1 CHILD OUTCOMES: LET’S MAKE IT WORK
Empowering Professionals Conference, March 2, 2018

2 AGENDA
· Introductions
· Icebreaker
· Preparation
· Engaging Families
· Resources

3 INTRODUCTIONS

4 ICEBREAKER
· Child Outcomes Summary Process
  · Half will identify strengths/what’s going well
  · Half will identify challenges/what is still difficult

5 ICEBREAKER
· Child Outcomes Summary Process
  · Each group shares one item from list
  · Share if your group has a strategy to address a challenge

6 PREPARATION
· Information for families
· Explain why we collect information
· Describe the outcomes
· Describe how the information is collected
· Check for understanding

7 EXPLAINING OUTCOMES
Introducing Outcomes at Intake

8 EXPLAINING OUTCOMES
Revisiting Outcomes at IFSP

9 RESOURCES FOR FAMILIES

10 DESCRIBING OUTCOMES
Three Child Outcomes to Determine Progress
1. **Gaining positive social emotional skills, including social relationships.**
   · This outcome considers how children interact and play with their family, other adults, and other children.
2. *Learning and using new knowledge and skills.*
   - This outcome considers how children learn and use basic language and communication skills such as counting and problem-solving that will prepare them to be successful in kindergarten.
3. *Using appropriate behaviors to meet their needs.*
   - This outcome considers how children gradually become more independent by learning how to move from place to place, feed themselves, and take care of basic needs.

11. **HAVE PARENT THINK/TALK ABOUT**
    **Social Emotional Skills and Relationships**
    How does my child relate to family members, close family friends, caregivers, and strangers? How does my child relate to other children at child care or in the neighborhood? With people in the community (such as the park or grocery store)? How does my child show his or her feelings? How does he or she calm down when upset? How does my child show that she or he understands social rules, such as sharing and taking turns?

12. **HAVE PARENT THINK/TALK ABOUT**
    **Knowledge and Skills**
    How does my child copy others’ actions or try to learn new things? How does my child try to solve problems? How does my child use words? Does my child understand concepts such as numbers and shapes? Does my child understand and respond to directions from others? How does my child communicate his or her thoughts and ideas?

13. **HAVE PARENT THINK/TALK ABOUT**
    **Meeting Needs**
    How does my child get from place to place? What does my child do when he or she wants something? What if it is hard to reach? What does my child do when he or she needs help? What does my child do when he or she is hungry? How does my child help with dressing or undressing, using the bathroom, and brushing his or her teeth? Can my child feed him or herself? What does my child do without my help?

14. **DESCRIBING OUTCOMES**
    - In order to describe outcomes, we need to know which skills and behaviors are related to which outcome
      - Positive social relationships
      - Acquisition and use of knowledge and skills
      - Using appropriate behavior to meet needs
      - Let’s play Jeopardy to check for understanding

15. **COLLECTING INFORMATION**
    - Information for providers
      - SC can share background information from RBI/ASQ-SE/Intake
      - Evaluation/assessment should include consideration of functional skills
      - Remember to ask about behavior across settings and situations
ENGAGING FAMILIES & CHECKING FOR UNDERSTANDING

DEC RECOMMENDED PRACTICES

- The DEC Recommended Practices were developed to provide guidance to practitioners and families about the most effective ways to improve the learning outcomes and promote the development of young children, birth through five years of age, who have or are at-risk for developmental delays or disabilities.
- *Family capacity-building practices:* Practices that include the participatory opportunities and experiences afforded to families to strengthen existing parenting knowledge and skills and promote the development of new parenting abilities that enhance parenting self-efficacy beliefs and practices.

DEC RECOMMENDED PRACTICES

- 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.
- F4. Practitioners and the family work together to create outcomes or goals, develop individualized plans, and implement practices that address the family’s priorities and concerns and the child’s strengths and needs.
- F5. Practitioners support family functioning, promote family confidence and competence, and strengthen family-child relationships by acting in ways that recognize and build on family strengths and capacities.
- F6. Practitioners engage the family in opportunities that support and strengthen parenting knowledge and skills and parenting competence and confidence in ways that are flexible, individualized, and tailored to the family’s preferences.

QUALITY INTERACTION PRACTICES

- Share information clearly and concisely using descriptive examples
- Avoid jargon/explain technical terms
- Actively include all team members and listen empathetically
- Ask good follow up questions to check for accuracy/add rich details
- Acknowledge and respect family input about child functioning

MAKING IT WORK

- For accurate ratings, we need to share relevant information about the three outcomes
- Understanding developmental progressions and the concepts of foundational, immediate foundational, and age-expected skills is critical
- Resources to support the process
  - Decision Tree
  - Milestones

MAKING IT WORK

- *Foundational skills:* skills and behaviors that develop early and serve as the foundation for later skills and behavior; these conceptually linked skills build on earlier skills in predictable ways. Interventionists use the earlier skills to help children move to the next higher level of functioning developmentally.
• **Immediate foundational skills**: the set of skills and behavior that occur developmentally just prior to age-expected functioning

### MAKING IT WORK

**Seems straightforward, so why is it so hard?**

1. Some foundational skills get replaced by newer skills whereas others continue in children’s (and adult’s) repertoires throughout life. For skills that continue throughout life, ask yourself at what age one would first expect to see this functioning and how close it is to the child’s current age.
2. Child development does not progress in a neat and tidy sequence. Children spend various amounts of time in any one stage of development.
3. Areas of development may overlap with one another.
4. Age expected is a moving target across the early intervention time period.
5. It’s impossible to pin down the exact age at which every child will have achieved a specific milestone. All children follow general sequences but each child will develop in unique ways, depending upon the child’s personality, context, and experiences.

### MAKING IT WORK

**Example 1:**

- Chrissa is 30 months old. She does not yet play with other children but watches them with great interest.
- A child who is 30 months of age or so should play with other children, even taking turns.
- A younger child (18-24 months or so) would play alone, but would be very aware of other children, such as the toys another child is using, and may snatch a toy away from another child.
- A much younger child (12 months or so) would stay very close to his or her primary caregiver, showing early awareness of other children.
- Chrissa is more than aware of other children, she visually follows their play with enthusiasm. She has immediate foundational skills on which to build the next level of relationships with peers.

### MAKING IT WORK

**Let’s Practice!**

- Each group has a set of cards
- Put cards in the order in which they occur developmentally
- Identify which card demonstrates age-expected development for a 24 month old
- Identify which card demonstrates immediate foundational skills
- Review which cards would then illustrate foundational skills

### PUTTING IT TOGETHER

- A quality child outcomes summary process can occur:
  - If families are engaged in the process
  - If the team understands which skills/behaviors align with which outcomes
  - If the team understands what is age-expected
  - If the team can determine whether the functioning that is not age-expected represents immediate foundational or foundational skills

### CHILD OUTCOMES RESOURCES

- EITP Child Outcomes Resource Page
- DaSy Online Child Outcomes Modules
- ECTA Center website
- Provider Handbook
# Child Outcomes Summary-Team Collaboration (COS-TC) Quality Practices Checklist

**Team Identifier:**

**Date:**

## I. Planning for the COS

<table>
<thead>
<tr>
<th>Quality Practices</th>
<th>No</th>
<th>Partly</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>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).</td>
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<tr>
<td>2. Providers review age-expected growth and development for the age of the child (as needed).</td>
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<tr>
<td>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).</td>
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<td>4. Providers confirm there is information about the child's functioning for each of the three child outcome areas.</td>
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<tr>
<td>5. Providers confirm that there is information about the child’s current functioning across settings and situations.</td>
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<tr>
<td>6. Providers consider the child’s functioning in terms of AE-IF-F with reference to age-anchoring tools and resources. (AE-age-expected, IF-immediate foundational, F-foundational)</td>
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<tr>
<td>7. Providers review plans for sharing information about the COS and how to engage the family in the COS decision-making process.</td>
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</table>

**Notes**

## II. Explaining the COS Process to Families

<table>
<thead>
<tr>
<th>Quality Practices</th>
<th>No</th>
<th>Partly</th>
<th>Yes</th>
</tr>
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<tbody>
<tr>
<td>1. Providers explain to the family why outcomes data are collected and how they are used.</td>
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<tr>
<td>2. Providers describe the three child outcomes that are measured.</td>
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<tr>
<td>3. Providers describe how the outcome data are collected.</td>
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<tr>
<td>4. Providers check for family understanding before moving on.</td>
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</table>

**Notes**

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III. Understanding Child Functioning

Quality Practices

<table>
<thead>
<tr>
<th>Practice</th>
<th>Outcome 1</th>
<th>Outcome 2</th>
<th>Outcome 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>‘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.</td>
<td></td>
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</tr>
<tr>
<td>1. Team members discuss the full <strong>breadth of each outcome</strong> (i.e., across the range of functioning pertinent to each outcome).</td>
<td>No</td>
<td>Partly</td>
<td>Yes</td>
</tr>
<tr>
<td>2. Providers invite the <strong>family to share information</strong> about their child’s functioning for each outcome area.</td>
<td>No</td>
<td>Partly</td>
<td>Yes</td>
</tr>
<tr>
<td>3. Team members discuss the child’s <strong>current functioning</strong> in each outcome area.</td>
<td>No</td>
<td>Partly</td>
<td>Yes</td>
</tr>
<tr>
<td>4. Team members discuss <strong>information from multiple sources</strong> (e.g., family input, other observations, assessments, progress monitoring, child care providers, specialists, neighbors) for each outcome.</td>
<td>No</td>
<td>Partly</td>
<td>Yes</td>
</tr>
<tr>
<td>5. Team members discuss the child’s functioning <strong>across settings and situations</strong>.</td>
<td>No</td>
<td>Partly</td>
<td>Yes</td>
</tr>
<tr>
<td>6. Team members discuss the child’s functioning for each outcome in sufficient <strong>depth</strong> to describe how the child uses skills in meaningful ways.</td>
<td>No</td>
<td>Partly</td>
<td>Yes</td>
</tr>
<tr>
<td>7. Team members focus on the child’s <strong>functional use of skills</strong> versus discrete skills.</td>
<td>No</td>
<td>Partly</td>
<td>Yes</td>
</tr>
<tr>
<td>8. Team members discuss <strong>skills the child has and has not yet mastered</strong>.</td>
<td>No</td>
<td>Partly</td>
<td>Yes</td>
</tr>
<tr>
<td>9. Team members discuss how the child’s <strong>current use of skills relates to age-expected development</strong> (AE-IF-F).</td>
<td>No</td>
<td>Partly</td>
<td>Yes</td>
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</tbody>
</table>

Notes

IV. Building Consensus for a High-Quality COS Rating

Quality Practices

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<tr>
<td>1. Team members discuss <strong>key decisions</strong> about the child’s functioning shown on the <strong>decision tree</strong> using all they know about the child’s mix of skills.</td>
<td>No</td>
<td>Partly</td>
<td>Yes</td>
</tr>
<tr>
<td>2. Team members discuss the <strong>rating for each outcome in descriptive terms</strong>, not simply as a number.</td>
<td>No</td>
<td>Partly</td>
<td>Yes</td>
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<tr>
<td>3. Team members <strong>reach consensus</strong> for each outcome rating.</td>
<td>No</td>
<td>Partly</td>
<td>Yes</td>
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<tr>
<td>4. The COS <strong>ratings are consistent with rating criteria</strong> for all the information shared and discussed.</td>
<td>No</td>
<td>Partly</td>
<td>Yes</td>
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</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Quality Practices</th>
<th>No</th>
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</tr>
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<tbody>
<tr>
<td>Providers:</td>
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<tr>
<td>a. ...share and/or synthesize information <strong>clearly and concisely.</strong></td>
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<td>b. ...<strong>display good affect</strong> (e.g., tone, facial expressions, and responsiveness).</td>
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<td>c. ...give <strong>eye contact</strong> appropriately.</td>
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<td>d. ...do not use jargon and <strong>clearly explain technical terms.</strong></td>
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<tr>
<td>e. ...<strong>actively include all team members</strong> in the discussions.</td>
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<td>f. ...<strong>show responsive behaviors</strong> that illustrate active listening and responding.</td>
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<td>g. ...<strong>let team members finish their thought</strong> before replying or moving on.</td>
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<tr>
<td>h. ...<strong>ask good follow-up questions</strong> to check for understanding or collect rich detail.</td>
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<tr>
<td>i. ...<strong>use descriptive examples, paraphrasing, and summarizing to check understanding.</strong></td>
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<tr>
<td>j. ...<strong>listen empathetically</strong>, being sensitive to emotions and environmental demands (e.g., phone ringing, child fussing).</td>
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<tr>
<td>k. ...<strong>acknowledge and respect family input</strong> about the child’s functioning.</td>
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Child Outcomes Resources

**Training**

**Child Outcomes Summary (COS): Collecting and Using Data to Improve Programs:**

http://www.cvent.com/events/child-outcomes-summary-cos-collecting-using-data-to-improve-programs/event-summary-9df02b1b52a44059b46bf5829a42d58e.aspx

**Understanding the Illinois Child Outcomes Process:**

http://www.cvent.com/events/understanding-the-illinois-child-outcomes-process/event-summary-2b5bc04e6c3f47dfbc537bbdb5cbe8c3.aspx

**Understanding Young Children’s Development:**

http://www.cvent.com/events/understanding-young-children-s-development/event-summary-16ae725968fb4a97ae706c5c020c6bf4.aspx

**Family Materials**


**General Resources**

**ECTA Center:** http://ectacenter.org/eco/

**EITP Resource Page:**
https://illinois.edu/blog/view/6039/114618?count=1&amp;ACTION=DIALOG&amp;sort=asc

**Team Materials**

**COS-TC:** http://ectacenter.org/eco/pages/costeam.asp

**Provider Handbook:** http://www.wiu.edu/ProviderConnections/pdf/Provider%20Handbook%20R12-2016.pdf