Is it Working? Evaluating Implementation of Evidence-Based Practices

Abby Schachner, DaSy, ECTA
Megan Vinh, ECTA, DaSy
Maureen Casey, AZ Part C (AzEIP)
Dana Romary & Ruth Chvojicheck, WI Part C (WI Birthto3)

Improving Data, Improving Outcomes Conference
New Orleans, August 2016
Purpose

- Discuss existing resources and tools to help evaluate implementation of practices
- Share concrete examples of how 2 states are working to gather information on implementation of practices
- Facilitate sharing and discussion across states
Format

• Share information about measures/tools (20-30 min.)
• State panel - real world examples (20-30 min.)
• Large group discussion and questions (20-30 min.)
Measuring Implementation

• What are considerations for measuring implementation?
  – What are the practices we are trying to change?
  – Are we achieving our intended implementation changes/outcomes?
  – Are we making changes to those practices we are trying to change?
  – Are we moving along appropriately so that we can achieve our goals?
  – What can we do to make mid-course corrections if implementation is not going according to our plan?
Different Types of Measures/Tools

• Type of tool
  – Checklists, practice profiles, fidelity measures, logs

• Source
  – Self-report vs. observation
DEC Recommended Practices Checklists

- May be useful for evaluating if the changes are happening to practices
  - Could align DEP RPs with specific interventions or practices
  - Could select DEC RPs to focus on with practitioners (see practice guides) and then use the performance checklists to assess implementation
- **Performance Checklists** are intended for practitioners (and leaders where noted) to increase their understanding and use of the DEC Recommended Practices and for self-evaluation of one's use of the practices.
- The Checklists are organized by DEC Recommended Practices topics:
  - **Leadership**
  - **Assessment**
  - **Environment**
  - **Family**
  - **Instruction**
  - **Interaction**
  - **Teaming and Collaboration**
  - **Transition**
Example of a Performance Checklist

Each checklist is formatted in the same way for consistency across topic areas.

---

### Adult-Child Interaction Checklist

This checklist includes the types of adult (parent or provider) behavior that can be used to engage a child in adult-child interactive episodes to promote and support child competence.

The main focus of the practice is responding contingently to a child’s behavior to elicit or maintain child interactions with an adult during everyday activities and play. Adult contingent responses are characterized by sensitive, prompt, and appropriate means of adult behavior to maintain and not interrupt child interactions.

The checklist can be used by a practitioner to develop a plan to use the practice with a child or to promote a parent’s use of the practice. It also can be used to do a self-evaluation to determine whether the different practice characteristics were used in the practice with a child or promoting a parent’s use of the practice.

<table>
<thead>
<tr>
<th>Practitioner:</th>
<th>Client:</th>
<th>Date:</th>
</tr>
</thead>
</table>

Please indicate which of the practice characteristics you were able to use as part of interactions with a child:

<table>
<thead>
<tr>
<th>#</th>
<th>Practice Description</th>
<th>Options</th>
<th>Rarely (0-25%)</th>
<th>Sometimes (26-50%)</th>
<th>Often (51-75%)</th>
<th>Most of the Time (76-100%)</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Observe the child’s participation in everyday activities and social play</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Identify the focus of the child’s attention or engagement (e.g., child interest)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Follow the child’s lead in the child’s interests or preferences</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Intervene the child’s behavior and respond as an effort to interact or communicate with you</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Respond contingently to the child’s behavior (i.e., respond in a way that maintains a child’s interactions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Enter into the child’s play or interactions to encourage your turn play</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Encourage the child to try new things (e.g., changes of emotions through modeling, expectations, or other types of guided support)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

The DEC Recommended Practices are available at http://www.dec.org/practices

---

ECTA Center

---

DaSy ECTA
ECTA DEC RP Practice Guides

- May be useful for training, observation and coaching

- Practice Guides for Practitioners
  - Intended primarily for practitioners working in group settings and for sharing with other practitioners in community programs (see *Elements of Practice Guides*).

- Practice Guides for Families
  - Intended for practitioners to share with families (see *Elements of Practice Guides*).
  - [http://ectacenter.org/decrp/type-pgfamily.asp](http://ectacenter.org/decrp/type-pgfamily.asp)
**Social Games**

When infants begin showing interest in their parents and other adults, the time is right to play social games. Social games are back-and-forth, your-turn/my-turn infant-adult play accompanied by short rhymes or songs that engage infants in playful interactions. Some of the results of playing social games with your child are active child participation, lots of playful bouts of back-and-forth communication, and bunches of smiles and laughter. Enjoy!

---

**Learning Way: Joining In**

- Begin by watching your child, paying special attention to things that appear interesting to her. What kinds of things make your child smile or coo? If she seems interested in looking at your face or hearing your voice, she may enjoy the game of ‘Peek-a-boo.’

- Peek-a-boo is played by covering the baby’s eyes with a soft cloth and asking “Where is _____?” Then remove the cloth and exclaim, “Peek-a-boo! I see you!” Notice your child’s response. She might coo, smile, make eye contact, kick her legs, or do something else that tells you she likes the game. Follow your child’s lead by continuing the game based on her response. Cover baby’s eyes and wait for her to do something to tell you she wants you to pull the cloth from her eyes. When the baby coos, moves her arm, or uses any other behavior that is telling you to continue, respond immediately by pulling the cloth from her eyes and saying “Peek-a-boo! I see you!”

- “So Big” is another engaging social game. Gently stretch the baby’s arms above his head while saying, “How big is ____? SO BIG!” Then kiss or tickle his tummy or neck. Once you have played the game two or three times and know the baby likes it, try waiting a few seconds before lifting his arms again. If he moves his arms, coos, smiles, waves his hands, or uses another particular behavior, assume that he is telling you to do it again and respond promptly. When you wait for your child to respond, you are teaching how to take turns, and he may begin to learn that his behavior gets you to respond with the desired consequence. In other words: “When I wiggle, I get Daddy to play our funny game!”

- If you play social games often and begin to notice your child is not as excited as before, you may want to add something new—such as a new challenge—to a game.

- Keep your games fun and simple. Smiles and laughter are important too!

---

**Illustrative vignette**

**A Quick Peek**

Andy, 3 months old, and his father have found a fun way to play Peek-a-Boo. When Andy wakes up after sleeping, Dad hides behind Andy’s favorite blanket and calls to his son: “Where’s Andy? Where’s Andy?” Hearing his father’s voice, Andy starts cooing and giggling with excitement. As soon as Andy “calls” back, Dad pops his head from behind the blanket and says, “Peek-a-boo! I see you!” Then Dad hides and the game begins again. Andy looks to the right and then to the left to see where his dad will appear next.

---

**Recognizing success**

- The infant tries to start a social game.
- The infant smiles or laughs when the adult responds to the child’s behavior.
- The infant seems to understand how a game is played.
RP² Resources - Benchmarks of Quality: Program-Wide

ECTA Center SCALES

Reaching Potential through Recommended Practices (RP)¹
Benchmarks of Quality for Home-Visiting Programs²
Carol Trivette and Allison Jones

<table>
<thead>
<tr>
<th>Critical Elements</th>
<th>Implementation Components</th>
</tr>
</thead>
<tbody>
<tr>
<td>Establish Leadership Team</td>
<td></td>
</tr>
<tr>
<td>1. Team has broad representation that includes at a minimum an adult home visitor, a parent, and a member who will serve as an intern. Other team members might include related service specialists and program personnel.</td>
<td></td>
</tr>
<tr>
<td>2. Team has administrative support. Administrator attends meeting trainings, is active in problem-solving to ensure the success of the team, and is visible in the implementation of the Division for Early Childhood (DEC) Recommended Practices (RP) to promote child engagement. Administrator ensures that professional development opportunities are available to staff.</td>
<td></td>
</tr>
<tr>
<td>3. Team has regular meetings. Team meetings are scheduled at least once a month for a minimum of 1 hour. Team members are able to communicate clearly the purpose of the leadership team.</td>
<td></td>
</tr>
<tr>
<td>4. Team has established a clear mission/purpose related to high-quality implementation. The team purpose or mission statement is written. Team members are able to communicate clearly the purpose of the leadership team.</td>
<td></td>
</tr>
</tbody>
</table>

¹DEC Recommended Practices, http://www.dsn-pec.org/recommendedpractices/ ²Note: Adapted with permission from the Early Childhood Program Wide QRS Benchmarks of Quality by Lisa Fox, Mary Louisa Hyndman, and Susan Jack (2011), University of South Florida
RP² - Benchmarks for Critical Elements

• Leadership Team
• Staff Readiness and Buy-In
• Family Engagement
• Program-Wide Action Plan
• All Classrooms or All Home Visitors demonstrate…
• Procedures for Responding to Individual Children (Classroom Tool only)
• Staff Capacity Building and Support
• Monitoring Implementation and Outcomes

Can be used for all RP or a focused set of RPs; Might be modified to capture other critical elements
RP² - Observation Scale (OS) Tools

- Scored by observation and interview – “Use all the information you know”
- Scaled by number of indicators and fluency/density of use
- Indicators cross-walk with ECTA RP checklists
- Used by coaches to:
  - Identify strengths and PD needs
  - Show change in practice implementation
- Summarized across practitioners and for each practitioner

*Format offers a viable exemplar for creating a tool to identify PD needs and track change in practices*
Practice Profiles

• **Practice profiles** are a tool for operationalizing a strategy or practice so that it is clear what practitioners will do as they carry out the intervention or practices
  – Developed through systemic review, stakeholder vetting and consensus, and testing and evolving the profile

• **Goal of practice profiles:**
  – Identify the intervention or practices **principles** that guide successful work with children and families, and
  – Identify the **specific activities** that bring these principles to life
Practice Profiles (cont’d)

- Provide operationalized practice model for consistent implementation of intervention or practice
- Facilitate development of training protocols, coaching strategies and other assessments
- Refine infrastructure and systems supports needed to be installed to facilitate consistency across practitioners
- Clarify “what” is being implemented
- Use to develop fidelity/implementation checklists

The AI HUB has modules and worksheets for developing practice profiles!
http://implementation.fpg.unc.edu/resources/lesson-3-practice-profiles
Fidelity Assessments

• Refer to measuring the degree to which teachers or staff are able to use the intervention or practices as intended.
• Ensure success is repeatable.
• Three critical features of fidelity assessments are:
  – Context – pre-requisite conditions that need to be in place regarding setting, qualifications and preparation
  – Content – extent to which the required core content is used, referenced, monitored or accessed by the teacher in his or her work and/or activity
  – Competence – extent to which the core content and competencies are skillfully modeled, relevant feedback is provided, and sensitively reviewed

http://implementation.fpg.unc.edu/module-7/active-implementation-frameworks/fidelity-assessment-and-implementation
http://implementation.fpg.unc.edu/module-7/summary
Fidelity Assessments (cont’d)

• Evidence-based practice models and curricula often come with already developed and validated fidelity assessments

• But if not...
  – The AI HUB has worksheets to develop your own!
  – Designing a Fidelity Assessment
  – Developing a Fidelity Assessment
Coaching Logs

- Way to keep track of coaching
  - Who has received coaching
  - Dosage: frequency and duration of coaching
  - Content: Topics, practices or issues covered, feedback provided, action items
  - Coaching Strategies used

<table>
<thead>
<tr>
<th>COACHING LOG</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Coach ID:</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Teacher (first name only)/Program</th>
<th>Activities/Strategies (check all that occurred during session)</th>
<th>Duration (in minutes)</th>
<th>Follow-up?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Observing</td>
<td><em>Modeling</em></td>
<td><em>Verbal support</em></td>
<td><em>Side by Side gestural support</em></td>
</tr>
</tbody>
</table>

Looking for a template? TACSEI has editable, generic coaching log template!
And more coaching tools: [http://challengingbehavior.fmhi.usf.edu/communities/coaches_main.html](http://challengingbehavior.fmhi.usf.edu/communities/coaches_main.html)
State Panel

• What is one example of the way you are or planning to measure practices?
  – What type of measure/tool are you using?

• How are/did you identify or develop the measure/tool?

• How is that going?
  – How is the measure/tool being used currently or what is your vision for how the tool might be used in the future?

• What are lessons learned from the process?
## Arizona Fidelity Checklist

### Child and Family Assessment and Indicator Measurement

<table>
<thead>
<tr>
<th>1 - Starting Point</th>
<th>3 - Progressing</th>
<th>5 - Innovating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date: 11-9-15</td>
<td>Date:</td>
<td>Rating: 3</td>
</tr>
</tbody>
</table>

**20**

AZ: Self-Assessment vs. Observation

- Self-appraisals pre- and post-training or technical assistance
- Observations by trained Coaches
AZ: Using DEC RP Performance Checklists

* Using existing checklists to support ongoing Technical Assistance and training

* As well as, data collection and analysis
## WI Birth to 3 program

### Child Outcomes Fidelity Self-Assessment

#### Date: ________________

**Purpose:** This form is a self-assessment intended to be used by district and county personnel involved in the OSEP Child Outcomes Process (Indicators #3 Part C, #7 Part B). The numbered items listed in the self-assessment are steps to implement the child outcomes requirements as intended (or "with fidelity").

**Directions:** Using the scale below, rate your program/district on how well you implement each of the 11 points listed. In the comment section note ideas of how you could enhance your current practices. In the next steps section list the activities, person responsible and projected timeline you will carry out.

<table>
<thead>
<tr>
<th>Rating Scale:</th>
<th>4 – Nearly Completely / Completely</th>
<th>3 – Nearly Complete</th>
<th>2 – Partial</th>
<th>1 – Little</th>
<th>0 – None / Very Little</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>81 - 100% of the Time / No Improvement Needed</td>
<td>61% - 80% of the Time / Some Improvement Needed</td>
<td>41 - 60% of the Time / Little Improvement</td>
<td>21 - 40% of the Time / Much Improvement Needed</td>
<td>0 - 20% of the Time / Significant Improvement Needed</td>
</tr>
</tbody>
</table>

**Names of People Completing Self-Assessment:** __________________________________________________________

<table>
<thead>
<tr>
<th>Key Child Outcomes Procedures</th>
<th>Rating</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>COSF is completed in its entirety for every child at entry within 60 days of the entry date.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The COSF is rated through a team process including the child’s parent(s), other family members, and primary caregivers.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Decision Tree is used during the COSF rating process.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## WI Birth to 3 program

### Indicator 3/7 – Child Outcomes Continuum of Practices

<table>
<thead>
<tr>
<th>Core Component</th>
<th>Exemplary Practice / Integration of IFSP/IEP Practices / Core Competencies (CC)</th>
<th>Benchmark or Expected Use in Practice</th>
<th>Developmental Use in Practice</th>
<th>Unacceptable Use in Practice</th>
<th>Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Information gathered during functional assessment conversations, including the</td>
<td>Team members engage in ongoing assessment practices to inform child’s entry and exiting rating.</td>
<td>Functional assessment information is used to inform the child’s outcomes rating process but not utilized to develop functional IEP goals or IFSP Outcomes. Functional assessment information is not represented on the not represented on IEP: Present Level of Academic Achievement and Functional Performance or the IFSP Summary of Development.</td>
<td>Entry and exiting ratings based entirely on a child’s individual skills rather than the child’s everyday functioning across settings. IFSP outcomes and IEP goals are based only on the child’s area of delay or suspected disability.</td>
<td></td>
</tr>
<tr>
<td>Functional Ongoing Assessment</td>
<td>Team members engage in ongoing assessment practices, including the use of an age anchoring assessment tool, to inform instruction, support coaching practices and track child progress.</td>
<td>Team members gather information from parent/caregiver(s) about child’s functioning across settings to inform entry and exiting ratings (via a home visit, phone call, technology, etc.)</td>
<td>Functional assessment is used for entry rating but not exiting rating. Inconsistent use of functional assessment practices occurs among/across team members, e.g., early childhood special educator does functional assessment but speech-language pathologist doesn’t.</td>
<td>Information gathered only in child’s disability area (e.g., by speech-language pathologist only) and/or minimal input from primary caregivers is taken into consideration.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A system is in place for how information will intentionally be gathered about a child’s functioning across settings for entry and exiting ratings and shared with all team members. The system includes who will gather the information, when it will be gathered, how it will be gathered and what will be gathered and how it will be documented.</td>
<td>Team members gather information about the child’s functioning across settings such as child care, Head Start and other key environments within the child’s world to inform entry and exiting ratings.</td>
<td>Some team members have incorporated functional assessment into the evaluation process during a child’s initial evaluation but not as a means to support exiting ratings.</td>
<td>Children are rated without information about the child’s functioning in settings outside of their primary daytime location. Entry and exiting ratings are determined without observing a child’s functioning in other environments, e.g., childcare/home, public playground or parent/caregiver home.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>CC: Uses information from families as part of the assessment process, including listening to the child and parent/caregiver and making observations in multiple settings of the child and the child’s emotional states and their interaction patterns.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>CC: Utilizes observation, assessment, and screening approaches and tools that occur in natural environment and take advantage of</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**DaSy ECTA**
# WI Birth to 3 program

## Indicator 3 Child Outcomes
### Continuum of Practices

<table>
<thead>
<tr>
<th>Core Component</th>
<th>Practice Change Needed</th>
<th>Developmental Use in Practice Progressing</th>
<th>Benchmark or Expected Use in Practice</th>
<th>Exemplary Practice / Integration of IFSP/IEP Practices / Core Competencies (CC)</th>
<th>Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Entry and exit ratings based entirely on a child's individual skills rather than the child's everyday functioning across settings.</td>
<td>Functional assessment information is used to inform the child outcomes rating process but not utilized to develop functional IEP goals or IFSP Outcomes. Functional assessment information is not represented on the not represented on the Present Level of Academic Achievement and Functional Performance or the IFSP Summary of Development.</td>
<td>Team members engage in ongoing assessment practices to inform child's entry and exit rating.</td>
<td>Information gathered during functional assessment conversations, including the Routines Based Interview (RBI) is utilized to develop functional goals and child outcomes rating. Team members engage in ongoing assessment practices, including the use of an age-anchoring assessment tool, to inform instruction, support coaching practices and track child progress.</td>
<td></td>
</tr>
</tbody>
</table>

### Functional Ongoing Assessment

- Information gathered only in child's disability area (e.g., by speech-language pathologist only) and/or minimal input from primary caregivers is taken into consideration.
- Functional assessment is used for entry rating but not exit rating.
- Inconsistent use of functional assessment practices occurs among across team members, e.g., early childhood special educator do functional assessment but speech-language pathologist doesn't.
- Team members gather information from parent/caregiver(s) about child's functioning across settings to inform entry and exit ratings (via a home visit, phone call, technology, etc.).
- A system is in place to use RBI to gather information about child's everyday functioning across settings at entry and exit (part of IEP evaluations process and exit).

**CC:** Uses information from families as part of the assessment process, including listening to the child and parent/caregiver and making observations in multiple settings of the parent and child's emotional states and their interaction patterns.

- Children are rated without information about the child's functioning in settings outside of their primary daytime location. Entry and exit ratings are determined without observing a child's functioning within other environments, e.g., childcare, home, public playground or parent/caregiver home.
- Some team members have incorporated functional assessment into the evaluation process during a child's initial evaluation but not as a means to support exit ratings.
- Team members gather information about the child's functioning across settings such as childcare, Head Start and other key environments within the child's world to inform entry and exit ratings.
- A system is in place for how information will intentionally be gathered about a child's functioning across settings for entry and exit ratings and shared with all team members. The system includes who will gather the information, when it will be gathered, how it will be gathered and what will be gathered and how it will be documented.

**CC:** Utilize observation, assessment, and screening approaches and tools that occur in natural environment and take advantage of incidental moments of listening or observing.
## WI Birth to 3 program

### Preparation for On-Site Child Outcomes Discussion – Facilitator’s Guide

The facilitator’s role in the Child Outcomes Practices conversation is to support the Birth to 3 Program in determining, by consensus, where they are on the continuum of practices for Child Outcome ratings prior to the actual onsite day. In the column under the header “Rating & Evidence – What to Listen For” are examples of what might be said or referenced during a facilitated conversation and provides “evidence” and insight to a Birth to 3 Program’s Child Outcome rating process when tangible evidence is unlikely or unavailable. Listen for these or similar topics, phrases, descriptors when discussing the Birth to 3 Program’s Child Outcome rating process. During the onsite the results will be discussed with the whole team and highlight strengths and what components of the process need improvement. The initial score will establish the Birth to 3 program’s baseline score and help inform the development of specific PIPP outcomes.

<table>
<thead>
<tr>
<th>Team Rating Process</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th><strong>Rating &amp; Evidence – What to Listen For</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>There is a single person completing the rating, e.g., Program Coordinator, Service Coordinator, etc., without a team conversation.</td>
<td></td>
<td></td>
<td>Team members send their rating via email without additional conversation within the full team. A team process is used for the entry rating at the time of the child’s initial IFSP but not at the time of exit.</td>
<td>Team members engage in team discussion to determine entry and exit ratings but outside of the child’s IFSP discussion.</td>
<td>Team discussions of a child’s development are done through the lens of the three outcomes and are integrated into the child’s IFSP Summary of Development discussion at entry and transition discussion at exit.</td>
</tr>
<tr>
<td>Team members rate children based on the descriptions of the 7-point scale available on the Child Outcomes Summary Form and do not use the Decision Tree or Bucket List.</td>
<td>Team members utilize the Decision Tree process but don’t have a clear understanding of the distinction between the 7-points of the rating scale. (e.g., don’t use Bucket List in addition to the Decision Tree)</td>
<td>Team members utilize the Indicator 3 Child Outcomes Decision Tree but not the Child Outcomes Bucket List when rating child.</td>
<td>Team members use both the Indicator 3 Decision Tree and Child Outcomes Bucket List every time a rating is completed to support a clear understanding of the distinction between the 7-point rating system.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Team members who contribute to the conversation are referred to or mentioned as regularly participating in the rating process.
- Stories or examples of team meeting that involve disagreements or struggles coming to consensus around a rating.
- Similar stories and examples of the child outcome rating process is heard from several team members.
- Stories or examples of the team progressing through the “forming-storming-norming” process.
- Stories or examples of how the team works through coming to consensus.
- Possibly comments about the entire team is present however some dominate and others don’t speak up.

- Team members mention the use of Decision Tree and the Bucket List as part of team meetings.
- Stories or example of how the team uses the Decision Tree and the Bucket List.
- Stories or examples of team members getting stuck on certain semantics when using the Decision Tree.
- Phrases and wording directly from the Decision Tree of the Bucket List is used during the ratings process.
## WI Birth to 3 program

**Preparation for On-Site Child Outcomes Discussion – County Practices**

The purpose of the “Preparation for On-Site Child Outcomes Discussion” is for the Birth to 3 Program to determine, by consensus, where they are on the continuum of practices for Child Outcome ratings prior to the actual onsite day. In the column under the header “Rating & Evidence” examples of practices which provide “evidence” and insight to a Birth to 3 Program’s Child Outcome rating process should be documented. The regional Birth to 3 REsource person will facilitate the conversation and help determine what level the county is operating within. During the onsite the results will be discussed with the whole team and highlight strengths and what components of the process need improvement. The initial score will establish the Birth to 3 program’s baseline score and help inform the development of specific PIPP outcomes.

<table>
<thead>
<tr>
<th>Team Rating Process</th>
<th></th>
<th></th>
<th></th>
<th>Rating &amp; Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>There is a single person completing the rating, e.g. Program Coordinator, Service Coordinator, etc. without a team conversation.</td>
<td>Team members send their rating via email without additional conversation within the full team. A team process is used for the entry rating at the time of the child’s initial IFSP but not at the time of exit.</td>
<td>Team members engage in team discussion to determine entry and exit ratings but outside of the child’s IFSP discussion.</td>
<td>Team discussions of a child’s development are done through the lens of the three outcomes and are integrated into the child’s IFSP Summary of Development discussion at entry and transition discussion at exit.</td>
<td></td>
</tr>
<tr>
<td>Team members rate children based on the descriptions of the 7-point scale available on the Child Outcomes Summary Form and do not use the Decision Tree or Bucket List.</td>
<td>Team members utilize the Decision Tree process but don’t have a clear understanding in the distinction between the 7-points of the rating scale. (e.g. don’t use Bucket List in addition to the Decision Tree)</td>
<td>Team members utilize the Indicator 3 Child Outcomes Decision Tree but not the Child Outcomes Bucket List when rating child. The team has at least one member with a strong foundation in child development.</td>
<td>Team members use both the Indicator 3 Decision Tree and Child Outcomes Bucket List every time a rating is completed to support a clear understanding of the distinction between the 7-point rating system. Team has a strong foundation in typical development Child Outcome process and data is shared with administration</td>
<td></td>
</tr>
</tbody>
</table>
Discussion

• Questions or reactions?
• How are you currently or planning to measure and gather information about implementation of practices?
• What has been rewarding and successful about the process?
• What barriers are you experiencing?
Stay In Touch!

Abby Schachner: abby.schachner@sri.com
Megan Vinh: megan.vinh@unc.edu

DaSy website: http://dasycenter.org/
Facebook: https://www.facebook.com/dasycenter
Twitter: @DaSyCenter

ECTA website: http://ectacenter.org
Facebook: https://www.facebook.com/ectacenter
Twitter: @ECTACenter
The contents of this tool and guidance were developed under grants from the U.S. Department of Education, #H326P120002 and #H373Z120002. 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. Project Officers: Meredith Miceli, Richelle Davis, and Julia Martin Eile.