two-part series for use with early intervention (birth to 3) providers. It is followed by the *COS-TC Training Scenario: Quality Team Collaboration Practices in Assessment*¹, which asks providers to evaluate and reflect upon the use of the COS-TC Quality Practices with families during team assessment and the COS process.

This scenario is designed to help early intervention practitioners learn about best practices for delivering assessment results to families during the COS process. This document includes:

- 1) Suggested activities for trainers to use to facilitate review and discussion of the *Talking with Families about Assessment Results* scenario;
- 2) The *Talking with Families about Assessment Results* training scenario (a scenario of an early intervention team's assessment practices and their conversations with a family; see Appendix A);
- 3) A rating sheet for participants to complete when reviewing the scenario (provided with the scenario in Appendix A); and
- 4) Trainer resources, including completed rating sheets and points to consider for the scenario.

This scenario draws on the Division for Early Childhood (DEC) Recommended Practices² and Part C Settings, Agreed Upon Practices for Providing Early Intervention Services in Natural environments³. Trainers should have a strong understanding of both resources to support rich conversations with early intervention providers about the challenges and opportunities presented in the scenario.

¹ Jackson, B., Swett, J., Barton, L., & Younggren, N. (2017). *Child Outcomes Summary Team-Collaboration (COS-TC) training scenario: Quality team collaboration practices in assessment*. Retrieved from <http://ectacenter.org/eco/pages/costeam.asp>

² Division for Early Childhood. (2014). *DEC recommended practices in early intervention/early childhood special education 2014*. Retrieved from <http://www.dec-sped.org/dec-recommended-practices>

³ Workgroup on Principles and Practices in Natural Environments, OSEP TA Community of Practice: Part C Settings. (2008, February). *Agreed upon practices for providing early intervention services in natural environments*. Retrieved from http://www.ectacenter.org/~pdfs/topics/families/AgreedUponPractices_FinalDraft2_01_08.pdf

Background on the Scenario

- The Talking with Families about Assessment Results scenario was developed to address a need in the field to effectively engage families as full partners in assessment and the COS process. The scenario describes interactions between early intervention service providers and the parents of a 2-year-old child entering early intervention services (the Herman Family). It is divided into three sections:
 - 1) Meeting with the Family
 - 2) The Assessment Process
 - 3) Joining with the Family to Review the Results of the Initial Assessment
- The scenario presents examples of challenging situations (e.g., communicating difficult information to families, determining ways to engage families when they have limited time or availability, finding ways to fully understand children’s functional abilities beyond conventional testing alone, etc.) to provide opportunities for training participants to problem solve and identify effective strategies that could be used in their work.
- There are two activities associated with this scenario designed to help trainers engage participants in an analysis of best practices related to communicating assessment results that are aligned with the DEC Recommended Practices and Agreed Upon Practices. Challenging situations in the scenario result in less than optimal practices and will allow learners to explore alternative strategies, while benefitting from the collective expertise of other participants.

Uses of the Scenario

The scenario can be used in several ways with providers. Trainers can facilitate discussions in small or large groups (e.g., review scenario practices, review and reflect on current program practices). In addition, training participants can engage in role playing to practice interactions with families.

Guidance for Trainers

This document includes the following guidance for trainers:

- *Suggested Training Activities (pages 3-6)*—Two activities in which trainers and participants review the scenario to critically examine the extent to which the team uses best practices.
- *Trainer Facilitation Resources (Appendix B)*—Completed rating sheets and detailed explanations of recommended ratings, as well as suggested discussion questions designed to evaluate strengths and areas for improvement within the scenario team’s collaboration process.
- *Supplemental Trainer Resources (Appendix C)*—Resources to enrich training content. Trainers can use the resources to gain more in-depth background knowledge on information that formed the basis for the scenario activities.

Suggested Training Activities

Purpose

Two suggested activities have been developed to help trainers use the *Talking with Families about Assessment Results* scenario to engage participants in reflection and discussion that deepens their understanding of best practices in assessment. In these activities, participants review the scenario team's approach to sharing assessment results with a family and critically examine the extent to which it reflects best practices as outlined by the DEC Recommended Practices and Agreed Upon Practices. The scenario intentionally presents a range of positive practices and missed opportunities to generate a lively discussion.

Target Audience for Training Activities

Early Intervention (birth to 3) service providers

Learning Objectives

- Apply recommended practices to planning and implementing early intervention assessments.
- Identify assessment practices that are family-centered, functionally-based, and reflect collaborative teaming.
- Identify effective communication skills in relaying assessment findings to parents.

Activity One: Is There a Problem?

Activity time: 50–60 minutes

Preparation time: 30 minutes

Participant handout: *Talking with Families about Assessment Results* scenario and practices rating sheet (Appendix A)

Activity summary: In this activity, participants review the assessment process used with the family in the scenario (the Herman family) as it relates to best practices. Participants rate whether specific practices were fully observed (or evident), observed to a limited extent, or not observed/can't tell.

Activity directions:

Step 1—Participants read each section of the scenario and use the scale on the practices rating sheet to rate each item. Participants also jot down notes on what could be improved and which practices they would want to adopt in their work.

Step 2—Participants discuss both the strengths and the areas that could be enhanced for each section on the practices rating sheet, using their ratings and notes. A key for the ratings, as well as additional points to ponder, are provided for trainers (Appendix B). These are provided for the trainer to use during the group discussion.

Step 3—Trainer leads group discussion using the following questions as a guide:

- **Based on your ratings, what were the team's strengths in completing the assessment process with the family?**

Examples:

- The team observed Lily's skills and behavior across multiple settings.
- The providers identified the parents' concerns.
- The providers acknowledged the parents' wishes to assess Lily at her grandmother's house and at school.

- **What could have been improved in the assessment process? (Think about what the contributing factors were.)**

Examples:

- Although the team respected the family's wishes to schedule the assessments in community settings, the providers should have determined with the family some other strategies to obtain their input.
- At the team meeting, the family was not asked about their concerns and what they wanted to gain from the multidisciplinary team (MDT).
- The providers could have described some of the social-emotional behaviors they saw (or were concerned about) and determined if these align with behaviors the family sees at home. This would have helped to validate the assessment. This would also allow the providers an opportunity to discuss typical development and compare that to what the team is seeing and why these behaviors are a concern.

- The providers could have provided a better explanation as to why the *Modified Checklist for Autism in Toddlers (M-CHAT)* was used as a screener.
 - The providers inappropriately diagnosed Lily as having autism.
 - Since the family was not part of the assessment process, the team had limited time to build a trusting relationship with the family.
 - During the eligibility process, the family was not included as part of the discussion, limiting their voice and role in the decision-making process. For example, engaging the parents could include discussing what the family sees with respect to Lily’s social-emotional skills, talking about typical expectations for children her age, interpreting what the differences mean together, and determining next steps together.
- **What words could you use to support the family in understanding the team’s concerns regarding Lily’s development?**

Examples:

- The providers may want to use words such as, “We have some concerns about her social-emotional skills. It sounds like what we saw is similar to what you see at home, where frequently it is hard to engage her in social interactions and where she enjoys more solitary play. The screener you completed also suggests that further assessment is needed in this area. It does not mean that she has autism. Often an evaluation by a developmental pediatrician will help to answer those questions. How does this information fit for you? Do you need any more information to help you decide what next steps you want to take?”
- ***What steps would you recommend the team take next?***

Activity variation: This activity could be done with administrators and/or supervisors rather than service providers. Have the supervisors review the scenario and discuss the feedback or approach they would use with the team. For example, a supervisor could suggest that the service providers identify which person among them has the best relationship with the family. That individual could call the family to discuss their concerns and help identify what would be most helpful to them in terms of next steps.

Activity Two: What Words Should I Use?

Activity time: 30–40 minutes

Preparation time: 20 minutes

Participant handout: *Talking with Families about Assessment Results* scenario (Appendix A)

Activity summary: In this activity, participants practice their communication skills as they role play partnering with parents in the assessment process. This activity could build on Activity One or can be used as a standalone activity.

Activity directions:

Step 1—Participants individually read each section of the scenario and identify instances where communication could be enhanced. Invite large group discussion to identify key areas to be improved.

Step 2—Based on areas they target for improvement from the scenario, have the participants role play in small groups to “try another way” of communicating with the family that better reflects the DEC Recommended Practices and Agreed Upon Practices for family-centered service delivery.

Role playing could occur in multiple ways depending on the size of the group. Here are some possible strategies:

- Divide into groups with each group focusing on one section of the scenario. Have two individuals volunteer to role play, e.g., one take the role of a parent and another a speech/language pathologist, illustrating another way they would approach an interaction identified in the scenario that could be enhanced. Others in the group could offer support for finding the words to say, as needed. A new 2-person pair from the group can repeat using a different instance from the scenario.
- Divide the participants into groups of three. Assign the role of parent, provider, or observer to each person in the group. Have each parent-provider pair role play the interactions identified in the scenario that could be enhanced. Then, have each observer reflect on the role play and offer suggestions and comments.

Step 3—Trainer leads group in reflecting upon and discussing their role playing experiences using prompts, such as:

- How did it feel?
- What went well?
- What was difficult?

Appendix A. Talking with Families about Assessment Results Scenario and Practices Rating Sheets

Part 1: Meeting with the Family

The Hermans called the early intervention program because their pediatrician expressed concern regarding Lily's communication skills. Lily was 26 months old and an only child. The service coordinator, Amber, met with the family to provide them with information about the program, the evaluation/assessment process that would be used to determine if Lily would be eligible for services, and to identify her strengths and needs. The Hermans were interested in having Lily evaluated, mostly because of their pediatrician's concern about Lily's language development. The service coordinator and family discussed the family's questions about Lily's development beyond what the pediatrician stated. The Hermans were worried about Lily's communication but otherwise did not have any concerns. They were proud that she could already play videos on the iPad and could complete simple puzzles. She plays well by herself, although sometimes it is difficult to get her to transition and play something new, like interacting with them as they read books to her. They shared that Lily uses 10–20 words, but mostly imitates these words and does not use words to communicate what she wants; rather she tends to use gestures to lead her parents where she wants to go, like the snack cupboard or to the shelf where the iPad is kept.

The service coordinator thanked the family for their descriptive information about Lily and described that the first step would be to complete the assessment process. The team would set up several appointments to evaluate Lily's skills across all developmental areas. If Lily were found to be eligible, the early intervention program would provide the services she needed. Amber explained that services and supports would be available to Lily and her family and could be provided either in their home or in a child care setting, whichever worked best for the family. The parents said that they would like the assessments to take place as soon as possible but that they also had limited time to meet with the team. They indicated that they both had busy work schedules and asked if the assessments could be completed at Lily's grandmother's home or at the child care center where Lily spends the day. Amber gave the parents two forms to complete, the *Ages and Stages Questionnaire* and the *Modified Checklist for Autism in Toddlers (M-CHAT)*. She briefly explained that this information would help the team have a better understanding of Lily's skills at home.

Practices Rating Sheet: Meeting with the Family

After reading this section of the scenario, use the table below to indicate the extent to which there is evidence that each practice is implemented. Place a checkmark in the 'No' column to indicate that the practice is not observed, 'Partly' to indicate that the practice is observed to a limited extent, or 'Yes' to indicate that the practice is fully observed most or all of the time.

DEC Recommended Practice	No	Partly	Yes
A1. Practitioners work with the family to identify family preferences for assessment processes.			
F1. Practitioners build trusting and respectful partnerships with the family through interactions that are sensitive and responsive to cultural, linguistic, and socio-economic diversity.			
Agreed Upon Practice for Providing Early Intervention Services in Natural Environments	No	Partly	Yes
1. Become acquainted and develop rapport.			
2. Engage in conversation to find out why the family is contacting early intervention and to identify the next appropriate steps in the referral process.			
3. Describe early intervention as a system of supports and services for families to assist them in helping their children develop and learn.			

Reflection Questions

What would you suggest to improve this team's practices?

Are there practices here you would like to incorporate in your practices?

Part 2: The Assessment Process

Based on family's preference, the majority of the assessments were completed at Lily's child care center and through an interview with her grandmother. The assessments took two weeks to schedule and complete. The multidisciplinary team (MDT) included the psychologist, speech/language pathologist (SLP), and developmental specialist. The team members worked together with Lily's child care center staff and grandmother to schedule times to complete their assessments. They gathered information about Lily's functional skills during daily routines through interviews with Lily's grandmother and a short interview over the phone with her parents. Two standardized assessments [the Preschool Language Scale 4 and Bayley Scales of Infant Development-III (BSID-III, cognitive subscale)] also were completed. The team had a difficult time collecting assessment information because it was hard to engage Lily in the activities. Lily attended to the activities she chose, frequently performing the activity over and over (e.g., repeatedly putting the puzzle pieces in and out). Even during preferred activities, such as playing with an iPad or shape boxes, Lily did not typically look at the adult or imitate adult actions. The child care staff reported seeing similar behavior from Lily in their program. They reported that Lily most often played by herself without initiating interactions with her peers and without imitating peers' play. The child care staff also reported she rarely used words to communicate what she needed or to interact with the other children. The assessment team will synthesize the information gathered across these settings and from the people who know Lily best and will share it at the MDT meeting with the parents.

Practices Rating Sheet: The Assessment Process

After reading this section of the scenario, use the table below to indicate the extent to which there is evidence that each practice is implemented. Place a checkmark in the 'No' column to indicate that the practice is not observed, 'Partly' to indicate that the practice is observed to a limited extent, or 'Yes' to indicate that the practice is fully observed most or all of the time.

DEC Recommended Practice	No	Partly	Yes
A2. Practitioners work as a team with the family and other professionals to gather assessment information.			
A3. Practitioners use assessment materials and strategies that are appropriate for the child's age and level of development and accommodate the child's sensory, physical, communication, cultural, social, and emotional characteristics.			
A4. Practitioners conduct assessments that include all areas of development and behavior to learn about the child's strengths, needs, preferences, and interests.			
A6. Practitioners use a variety of methods, including observation and interviews, to gather assessment information from multiple sources including the child's family and other significant individuals in the child's life.			
A7. Practitioners obtain information about the child's skills in daily activities, routines, and environments such as home, center, and community.			
A8. Practitioners use clinical reasoning in addition to assessment results to identify the child's present levels of functioning and to determine the child's eligibility and plan for instruction.			
Agreed Upon Practice for Providing Early Intervention Services in Natural Environments	No	Partly	Yes
10. Evaluate and assess the functional needs and strengths of the child.			
11. Throughout the assessment process, observe and ask the family about their teaching and learning strategies with their child.			

Reflection Questions

What would you suggest to improve this team's practices?

Are there practices here you would like to incorporate in your practices?

Part 3: Joining with the Family to Review the Results of the Initial Assessment

The service coordinator briefly talked with Lily's mother over the phone to schedule the meeting to discuss the results of the assessments. Amber shared that the providers completed standardized assessments with Lily and observed her at the child care center and at her grandmother's home. She asked Mrs. Herman if she had any questions about the process; Mrs. Herman indicated that she did not have questions. Together they coordinated a time for the meeting; it was scheduled for the next time the team had an opening, which was the following week.

At the meeting, the team greeted the family and then the service coordinator began the meeting by describing the assessments and observations that were completed. The psychologist described the results of the standardized assessment, the BSID-III, including the cognitive and language domains. She explained that this assessment is designed to evaluate how Lily is doing compared to other children her age and that it provides one source of information on her strengths and areas that are less well-developed. Her strengths on this assessment were in the area of learning or cognitive skills, specifically her problem solving skills (e.g., she tried a number of different strategies to place puzzle pieces into a form board) and matching skills (e.g., Lily matched pictures to pictures). The psychologist reported that overall, Lily is doing well in the area of cognitive skills. Lily's score of 92 places her within the average range, which includes scores from 85 to 115.

The speech/language pathologist reported that the main area of concern seen in the assessment results matched what the parents had described: Lily has limited functional use of language when interacting with others. She indicated that the results of the standardized assessments and the informal observations at the child care center and grandmother's home found that Lily is demonstrating significant communication delays, with scores in the low 70s (Lily's overall score on overall Language Scale was 72). These skills are significantly below the average range (i.e., 85-115). These assessments confirmed the parents' observations that although Lily knows and can express several words, she typically does not use them to communicate with others. Based on her delays in language development, Lily would be eligible for early intervention services in our program.

In addition, the psychologist indicated, "Lily is also demonstrating delays in the ways she socializes, which interfered with how she interacted with adults and children during our observations. The behaviors we saw were consistent with children with autism. In addition, your completion of the M-CHAT indicates behaviors associated with autism. We would suggest that you make an appointment with your pediatrician to confirm our suspected diagnosis." The team then asked the family if they had any questions.

The family was stunned and did not immediately respond. Mrs. Herman began to cry. Mr. Herman asked, "Don't most 2-year-olds act like Lily?" He did not see any problem with her behavior. The parents said they were only concerned about her language. It didn't seem like Lily could have autism: "Wouldn't our pediatrician have suggested this was a problem?" Mr. Herman said that he wanted to get a second opinion. The family expressed that they needed time to talk together about the news they heard. They wanted to go back and discuss the findings with their physician, with whom they had a good relationship, and they would follow up with the service coordinator later (maybe) by calling her to let her know the next steps they wanted to take. The service coordinator indicated that she would call the Hermans the following week.

Practices Rating Sheet: Joining with the Family to Review the Results of the Initial Assessment

After reading this section of the scenario, use the table below to indicate the extent to which there is evidence that each practice is implemented. Place a checkmark in the 'No' column to indicate that the practice is not observed, 'Partly' to indicate that the practice is observed to a limited extent, or 'Yes' to indicate that the practice is fully observed most or all of the time.

DEC Recommended Practice	No	Partly	Yes
A11. Practitioners report assessment results so that they are understandable and useful to families.			
F1. Practitioners build trusting and respectful partnerships with the family through interactions that are sensitive and responsive to cultural, linguistic, and socio-economic diversity.			
F2. Practitioners provide the family with up-to-date, comprehensive, and unbiased information in a way that the family can understand and use to make informed choices and decisions.			
Agreed Upon Practice for Providing Early Intervention Services in Natural Environments	No	Partly	Yes
10. Give equal weight to the family's observations and reports about their child's behaviors, learning, and development.			
11. In order to make the eligibility decision, review and summarize findings, sharing perspectives among the team, which includes the family.			

Reflection questions:

What would you suggest to improve this team's practices?

Are there practices here you would like to incorporate in your practices?

Appendix B. Trainer Facilitation Resources

This appendix provides a completed version of the practices rating sheet for each section of the *Talking with Families about Assessment Results* scenario. Space is included for trainers to jot notes with points they want to make during the training. Each section of the scenario is displayed with numbered lines for easy reference so that trainers can note particular portions of the scenario to refer to when discussing rationale for decisions on ratings.

Part 1: Meeting with the Family (Trainer's Version)

1 The Hermans called the early intervention program because their pediatrician expressed
2 concern regarding Lily's communication skills. Lily was 26 months old and an only child. The service
3 coordinator, Amber, met with the family to provide them with information about the program and the
4 evaluation/assessment process that would be used to determine if Lily would be eligible for services,
5 and to identify her strengths and needs. The Hermans were interested in having Lily evaluated mostly
6 because of their pediatrician's concern about her language development. The service coordinator and
7 family discussed the family's questions about Lily's development beyond what the pediatrician stated.
8 The Hermans were worried about Lily's communication but otherwise did not have any concerns. They
9 were proud that she could already play videos on the iPad and could complete simple puzzles. She plays
10 well by herself, although sometimes it is difficult to get her to transition and play something new, like
11 interacting with her parents as they read books to her. They shared that Lily uses 10–20 words, but
12 mostly imitates these words and does not use words to communicate what she wants; rather she tends
13 to use gestures to lead her parents where she wants to go, like to the snack cupboard or to the shelf
14 where the iPad is kept.

15 The service coordinator thanked the family for their descriptive information about Lily and
16 described that the first step would be to complete the assessment process. The team would set up
17 several appointments to evaluate Lily's skills across all developmental areas. If Lily were found to be
18 eligible, the early intervention program would provide the services she needed. Amber explained that
19 services and supports would be available to Lily and her family and could be provided either in their
20 home or in a child care setting, whichever worked best for the family. The parents said that they would
21 like the assessments to take place as soon as possible but that they also had limited time to meet with
22 the team. They indicated that they both had busy work schedules and asked if the assessments could be
23 completed at Lily's grandmother's home or at the child care center where Lily spends the day. Amber
24 gave the parents two forms to complete, the *Ages and Stages Questionnaire* and the *Modified Checklist*

25 *for Autism in Toddlers (M-CHAT)*. She briefly explained that this information would help the team have a
26 better understanding of Lily's skills at home.

Practices Rating Sheet: Meeting with the Family (Trainer’s Version)

A checkmark in the ‘No’ column indicates that the practice is not observed, ‘Partly’ indicates that the practice is observed to a limited extent, and ‘Yes’ indicates that the practice is fully observed most or all of the time.

DEC Recommended Practice	No	Partly	Yes	Points to Consider	Questions to Ponder	Line # from scenario that supports rating
A1. Practitioners work with the family to identify family preferences for assessment processes.			x	This family chose not to be actively involved in the assessment process.		20-23
F1. Practitioners build trusting and respectful partnerships with the family through interactions that are sensitive and responsive to cultural, linguistic, and socio-economic diversity.	x			Team was respectful of the parents’ request for the assessment settings. However, they did not build a trusting relationship with the parents. To do so, they might have provided the family with information as to why they were using the M-CHAT so the family would not be caught off-guard later when the team mentions autism.	How could you approach the parents regarding concerns about Lily’s autistic-like behaviors that would be more helpful?	24-26
Agreed Upon Practice for Providing Early Intervention Services in Natural Environments	No	Partly	Yes	Points to Consider	Questions to Ponder	Line # from Scenario that supports rating
1. Become acquainted and develop rapport.		x		Brief interaction with family limited the provider’s ability to develop rapport.	What strategies could have been used to help build rapport in light of this choice?	20-23
2. Engage in conversation to find out why the family is contacting early intervention and to identify the next appropriate steps in the referral process.			x	Family indicated why they were concerned and contacted early intervention.		1-2, 5-8, 15-16
3. Describe early intervention as a system of supports and services for families to assist them in helping their children develop and learn.		x		The service coordinator said “the program could provide the services the child needs,” but this statement could be expanded.	What additional information would be helpful to include about early intervention that would inform the parents about their options?	17-18

Trainer Notes:

Part 2: The Assessment Process (Trainer's Version)

1 Based on the family's preference, the majority of the assessments were completed at Lily's child
2 care center and through an interview with her grandmother. The assessments took two weeks to
3 schedule and complete. The multidisciplinary team (MDT) included the psychologist, speech/language
4 pathologist, and developmental specialist. The team members worked together to schedule times to
5 complete their assessments with Lily's child care center staff and grandmother. They gathered
6 information about Lily's functional skills during daily routines, through interviews with Lily's
7 grandmother and a short interview over the phone with her parents. Two standardized assessments
8 [the Preschool Language Scale 4 and Bayley Scales of Infant Development-III (BSID-III, cognitive
9 subscale)] also were completed. The team had a difficult time collecting assessment information
10 because it was hard to engage Lily in the activities. Lily attended to the activities she chose, frequently
11 performing the activity over and over (e.g., repeatedly putting the puzzle pieces in and out). Even during
12 preferred activities, such as playing with an iPad or shape boxes, Lily did not typically look at the adult or
13 imitate adult actions. The child care staff reported seeing similar behavior from Lily in their program.
14 They reported that Lily most often played by herself without initiating interactions with her peers and
15 without imitating peers' play. The child care staff also reported she rarely used words to communicate
16 what she needed or to interact with the other children. The assessment team will synthesize the
17 information gathered across these settings and from the people who know Lily best and will share it at
18 the MDT meeting with the parents.

Practices Rating Sheet: The Assessment Process

A checkmark in the 'No' column indicates that the practice is not observed, 'Partly' indicates that the practice is observed to a limited extent, and 'Yes' indicates that the practice is fully observed most or all of the time.

DEC Recommended Practice	No	Partly	Yes	Points to Consider	Questions to Ponder	Line # from Scenario that supports rating
A2. Practitioners work as a team with the family and other professionals to gather assessment information.			x	The parents provided some input on people who could be included in the assessment process. Team worked with others to gather assessment information.	Was there other information that should have been gathered that would be helpful to the decision-making process (e.g., physician, additional information from the parents)?	1-5
A3. Practitioners use assessment materials and strategies that are appropriate for the child's age and level of development and accommodate the child's sensory, physical, communication, cultural, and social and emotional characteristics.			x	Strategies are appropriate and observations of preferred activities imply use of authentic assessment.		7-9
A6. Practitioners use a variety of methods, including observation and interviews, to gather assessment information from multiple sources, including the child's family and other significant individuals in the child's life.			x	The early intervention team used a variety of strategies including interview, observation, and direct assessment.		5-9
A7. Practitioners obtain information about the child's skills in daily activities, routines, and environments such as home, center, and community.		x		Gathered some information on daily activities through interviews, but needed to also complete observations across settings.	What other settings would you recommend adding to gather more information regarding daily routines?	5-7
DEC Recommended Practice	No	Partly	Yes	Points to Consider	Questions to Ponder	Line # from Scenario that supports rating
A8. Practitioners use clinical reasoning in addition to assessment results to identify the child's present levels of	x				In what ways does your team integrate clinical reasoning with assessment findings?	16-18

functioning and to determine the child's eligibility and plan for instruction.						
Agreed Upon Practice for Providing Early Intervention Services in Natural Environments	No	Partly	Yes	Points to Consider	Questions to Ponder	Line # from Scenario that supports rating
10. Evaluate and assess the functional needs and strengths of the child.		x		The team was beginning to assess functional skills, however they needed to complete the assessment across additional settings and routines.	What other settings would you recommend adding to gather more information regarding Lily's functional skills?	9-13
11. Throughout the assessment process, observe and ask the family about their teaching and learning strategies with their child.	x			The team interviewed the grandmother but did not observe her teaching and learning strategies for Lily.	What interview questions could be added that reflect how the parents and grandmother differ in the strategies they use with Lily.	5-7

Trainer Notes:

Part 3: Joining with the Family to Review the Results of the Initial Assessment (Trainer’s Version)

1 The service coordinator briefly talked with Lily’s mother over the phone to schedule the meeting
2 to discuss the results of the assessments. Amber shared that the providers completed standardized
3 assessments with Lily and observed her at the child care center and at her grandmother’s home. She
4 asked Mrs. Herman if she had any questions about the process; Mrs. Herman indicated that she did not
5 have questions. Together they coordinated a time for the meeting; it was scheduled for the next time
6 the team had an opening, which was the following week.

7 At the meeting, the team greeted the family and then the service coordinator began the
8 meeting by describing the assessments and observations that were completed. The psychologist
9 described the results of the standardized assessment, the BSID-III, including the cognitive and language
10 domains. She explained that this assessment is designed to evaluate how Lily is doing compared to other
11 children her age and that it provides one source of information on her strengths and areas that are less
12 well-developed. Her strengths on this assessment were in the area of her learning or cognitive skills,
13 specifically her problem solving skills (e.g., she tried a number of different strategies to place puzzle
14 pieces into a form board) and matching skills (e.g., Lily matched pictures to pictures). The psychologist
15 reported that overall Lily is doing well in the area of cognitive skills. Lily’s score of 92 places her within
16 the average range, which includes scores from 85 to 115.

17 The speech/language pathologist reported the main area of concern seen in the assessment
18 results matched what the parents had described: Lily has limited functional use of language when
19 interacting with others. She indicated that the results of the standardized assessments and the informal
20 observations at the child care center and grandmother’s home found that Lily is demonstrating
21 significant communication delays, with scores in the low 70s. (Lily’s overall score on Receptive Language
22 Skills was 72 in Expressive Language Skills, Lily scored 74 overall). These scores are significantly below
23 the average range (i.e., 85-115). These assessments confirmed the parents’ observations that although
24 Lily knows and can express several words, she typically does not use them to communicate with others.
25 Based on her delays in language development, Lily would be eligible for early intervention services in our
26 program. In addition, the psychologist indicated, “Lily is also demonstrating delays in the ways she
27 socializes, which interfered with how she interacted with adults and children during our observations.
28 The behaviors we saw were consistent with children with autism. In addition, your completion of the
29 M-CHAT indicates behaviors associated with autism. We would suggest that you make an appointment
30 with your pediatrician to confirm our suspected diagnosis.” The team then asked the family if they had
31 any questions.

32 The family was stunned and did not immediately respond. Mrs. Herman began to cry. Mr.
33 Herman asked, “Don’t most 2 year olds act like Lily?” He did not see any problem with her behavior. The
34 parents said they were only concerned about her language. It didn’t seem like Lily could have autism:
35 “Wouldn’t our pediatrician have suggested this was a problem?” Mr. Herman said that he wanted to get
36 a second opinion. The family expressed that they needed time to talk together about the news they
37 heard. They wanted to go back and discuss the findings with their physician, with whom they had a good
38 relationship, and they would follow up with the service coordinator later (maybe) by calling her to let
39 her know the next steps they wanted to take. The service coordinator indicated that she would call the
40 Hermans the following week.

Practices Rating Sheet: Joining with the Family to Review the Results of the Initial Assessment

A checkmark in the 'No' column indicates that the practice is not observed, 'Partly' indicates that the practice is observed to a limited extent, and 'Yes' indicates that the practice is fully observed most or all of the time.

DEC Recommended Practice	No	Partly	Yes	Points to Consider	Questions to Ponder	Line # from Scenario that supports rating
A11. Practitioners report assessment results so that they are understandable and useful to the family interests.		x		<p>Purpose and results of this assessment provided information but could be expanded.</p> <p>Language assessment was described with results and triangulated with parents' descriptions.</p> <p>The information was not understandable for the family; Providers used jargon. Instead providers needed to use descriptive examples (e.g. Lily frequently named objects and used a reach to request what she needed.)</p>		<p>7-12</p> <p>19-22</p>
F1. Practitioners build trusting and respectful partnerships with the family through interactions that are sensitive and responsive to cultural, linguistic, and socio-economic diversity.	x			<p>The team needed to provide more description of the assessments used and specific descriptions of the behaviors Lily demonstrated.</p> <p>There was no discussion on what autism is. The family did complete the M-CHAT.</p> <p>The team did not provide a sensitive approach to describing</p>	<p>How could the team use the M-CHAT information to help the family understand their concerns in this area? Are there other ways that the team could have helped the parents confirm whether or not their observations were consistent with the team's observations?</p> <p>What could the speech pathologist have added to her</p>	<p>28-30</p>

Practices Rating Sheet: Joining with the Family to Review the Results of the Initial Assessment

A checkmark in the 'No' column indicates that the practice is not observed, 'Partly' indicates that the practice is observed to a limited extent, and 'Yes' indicates that the practice is fully observed most or all of the time.

DEC Recommended Practice	No	Partly	Yes	Points to Consider	Questions to Ponder	Line # from Scenario that supports rating
				these results. The providers had not developed a relationship with family before delivering the results.	discussion of the results that would have made it more meaningful for the parents?	
F2. Practitioners provide the family with up-to-date, comprehensive, and unbiased information in a way that the family can understand and use to make informed choices and decisions.	x			Providers presented the assessment results but did not give concrete examples that would help the family get a clear picture of why the team was concerned (e.g., examples from the M-CHAT).	Should early intervention teams be making a diagnosis of autism? Suggest other ways the providers could have handled sharing their concerns with the parents.	19-21, 26-27
Agreed Upon Practice for Providing Early Intervention Services in Natural Environments	No	Partly	Yes	Points to Consider	Questions to Ponder	Line # from Scenario that supports rating
10. Give equal weight to the family's observations and reports about their child's behaviors, learning, and development.				This was a very provider-directed discussion. The parents were not engaged in the conversation in a meaningful way.		No Evidence
11. In order to make the eligibility decision, review and summarize findings, sharing perspectives among the team, which includes the family.				The team did not get any perspectives from the family that would engage them as an equal partner in the discussion (e.g., asking, "How does this fit with what you are seeing at home?")	What could have been done differently to support the parents in sharing their perspectives?	28-31

Trainer Notes:

Appendix C. Supplemental Trainer Resources

The resources provided in this appendix could be used by trainers to enrich training content and/or to develop more in-depth background knowledge on information that formed the basis of the scenario activities.

Print Resources

Division for Early Childhood. (2014). *DEC recommended practices in early intervention/early childhood special education 2014*. Retrieved from <http://www.dec-sped.org/recommendedpractices>

The DEC Recommended Practices, first developed by the Division for Early Childhood (DEC) in 1991 and then updated in 2014, emphasize practices that have been shown to result in better outcomes for young children with disabilities and their families. The practices are intended to be used by individuals providing services to young children with disabilities or delays. In the *Trainer's Guide for Talking with Families about Assessment Results*, users will observe the extent to which Recommended Practices are present in the scenario. Many of the Assessment and Family Recommended Practices have been incorporated into the training checklists.

Harvard Family Research Program. (2013). *Tips for administrators, teachers, and families: How to share data effectively*. Retrieved from <http://www.hfrp.org/publications-resources/browse-our-publications/tips-for-administrators-teachers-and-families-how-to-share-data-effectively>

This resource is a set of tip sheets intended to help teachers and administrators discuss student data with families in an understandable and accessible way. After using the *Trainer's Guide for Talking with Families about Assessment Results* to learn quality and recommended practices for engaging families, providers can refer to *Tips for Administrators, Teachers, and Families* for specific tips on facilitating ongoing formal and informal conversations with families about student data.

The PACER Center, & the Early Childhood Technical Assistance (ECTA) Center. (2013). *A family guide to participating in the child outcomes measurement process*. Retrieved from [http://olms.cte.jhu.edu/olms2/data/ck/sites/2865/files/FamilyGuide_ChildOutcomes_PACER_2013\(1\).pdf](http://olms.cte.jhu.edu/olms2/data/ck/sites/2865/files/FamilyGuide_ChildOutcomes_PACER_2013(1).pdf)

This guide provides families with a foundational understanding of the Child Outcomes Summary (COS) process, including information about the three outcomes, why states measure progress, and how families can be involved. Providers can share this resource with families to more fully engage them in COS team collaboration. Trainers will find more information about family participation here.

Work Group on Principles and Practices in Natural Environments, OSEP TA Community of Practice-Part C Settings. (2008, February). *Agreed upon practices for providing early intervention services in natural environments*. Retrieved from

http://www.ectacenter.org/~pdfs/topics/families/AgreedUponPractices_FinalDraft2_01_08.pdf

The Agreed Upon Practices use evidence-based research to suggest a series of activities for providers to implement during each part of the IFSP process, including first contact with families, the IFSP meeting, and ongoing intervention activities. In this Guide, users will rate the extent to which providers in the Talking with Families Scenario implement the Agreed Upon Practices throughout the initial meeting with the Herman family and the assessment process.

Video Resources

Younggren, N., Barton, L., Jackson, B., Swett, J., & Smyth, C. (2016). *Child Outcomes Summary-Team Collaboration video guides*.

The COS-TC video guides are excerpts of real-life scenarios in which providers are interacting with each other and families at various points in the COS process. While watching these video clips, viewers apply their learning of COS-TC by answering guiding questions and rating the extent to which providers in the video implement COS-TC quality practices.

Desired Results Access Project. (2014). *Harpers Hope: A parent's view of the power of early intervention*. Retrieved from <http://draccess.org/videolibrary/harperhope.html>

This video provides deep insight into one family's experience, first discovering that their newborn baby, Hope, will need early intervention. Then, the family describes their relationship with their early intervention provider and how the early intervention process has given them tools to help Hope progress. This video is a useful resource to share with families who are, or will be, receiving early intervention services.