Online Systems Overview Follow-Up Session

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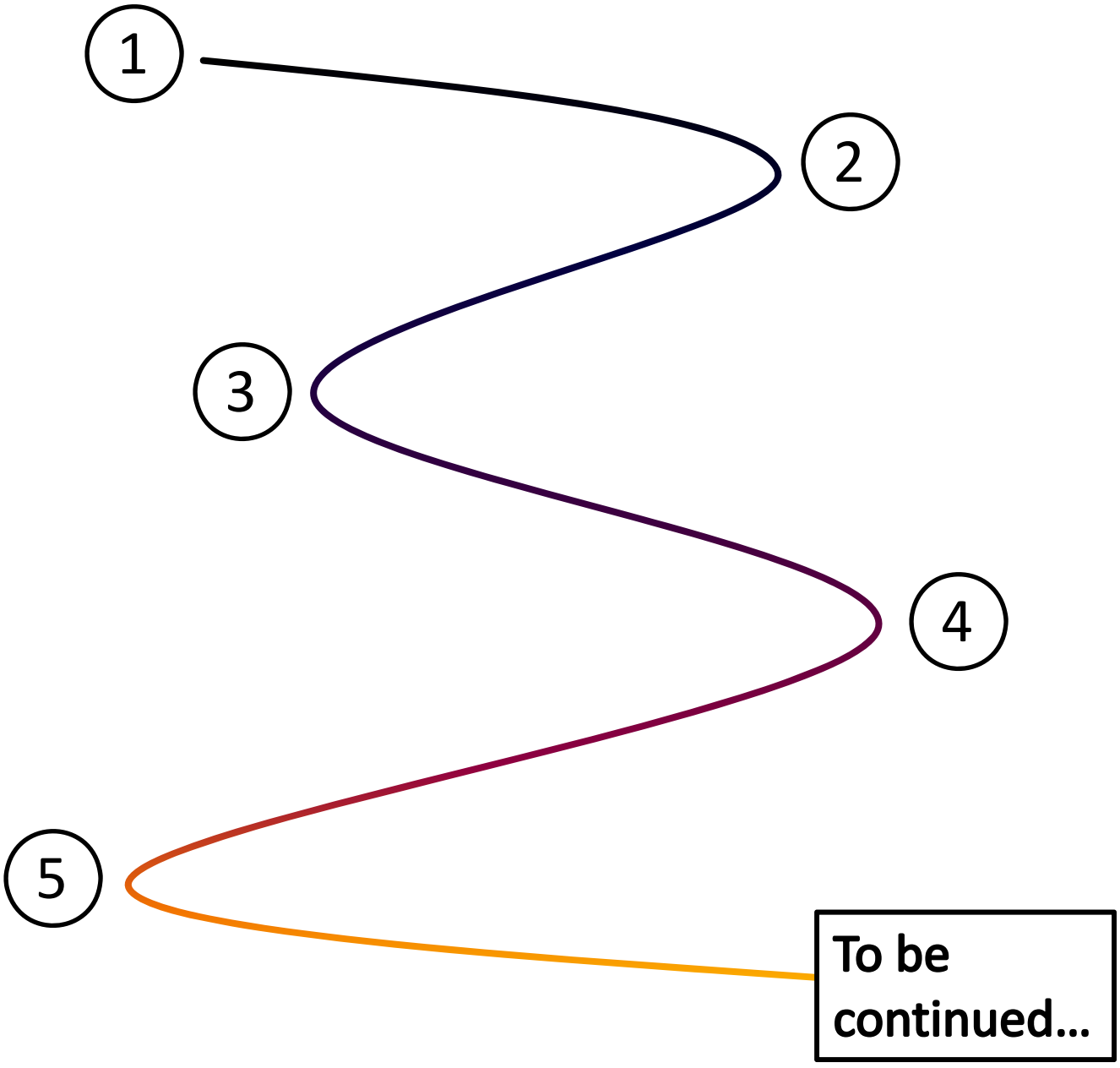
Updated 10/2019

My Notes & Next Steps

My Journey to Early Intervention



The Principles of Early Intervention

Adopted by the Illinois Interagency Council on Early Intervention (IICEI) - October 4, 2001

1. The primary goal of EI is to support families in promoting their child's optimal development and to facilitate the child's participation in family and community activities.

2. The focus of EI is to encourage the active participation of families in the therapeutic process by imbedding intervention strategies into family routines. It is the parents who provide the real early intervention by creatively adapting their child care methods to facilitate the development of their child, while balancing the needs of the rest of their family.

3. EI requires a collaborative relationship between families and providers, with equal participation by all those involved in the process. An on-going parent-professional dialogue is needed to develop implement, monitor, and modify therapeutic activities.

4. Intervention must be linked to specific goals that are family-centered, functional, and measurable. Intervention strategies should focus on facilitating social interaction, exploration, and autonomy.

5. Intervention shall be integrated into a comprehensive plan that encourages transdisciplinary activities and avoids unnecessary duplication of services. The plan shall be built around family routines, with written home activity programs to encourage family participation in therapeutic activities on a daily basis.

6. Intervention should be monitored periodically to assure that the strategies implemented are successful in achieving outcomes.

7. Children and their families in the Early Intervention System deserve to have services of highest quality possible. High standards will be set for the training and credentialing of administrative and intervention staff. Training, supervision, and technology will be focused to achieve excellence.

Seven National Key Principles

1) **Infants and toddlers learn best through every day experiences and interactions with familiar people in familiar contexts.**

    a. Learning activities and opportunities must be functional, based on child and family interest and enjoyment
    b. Learning is relationship-based
    c. Learning should provide opportunities to practice and build upon previously mastered skills
    d. Learning occurs through participation in a variety of enjoyable activities

2) **All families, with the necessary supports and resources, can enhance their children's learning and development.**

    a. All means ALL (income levels, racial and cultural backgrounds, educational levels, skill levels, living with varied levels of stress and resources)
    b. The consistent adults in a child's life have the greatest influence on learning and development-not EI providers
    c. All families have strengths and capabilities that can be used to help their child
    d. All families are resourceful, but all families do not have equal access to resources
    e. Supports (informal and formal) need to build on strengths and reduce stressors so families are able to engage with their children in mutually enjoyable interactions and activities

3) **The primary role of the service provider in early intervention is to work with and support the family members and caregivers in a child's life.**

    a. EI providers engage with the adults to enhance confidence and competence in their inherent role as the people who teach and foster the child's development
    b. Families are equal partners in the relationship with service providers
    c. Mutual trust, respect, honesty and open communication characterize the family-provider relationship

4) **The early intervention process, from initial contacts through transition, must be dynamic and individualized to reflect the child's and family members' preferences, learning styles and cultural beliefs.**

    a. Families are active participants in all aspects of services
    b. Families are the ultimate decision makers in the amount, type of assistance and the support they receive
    c. Child and family needs, interests, and skills change; the IFSP must be fluid, and revised accordingly
    d. The adults in a child's life each have their own preferred learning styles; interactions must be sensitive and responsive to individuals
    e. Each family's culture, spiritual beliefs and activities, values and traditions will be different from the service provider's (even if from a seemingly similar culture); service providers should seek to understand, not judge
    f. Family "ways" are more important than provider comfort and beliefs (short of abuse/neglect)

5) **IFSP outcomes must be functional and based on children's and families' needs and priorities**

   a. Functional outcomes improve participation in meaningful activities
   b. Functional outcomes build on natural motivations to learn and do; fit what's important to families; strengthen naturally occurring routines; enhance natural learning opportunities.
   c. The family understands that strategies are worth working on because they lead to practical improvements in child & family life
   d. Functional outcomes keep the team focused on what's meaningful to the family in their day to day activities.

6) **The family's priorities needs and interests are addressed most appropriately by a primary provider who represents and receives team and community support.**

   a. The team can include friends, relatives, and community support people, as well as specialized service providers.
   b. Good teaming practices are used
   c. One consistent person needs to understand and keep abreast of the changing circumstances, needs, interests, strengths, and demands in a family's life
   d. The primary provider brings in other services and supports as needed, assuring outcomes, activities and advice are compatible with family life and won't overwhelm or confuse family members

7) **Interventions with young children and family members must be based on explicit principles, validated practices, best available research and relevant laws and regulations.**

   a. Practices must be based on and consistent with explicit principles
   b. Providers should be able to provide a rationale for practice decisions
   c. Research is on-going and informs evolving practices
   d. Practice decisions must be data-based and ongoing evaluation is essential
   e. Practices must fit with relevant laws and regulations
   f. As research and practice evolve, laws and regulations must be amended accordingly

SEVEN KEY PRINCIPLES: LOOKS LIKE/DOESN'T LOOK LIKE

Developed by the Workgroup on Principles & Practices in Natural Environments

http://ectacenter.org/topics/eiservices/keyprinckeyprac.asp

Where Do You Stand?

Please read each statement carefully and decide whether you agree or disagree with it, then mark your response in the left margin by putting an “A” (agree) or a “D” (disagree) in the space provided. There are no right or wrong answers, just your answers. You will have an opportunity to discuss your choices later.

_____ 1. Families who do not keep appointments scheduled with interventionists should be given a warning then dropped from the schedule.

_____ 2. Service coordinators or interventionists should not be required to go into a neighborhood or area that is considered unsafe.

_____ 3. Children with severe or multiple disabilities are the least likely to have sufficient routines for intervention to be effective.

_____ 4. Interventionists provide the best service for families when they bring the necessary toys and equipment they know works with them.

_____ 5. Generally, family members and care providers are not able to use effective intervention strategies within their daily routines without modeling and demonstration by interventionists.

_____ 6. Parents are the best teachers for their child and should be willing to do therapies in their home.

_____ 7. In order to really develop an effective working relationship, a trusting friendship needs to be established with the family.

_____ 8. Some families need a break and should be able to take this break while the interventionists is there working with their child.

Improving Relationships Between Families and Practitioners During the Early Years

by Susan P. Maude and Jacqueline L. Dempsey

After over 55 collective years of experience in working in the field of early childhood intervention and early childhood special education as direct practitioners, teacher trainers, administrators and consultants, we have experienced many changes in the ways we think and interact with families. Also, we have both been on the other side of the table in having family members who were served by these programs.

As the field has evolved during our lifetimes, the focus has shifted from serving children in isolated institutional settings to providing community-based, inclusive services in a family-centered manner. The roles of the family and the practitioner have changed dramatically. Practitioners once only dealt with the child, and family members were more passive recipients of service. Now family members are an equal and vital part of every service.

So what have we learned? What do we think is now most important for family members and practitioners to think about? In the chart presented here (see Figure 1) we have listed some of the things that family members should expect and demand, and some areas that require practitioners to examine their own beliefs and practices. At the core of all of the ideas presented in the chart is the need for people to communicate, to listen, and to learn from each other.

We live in a changing world where we know that every family is different, every family has strengths and unique priorities for themselves and their children, and every family is dynamic and what might be needed today may be very different than what is needed next week. Most of what we have learned works is based in mutual respect and understanding between practitioners and families, and in taking the time to learn as well as teach.

As you examine the ideas we present here, take the time to ask yourself where you are on the continuum of making sure that your child is receiving the best services. Or as a practitioner, ask yourself where you are in striving for excellence in your work with families and children. No one knows it all. Early childhood professionals work with a child and family for a short time. The best way to "make it count" is to do your best to understand and learn from the family. Families can best use the early childhood system by learning as much as they can about the way the system works, what all the acronyms mean, what ways they can help their child learn and develop, and what the paperwork means. And both families and professionals need to function in environments where stress is minimized!!!!!

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References

Boss, P. (2007). Ambiguous loss theory: Challenges for scholars and practitioners. *Family Relations, 56* (2), pp.105-111.

Dunst, C.J., Trivette, C.M., & Deal, A. (1988). *Enabling and empowering families: Principles and guidelines for practice*. Cambridge, MA: Brookline Books.

Dunst, C.J., Trivette, C.M., & Deal, A. (1994). *Supporting and strengthening families*. Cambridge, MA: Brookline Books.

Gallagher, P.A., Fialka, J., Rhodes, C., & Arceneaux, C. (2002). Working with families: Rethinking denial. *Young Exceptional Children, 5*(2), 11-17.

Iowa's Early ACCESS and Iowa SCRIPT. (2004). Guiding principles and practices for delivery of family centered services. Retrieved 9/23/09 from http://www.extension.iastate.edu/culture/files/FamlCntrdSrvc.pdf.

Keyser, J. (2006). *From parents to partners: Building a family-centered early childhood program*. St. Paul, MN: Redleaf Press and NAEYC.

Additional Resources to Help Families and Practitioners

- **PACER Center's Early Childhood Publications (www.pacer.org/publications/earlychildhood.asp or 952/838-9000).** PACER's Early Childhood Project provides free and low-cost resources that help parents of young children with disabilities gain the confidence, knowledge, and skills needed to help their children obtain the education and other services they need. Resources are available in multiples languages.

- **Commonly Asked Questions about Child Care Centers and the Americans with Disabilities Act (http://www.ada.gov/childqanda.htm).** This free 13-page publication from the US Department of Justice responds to commons questions from child care providers about how the ADA applies to child care centers.

- **"Help for Babies (0 to 3)" and "Educate Children (3 to 22)"** These online fact sheets for parents provide information about early intervention and special education services, and the roles of parents and professionals. They are published by the National Dissemination Center for Children with Disabilities. *Updated link: http://www.parentcenterhub.org/repository/babies/*

- **Working Together: a Parents Guide to Parent and Professional Partnership and Communication Within Special Education *(name updated to "Parental Right to Participate in Meetings")*** This free guide from the national Technical Alliance for Parent Centers helps parents effectively communicate with special education professionals. *Updated link: http://www.parentcenterhub.org/repository/participation/*

Retrieved from the website of the Institute on Community Integration, University of Minnesota (http://ici.umn.edu/products/impact/221). Citation: Catlett, C., Smith, M., Bailey, A. & Gaylord, V.(Eds). (Summer/Fall 2009). Impact: Feature Issues on Early Childhood Education and Children with Disabilities, 22(1). [Minneapolis: University of Minnesota, Institute on Community Integration].

Figure 1: Supporting Positive Relationships Between Families and Early Childhood Practitioners What's Important?

What's Important	For Families	For Practitioners
Relationship development- it's all about relationships!	Teach the people who provide services to you and your child and family: what's important, what's not, what's possible, what's not. Like any relationship, you have to work at it!	Think about ways to learn with families, rather than you teaching them. Once there is a power balance and you establish trust, the relationship can grow.
A family-centered philosophy	Expect the people who work with your child to recognize the strengths of your child and family, respond to your priorities, individualize service delivery, respond to changing priorities of your family, and support the values and lifestyle of your family. *(Dunst, Trivette, & Deal, 1988; Dunst, Trivette, & Deal, 1994; IA Early ACCESS and Iowa SCRIPT, 2004; Keyser, 2006)*.	Be able to state your philosophy. Having a philosophy grounds you and provides you with a framework to assist you as you meet and interact with a myriad of families and situations.
Recognize child and family strengths	Think about the strengths of your family and be able to tell others the things that you are most proud of, the things you do well, and the supports that your family members give each other. Be prepared to describe your child's strengths, accomplishments, and promise. Oblige others to participate in using this strengths-based approach.	Identify ways in which you can daily prove your belief that ALL families have strengths. Recognize and then build upon those strengths so that each and every family has the opportunity to gain the knowledge and skills to be confident and competent in their abilities to support their child. Using a strength-based lens when working with children and families will help keep you positive and should help in preventing burnout.
Definitions of family – it's a moving target	Define your family to the people who are working with you. Talk about the members of your family and roles they play.	Families have diverse shapes, sizes, and configurations. Each family that you support will offer to you their own definition of family. Take time to reflect on your own biases, and work to leave your biases at home.
Culture, Language and Ability Diversity (CLAD	Take the time to talk to people working with you about your cultural, spiritual, and ethnic backgrounds, practices, and celebrations. Don't assume they already know!	Examine the values and beliefs that guide your understanding of culture and how it influences your practices. Talk to families about their culture, practices and celebrations. Don't assume they have the same beliefs, practices, or background as you have or as another family that you support. Celebrate and respect the differences!
Responding to family-identified priorities	Make sure that those who work with your child understand what is most important to you. Tell them what is the hardest thing for you to do with your child.	How do you match services and supports to the family-identified priorities? Make sure that you address the family priority and not your own!
Communication	If people who are working with you aren't hearing what you have to say, tell them again and again. Help them understand your child, your family, and all of your needs. Expect that they respond to what you are saying. If this doesn't work, call the person's supervisor to discuss the problem. If you don't understand something, ask the person to explain it until you do!	Listen, listen and observe, and then listen some more. Families continue to identify ability to listen as one of the key attributes of effective practitioners. Families benefit from information shared through a variety of resources and formats, as well as in a variety of languages and/or reading levels (Keyser, 2006).
Managing your time	Talk to the people working with you about your daily routines, your time constraints, your challenges and how these impact on your ability to participate in your child's program.	Understand that families are busy. To avoid adding more activities to a family's already busy schedule, embed the IFSP/IEP goals within the natural routines or learning opportunities that may exist for a family throughout their week.
Family dynamics – one size does not fit all	Think about the way you are dealing with the fact that your child's development is different from other children's. What emotions are you feeling? Who can you talk to for support?	Be careful how you interpret a family's behavior and emotional status. Families experience different emotions about their children (Boss, 2007; Gallagher, Fialka, Rhodes & Arceneaux, 2002). Don't assume. Don't project. Listen!
Managing stress	What can you do to minimize the stress in your life? How can the person serving your child and family help? One thought is saying what you realistically can do in the next week, telling the person what is stressful for you about expectations, etc.	How are you handling stress in your life? Is it impacting on your relationships with the families you serve? Communicate to the families what would help you do your job.
Paperwork	Don't sign anything you don't understand. Ask for more information if you have questions.	The amount of paperwork required for practitioners is exhausting. Understand that just as you had to learn about all of the requirements, so do families. Make sure they know what each paper means for them and their child.

Questions Parents Ask About Early Intervention Services

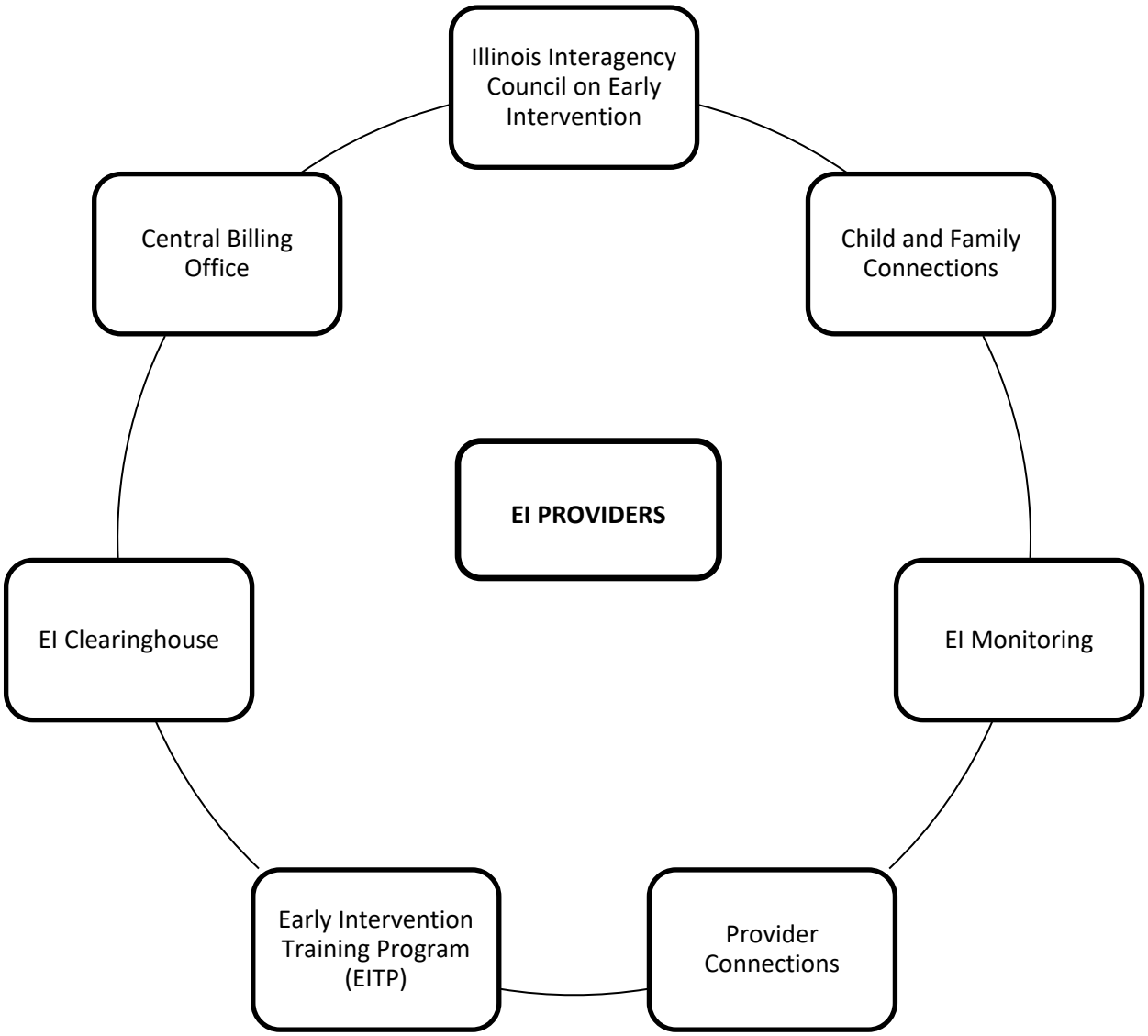
- ✓ How will I be able to choose the best provider for our family?
- ✓ What kind of training/experience do these providers have with families and children who have needs like my child?
- ✓ How often will you provide services?
- ✓ Why is it important that my child and family receive the services now?
- ✓ Do I need to be present during these visits?
- ✓ What if I don't want a service recommended?
- ✓ How can I find other families who are receiving EI services?
- ✓ What is the best way for me and other family members to be involved during our visit?
- ✓ I want my child to be treated like other children and do the things other children do. How will you help us with that?
- ✓ How much do I have to pay for this service?
- ✓ Why would I want services through EI when I can just use my insurance?
- ✓ Who has access to our information?
- ✓ What is a Family Participation Fee?
- ✓ What is the best way to contact you if I need to cancel?
- ✓ How often will my providers communicate with each other?
- ✓ How can I be part of this team when I don't know what my child should be doing?
- ✓ How much notice will I have for meetings?
- ✓ I work during the day. Can services be provided around my work schedule?
- ✓ How is my childcare provider involved?
- ✓ How can you help me locate and use other supports in my community?
- ✓ What if I don't agree with the decisions made?
- ✓ How do I go about looking at my child's record?
- ✓ What happens when my child turns three?
- ✓ Who do I ask if I have other questions?

IL EI System of Supports

Lead Agency: Dept. of Human Service

DHS Website http://www.dhs.state.il.us/ei

EI entities associated with/contracted through DHS in the Bureau of EI



For more information about each system of support

- **Department of Human Services**
  - **Main: https://www.dhs.state.il.us/**
  - **EI Bureau: http://www.dhs.state.il.us/ei**
- **Illinois Interagency Council on Early Intervention**
  - **https://www.dhs.state.il.us/page.aspx?item=37365**
- **EI Clearinghouse**
  - **http://eiclearinghouse.org/**
- **Early Intervention Training Program (EITP)**
  - **http://eitp.education.illinois.edu**
- **Provider Connections**
  - **http://www.wiu.edu/ProviderConnections/**
- **EI Monitoring**
  - **http://www.earlyinterventionmonitoring.org/**
- **Central Billing Office**
  - **https://eicbo.info/**
  - **Provider Billing Information (July 2013): https://eicbo.files.wordpress.com/2017/05/eicbo-information-for-providers.pdf**
- **Child and Family Connections**
  - **CFC Listings (updated Nov 2015): https://illinois.edu/blog/files/6039/140057/78403.docx**
  - **CFC Procedure Manual (updated Nov 2015): https://go.illinois.edu/CFCProcedureManual**

Credentialing

Complete most updated application – http://www.wiu.edu/ProviderConnections/

Credentialing Requirements - http://wiu.edu/ProviderConnections/credReq.php

Apply for NPI (National Provider Identifier) at the National Plan and Provider Enumeration System at https://nppes.cms.hhs.gov/NPPES

Apply for IMPACT (Illinois Medicaid Program Advanced Cloud Technology) at https://www.illinois.gov/hfs/impact

Instructional Video on filling out the EI Credential Application: https://youtu.be/WRaRDSp9X24

Credentialing Page for New Applicants:
http://www.wiu.edu/coehs/provider_connections/credentialing/newapp.php

The following is from the Credentialing page for new applicants:

IMPACT

Providers must enroll in the Illinois Medicaid Program Advanced Cloud Technology (IMPACT) (https://www.illinois.gov/hfs/impact) before an Early Intervention Credential can be issued. The Bureau of Early Intervention has issued guidelines for IMPACT enrollment. Providers may submit the credential application once they are "In Review" with IMPACT.

IMPACT has slideshows and webinars to explain the process for each type of provider. Please view the appropriate one before you begin the application process.

All Early Intervention Providers **MUST** associate to the EI Billing Provider 7094782 and the EI MCO 3000005. This is the Early Intervention Mangaged Care Organization. IMPACT lists it as optional, but it is not optional for Early Intervention Providers.

Credentialing/Supervision Questions:

Links to address questions related to 240 hours:

- http://www.wiu.edu/coehs/provider_connections/qanda/consultative_experience.php
- http://www.wiu.edu/coehs/provider_connections/credentialing/temporary_require ments.php

Links related to Ongoing Professional Development Plans:

- http://www.wiu.edu/coehs/provider_connections/pdf/OPDPFormat.pdf
- http://www.wiu.edu/coehs/provider_connections/pdf/2018forms/4-2018CVFOPD D.pdf

Understanding Child Outcomes

Outcomes	EXAMPLES OF SKILLS AND BEHAVIORS Examples of each child outcome include skills and behaviors that infants & toddlers use across multiple settings to:	CONVERSATION STARTERS Use these questions to guide your team's discussion of the child's performance across the child outcomes. These questions are NOT designed to be a checklist of performance but to help your team understand what information about the child's skills across settings relates to which of the child outcomes. These questions can also provide a way to focus the team's discussion.
Children have positive social/emotional skills (including positive social relationships)	• Build and maintain relationships with children and adults • Regulate their emotions • Understand and follow rules • Communicate wants and needs effectively	• How does the child relate to his/her parents and familiar caregivers (e.g., child care providers, babysitters)? • How does the child interact with people in community settings (e.g., park, grocery store, with neighbors on walks, at the bus stop, in restaurants, playgroups or outings)? • How does the child interact with/react to peers (e.g., at child care, in the park, in brief interaction in stores or restaurants)? • Tell me about the situations and ways that the child expresses delight or displays affection. • In the child's interactions, are there behaviors that may interfere with relationships or seem inappropriate in interactions expected for the child's age (e.g., screaming, biting, tantrums)? How often does this occur? In what situations? In what situations does it not occur? • How does the child respond to transitions in routines or activities? Are the child's actions different for familiar transitions versus new transitions or different across settings or with different people? • How does the child participate in games (e.g., social, cooperative, rule-based, with turn-taking)? What do the child's interactions look like in these situations? • **How would you expect other children of this age to act in these situations?**
Children acquire and use knowledge and skills (including early language/communication)	• Display an eagerness for learning • Explore their environment • Engage in daily learning opportunities • Show imagination and creativity in play	• How does the child use the words and skills s/he has in everyday settings (e.g., at home, at the park, at child care, at the store, with other kids, in restaurants, with different people)? • How does the child understand and respond to directions and requests from others? • Tell me about a time when s/he tried to solve a problem (e.g., overcame an obstacle, solved a problem about something important to him/her). What did s/he do? • How does the child's play suggest understanding of familiar scripts for how things work, what things are related, what comes next, and memory of previous actions in that situation? • How does the child demonstrate his/her understanding of symbols into concepts, communication, and play? • How does the child interact with books, pictures, and print? • **How would you expect other children of this age to act in these situations?**
Children use appropriate behaviors to meet needs	• Move from place to place to participate in everyday activities. • Meet their self-care needs (feeding, dressing, toileting, etc.) • Seek help when necessary to move from place to place. • Use objects such as spoons, crayons, and switches as tools.	• How does the child get from place to place when desired or needed? • What does the child do when s/he needs help? How does the child convey his/her needs? • Tell me about the child's actions/reactions with regard to hygiene (e.g., tooth brushing, washing hands/face, blowing nose). • How does the child show awareness of situations that might be dangerous (e.g., drop offs, hot stoves, cars/crossing streets, strangers)? • Are there situations when a problem behavior or disability interferes with the child's ability to take action to meet needs? How consistently? How serious is it? Does the child take alternative approaches? What are those? • What does the child do when s/he is bored? How does s/he amuse her/himself or seek out something fun? • How does the child use materials to have an effect on his/her environment and activities (e.g., switches to turn on toys, using utensils for eating)? • **How would you expect other children of this age to act in these situations?**

Definitions for Outcome Ratings

Overall Age Appropriate	**Completely** means:	• Child shows functioning expected for his or her age in all or almost all everyday situations that are part of the child's life. Functioning is considered appropriate for his or her age. • No one has any concerns about the child's functioning in this outcome area.
		• Child's functioning generally is considered appropriate for his or her age but there are some significant concerns about the child's functioning in this outcome area. These concerns may be substantial enough to suggest monitoring or possible additional support. • Although age-appropriate, the child's functioning may border on not keeping pace with age expectations.
Overall Not Age Appropriate	**Somewhat** means:	• Child shows functioning expected for his or her age some of the time and/or in some situations. Child's functioning is a mix of age appropriate and not age appropriate behaviors and skills. • Child's functioning might be described as like that of a slightly younger child*.
		• Child shows some but not much age-appropriate functioning.
	Emerging means:	• Child does not yet show functioning expected of a child of his or her age in any situation. • Child's behaviors and skills include immediate foundational skills upon which to build age appropriate functioning. Child shows these immediate foundational skills most or all of the time across settings and situations. • Functioning might be described as like that of a younger child*.
		• Child's behaviors and skills include some immediate foundational skills but these are not displayed very often across settings and situations.
	Not Yet means:	• Child does not yet show functioning expected of a child his or her age in any situation. • Child's skills and behaviors also do not yet include any immediate foundational skills upon which to build age appropriate functioning. • Child's functioning might be described as like that of a much younger child*.

* The characterization of functioning like a younger child will only apply to some children receiving special services, such as children with developmental delays.

Child Outcomes Age Anchors- Year 1

Positive Social-Emotional Skills *Children demonstrate age-appropriate functioning by…*		**Acquiring and Using Knowledge and Skills** *Children demonstrate age-appropriate functioning by…*		**Taking Appropriate Action to Meet Needs** *Children demonstrate age-appropriate functioning by…*	
Birth to 3 Months • Fixating on the human face and maintaining gaze with caregiver • Turning their head and eyes in the direction of the parent voice • Being comforted and appearing to enjoy touch and being held by a familiar adult • Draws attention to self when in distress • **4-6 Months** Anticipating being lifted/fed and moving toward adult when being approached • Smiling spontaneously to human contact, smiling in play, and smiling at self in mirror • Vocalizes to express pleasure/displeasure sounds in addition to crying/cooing • Is able to stop unexplained crying • Enjoying games with others such as "Where is your nose?" and "So Big! • Vocalizing in response to babbling behavior, vocalizations and speech produced by an adult	**7-9 Months** • Smiling and laughing during turn-taking • Participating in simple games (pat-a-cake, peek-a-boo) • Demonstrating anticipation of play activities • Exhibiting anxious behavior around unfamiliar adults • Using gestures and vocalizing to protest • Shouting or vocalizing to gain attention • Shows anxiety over separation from parents • Repeating a behavior (shows off) to maintain adult attention **10-12 Months** • Imitating familiar words in turn-taking • Showing sensitivity to the mood of others • Performing for social attention • Responding to a request of "come here" • Stopping when name is called • Maintaining attention to speaker	**Birth to 3 Months** • Lifts head while on tummy • Clasping hands together and hands to mouth • Grasping finger if placed in palm • Kicking legs while lying on back • Begins cooing **4-6 months** • Beginning to reach for objects • Looking to place on body where being touched • Trying to cause things to happen such as kicking a mobile and smiling • Dropping a ball and observing the fall • Developing more precise imitation skills of facial movements and speech sounds • Securing an object that is partially hidden with a cloth • Pushing up through extended arms while on tummy	**7-9 Months** • Shows desire to get to things that are not within reach • Sitting unsupported while playing • Plays 2-3 minutes with a single toy • Reaching for and grasping small toys • Reaching for objects while on tummy **10-12 months** • Pointing with index finger • Imitating behaviors initiated by caregiver (playing peek-a-boo; smiling and laughing during turn-taking) • Banging blocks or small toys together • Repeatedly throwing or dropping objects to watch the movement • Stirring with a spoon in a cup • Banging a spoon on inverted cup or tabletop • Demonstrates emerging problem solving skills such as (pushing/pulling adult's hands to have a behavior instigated; using a stick to play a xylophone)	**0-3 Months** • Hands begin to open more and rest in open position • Holds small objects or toys when placed in hand • Follows moving object in range of 30 degrees either side of midline • Responds to loud noise with startle or upset • Responds to human voice more readily than any other sound • Begins to produce different cries for different reasons • Turning head to either side when lying on back • Rooting-reflexive turning of mouth toward hand rubbing cheek • Lifting and rotating head when lying on tummy or when held at shoulder • Primary Standing-extending legs for weight bearing when held upright with feet contacting surface • Walking-reflexive stepping when held upright with feet contacting surface	**7-9 Months** • Holds an object in each hand and bangs them together • Reaches for objects with either hand, one at a time, when lying on tummy • Rakes at tinier objects with fingers • Turns to look when name is called • Begins to imitate sounds, often in conversational way • Moves body to music • Shows desire to get to things that are not within reach • Rolling in both directions and may use sequential rolling to get somewhere • Crawling on belly using both arms and legs symmetrically to propel 3+ feet • Pulls up into standing position when holding hands and supports all of weight on legs • Sitting on own once placed in that position • Begins to participate when being dressed, pulls off socks or hat

		4-6 months (cont.) • Repeating arm movements to keep a toy activated, keep mom singing, or causal event • Visually studies hands and objects, looks at mirror image	**10-12 months (cont.)** • Singing along with a familiar song • Using gestures and/or vocalizing to protest • Shouting or vocalizing to gain attention • Responding to a request to "come here" • Maintaining attention to speaker • Responding with gesture to "want up" • Waving in response to "bye-bye" • Saying "mama" or "dada" meaningfully • Imitating consonant and vowel combinations • Imitating non-speech sounds • Vocalizing with intent frequently • Using a word to call a person • Giving objects upon verbal request • Performing a routine activity upon verbal request • Looking at familiar objects and people when named • Understanding simple questions • Identifying two body parts on self	**Birth to 3 mos. (cont.)** • Kicks feet in bicycle motion when lying on back **4-6 Months** • Brings hands together in midline over chest when lying on back, i.e. places hands on bottle while eating, • Begins to reach and grasp or bat at objects, shakes or bangs toys on surface • Brings objects to mouth, i.e. toys, pacifier • Moves objects back and forth from one hand to the other • Babbles with wide variety of sounds • Rolling-tummy to back • Raises head and shoulders by resting on forearms/hands when on tummy to look around • Sits with less and less support, tries to prop forward on arms to stay sitting or tries to raise self to sitting when leaning back • Reaches for and plays with feet • Holds head up well in many positions to see all around • Enjoys bath	**7-9 months (cont.)** • Grabs for spoon/cup when being fed **10-12 Months** • Points with index finger and activates toys using one finger • Begins to develop more refined grasp using tips of finger and thumb to pick up smaller things • Learns to voluntarily let go of what is being held, may throw objects • Raises arms up when wanting to be picked up • Expresses full range of emotion including resistive behavior • Raises self to sitting position • Creeps on hands and knees to get around • Pulls up on furniture • Cruises along furniture and/or walks with hands-on help • Tries to climb to get to higher surfaces, crawls up stairs • Fusses when diaper is soiled • Feeds self with fingers/sippy cup and tries to use small utensil

Child Outcomes Age Anchors- Year 2

Positive Social-Emotional Skills *Children demonstrate age-appropriate functioning by…*		**Acquiring and Using Knowledge and Skills** *Children demonstrate age-appropriate functioning by…*		**Taking Appropriate Action to Meet Needs** *Children demonstrate age-appropriate functioning by…*	
13-18 Months	**19-24 Months**	**13-18 Months**	**19-24 Months**	**13-18 Months**	**19-24 Months**
• Pretending to talk on phone, feed a baby, clean a spill • Discriminating between familiar and unfamiliar people • Showing awareness of feelings of others • Initiating familiar turn-taking routines • Requesting assistance from adult • Hugging/kissing parents • Demonstrating functional use of objects such as trying to use a brush or drinking from a cup • Giving a toy to caregiver spontaneously & upon request • Having temper tantrums when frustrated • Sometimes doing the opposite of what is asked of them	• Showing a wide variety of emotions i.e., fear, anger, sympathy, modesty, guilt, joy • "Checking-in" with familiar adults while playing • Resisting change, making transitions difficult • Showing jealousy of attention given to others, especially own family • Using vocalizations and words during pretend play • Playing alone for short periods • Recognizing self in photograph • Using "mine" to denote possessiveness	• Exploring the environment independent of caregiver • Turning the pages in a book • Looking at, pointing to, and naming pictures in a book • Imitating scribbling motions • Initiating familiar turn-taking routines • Imitating sounds often, in turn-taking way • Pointing to two action words in pictures • Pointing to, showing, and giving an object • Handing a toy to an adult for assistance	• Identifying 6 body parts • Choosing 2 familiar objects upon request • Sorts objects by type (kitchen vs. animals) • Can follow 2 different directions with a toy (put it in, turn it over) • Asking "What's that?" • Demonstrating symbolic play, using one object as a signifier for another • Attempting to repair broken toys • Choosing 1 object from a group of 5 upon verbal request • Stacking 5 or 6 blocks • Using 2 word utterance sometimes with gestures to communicate • Using 3 word phrases occasionally • Imitating words overheard in conversation • Naming 5 to 7 objects upon request • Using new words regularly (adding 2 to 5 words a week) • Spontaneously naming objects, person, and actions	• Picking up items of varying sizes and weights using either hand and precision with fingers • Removing objects while holding on to container • Placing objects into large containers • Using wider variety of gestures to communicate wants and needs • Beginning to say words for most familiar things/people • Following simple directions, i.e."Find your shoes." • Correctly matching sound to object, i.e. doorbell, telephone • Standing without support briefly • Walking independently with good quality, using assistance with stairs • Climbing up on couch • Removing loose clothing partially/ completely • Using child-sized fork and spoon to eat (non-liquids) • Helping with tooth brushing	• Trying to take things apart • Marking/ drawing on paper with crayons or other writing tools • Placing objects in containers with smaller openings • Using two word utterances, plus gestures, to express wants and needs • Answering questions with "yes" or "no" using head shake, gestures or words • Expressing need for independence with doing things on own or asking for help • Following 2 or 3 step directions • Imitating adult actions especially to "help out" • Garnering someone's attention or leading someone to something they want or want to show them • Demonstrating more advanced movement and motor skills, i.e. running, more proficient climbing • Identifying 6 body parts

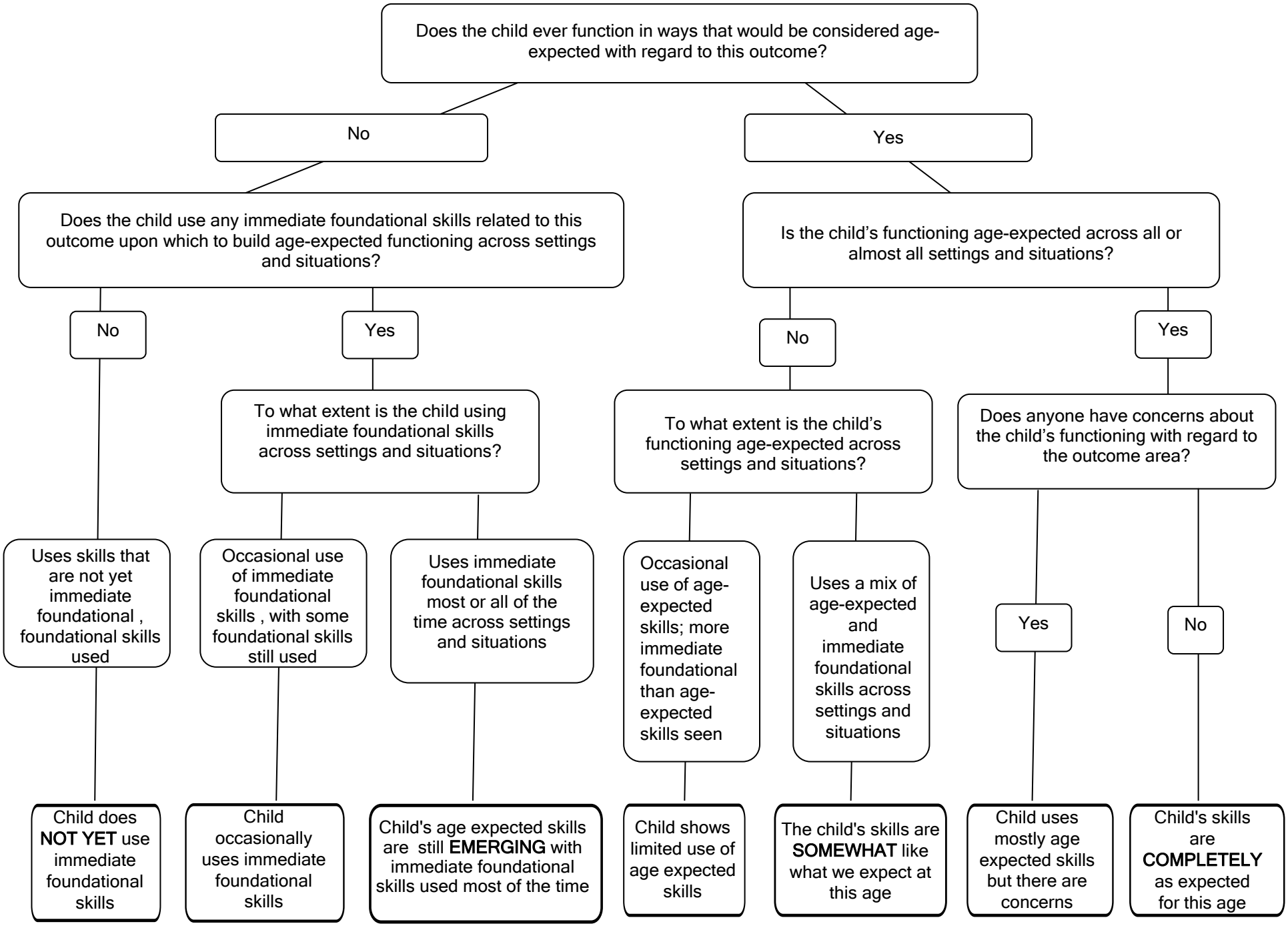
			19-24 Months (cont.) • Following novel commands • Tells about personal experience • Referring to self by name • Using early pronouns occasionally • Engaging in adult-like dialogue • Using speech understood by others 50% of the time • Using sentence-like intonation patterns • Making a horizontal and vertical stroke with crayon		**19-24 Months (cont.)** • Choosing 2 familiar objects upon request • Sorts objects by type (kitchen vs. animals) • Can follow 2 different directions with a toy (put it in, turn it over) • Asking "What's that?" • Jumping down from step or raised surface • Positioning body more automatically to help put on clothing • Developing more skills with spoon and fork, less spilling • Trying to wash own hands and comb hair

Child Outcomes Age Anchors- Year 3

Positive Social-Emotional Skills *Children demonstrate age-appropriate functioning by…*		**Acquiring and Using Knowledge and Skills** *Children demonstrate age-appropriate functioning by…*		**Taking Appropriate Action to Meet Needs** *Children demonstrate age-appropriate functioning by…*	
25-30 Months	**31 – 36 Months**	**25-30 Months**	**31 – 36 Months**	**25 – 30 Months**	**31 – 36 Months**
• Being apt to snatch, push, kick, rather than give and take in polite fashion • Throwing tantrums when frustrated • Showing facial expressions/behavior indicating pity, shame and modesty • Being restless/ rebellious/very active at times • Becoming resistant and dawdling at times • Separating easily in familiar surroundings • Wanting to do favorite activities over & over • Continuing to try a difficult task for a brief period of time (building with blocks for 3 to 5 minutes) • Insisting on some choices (food, clothing, appearance) • Seeking and accepting assistance when encountering difficulties • Inventing new uses for everyday materials with assistance (using a box for a house) • Developing sudden fears (i.e. large animals)	• Observing other children at play; may join in for a few minutes • Playing well with 2 or 3 children in group • Having difficulty sharing • Throwing tantrums when thwarted or unable to express urgent needs • Objecting to major changes in routines • Verbalizing play plan for assigned role (“I am mother”;“You be baby”) • Verbalizing play plan with pretend props which are identified for benefit of adult (“This is our house (box)”) • Following simple rules • Taking turns in games • Listening and participating in group activities with adult supervision • Enjoying opportunities for pretend play and creating things (crafts, art) • Altering behavior based on a past event and building on it	• Liking to take things apart/put together again (puzzles, toys) • Following caregiver around & copying activities in play • Identifying boy or girl in picture book • Making doll/toy act on self as though capable of performing actions (placing brush in doll’s arms & moving doll’s arm as if doll is brushing hair) • Communicating about actions of others • Answering simple “what”, “where” questions about familiar people/things • Asking increasingly more questions (“where/what”) • Understanding negatives (no, don’t) • Formulating negative judgments (“spoon, not fork”) • Recognizing at least one color correctly • Understanding simple possessive forms (daddy’s shirt) • Understanding complex sentences (“when we get to the	• Understanding concepts of “mine” and “his/hers” • Telling gender when asked • Sometimes labeling and talking about own drawings when asked • Giving first and last name when asked • Using several verb forms correctly to describe a variety of actions (-ing/-ed) • Expanding use of prepositions (under/behind) • Understanding common adjectives of color, size, and shape • Showing interest in explanations that involve “why” and “how” • Using 4 to 6 word phrases or sentences • Making negative statements (Can’t open) • Using contractions (can’t, we’ll) • Using some plural forms correctly • Using past tense • Dictating a story for adult to write • Performing multi-step tasks when playing	• Opening doors by handle/knob • Turning knobs on objects like radio or TV • Catching ball (by trapping against body) when playing with adult or peer • Knowing where things are kept • Putting things away to help clean up • Using non-verbal gestures and body language to express needs and feelings (hugs, hands on hips, etc.) • Articulating progressively more with language to express thoughts and desires • Walking up steps, alternating feet while holding rail or hand for support • Sitting on riding toys and pushing with feet; may ride tricycle • Swinging leg to kick stationary ball • Playing on outdoor play structures (climbing, sliding)	• Problem solving & carrying out a plan for getting something they need or want, i.e. prepares simple snack like getting crackers and putting in bowl. • Following simple rules • Separating easily from mother in familiar environment • Hopping in place on 1 foot (either foot) 3 times without losing balance • Standing on 1 foot (either foot) for 3 seconds • Jumping over object, i.e. string/rope, that is two inches high • Walking upstairs alternating feet • Walking downstairs 4 steps without support, placing both feet on each step • Dressing and undressing independently, including unbuttoning, with few exceptions

• Displaying understanding of how objects work together (gets dustpan when adult is sweeping) • Substituting similar objects (uses boxes for blocks) • Realizing that behaviors precede events (if mom takes things from fridge & turns on stove, she is going to cook) • Attempting to comfort others in distress • Addressing listener appropriately to get attention (uses child's or adult's name to get attention)	("this didn't work, so I will try this") • Relating an experience today to one that happened in the past (i.e. when Grandma comes over the dog has to be in the crate) • Saying "please" and "thank you" when reminded • Stating whether they are a boy or a girl • Obeying & respecting simple rules • Taking pride in achievements • Resisting change/wanting things done the same way • Participating in games that involve following simple directions and taking turns (i.e. "Duck, Duck, Goose"	store, I'll buy an ice cream cone") • Pointing to smaller body parts when asked (chin, elbow) • Recognizing family names/ categories (Grandma, Uncle) • Recognizing names & pictures of most common objects • Understanding word association through function ("what do you drink with?") • Understanding sizes (small/large dog) • Following directions with common prepositions (in/out) • Enjoying finger plays • Locate objects discussed by others • Speaking in 2 or 3 word sentences; jargon/imitative speaking almost gone • Using personal pronouns correctly • Using regular plurals • Recalling parts of previously heard story • Requesting familiar stories • Changing intonation to communicate meaning • Understanding one/all • Matching object to picture • Matching simple shapes (circle, square)	(takes money, rings cash register, puts money in drawer) • Using inductive reasoning (if you do this, that happens) • Expressing understanding of cause and effect (it's quiet because you turned off the music) • Copying a circle • Drawing a simple face • Matching three colors • Matching objects by color, shape and size	• Attempting to jump with two feet together • Putting on socks, coat and shirt • Taking off own shoes, socks, and some pants as well as other unfastened garments • Using fork to spear bite sized chunks of food • Knowing which faucet is hot and cold • Washing self in bath • Trying potty while still predominantly wearing diapers	• Asserting food preferences and recognizing what they are and are not allowed to eat • Getting drink from fountain • Following basic health practices when reminded (washing/drying hands) • Verbalizing toilet needs fairly consistently • Showing daytime control of toileting needs with occasional accidents

Decision Tree for Summary Rating Discussions



Integrating Child and Family Outcomes into the Individualized Family Service Plan (IFSP) Process *

45 days

Identification and Referral

- Receive referral
- Collect information on referral form including reason(s) for referral and results of screening or assessment, if applicable
- Establish child record

- Gather family's concerns and general information about child following procedures dictated by service delivery model (dedicated versus integrated service coordinator)
- Use child and family outcomes as organizing framework for first conversations with family
- Discuss reasons for referral, triggering probes for child functioning and family needs and priorities in the child and family outcome areas
- Provide general information about program
- Share program brochure describing vision of program and information about child and family outcomes
- Determine family's interest in accessing program services and scheduling initial visit

Intake and Family Assessment

- Schedule initial visit with family (confirm in writing)
- Determine need to conduct screening
- Determine need for surrogate parent and/or interpreter
- Acknowledge referral in writing with referral source

- Conduct screening, if appropriate; provide prior written notice/rights and obtain parental consent
- Explain program in detail, communicating purpose of program as well as child and family outcomes to be measured
- Determine with family if they wish to have child evaluated and assessed

- Provide and explain rights;
- Obtain written parent consent for evaluation / assessment of child and request / release of information forms
- Provide prior notice for evaluation

- Gather information about child and family, incorporating child and family outcomes
- Use outcomes framework to think about child's functioning, discussing everyday routines and activities of child and family
- Use information gathered at intake to help determine evaluation team
- Gather and document information about the child's functioning through naturalistic observation
- Explain voluntary nature of a family-directed assessment
- For families who elect to participate, include an interview and assessment tool to gather:
  - information about family concerns and priorities for their child and family using the child and family outcomes as a framework
  - information about family resources to assist in addressing priorities and concerns

Child Evaluation and Functional Assessment

Request existing developmental and medical information with parental consent

- Determine if child is automatically eligible (diagnosed condition)
- Determine necessary evaluation and assessment to identify child's developmental status and unique needs in each developmental area
- Ensure sharing, continuity of information gathering, and coverage of 3 child outcomes
- Determine composition of evaluation and assessment team
- Schedule evaluation and assessment with team and family at place and time convenient for family
- Provide parental prior written notice/rights
- Prepare family and coordinate team preparation for evaluation/ assessment

Team, including family, conducts evaluation and assessment, determines eligibility, and provides parental prior notice/rights on eligibility decision

- Evaluation and eligibility assessment(s) should guide IFSP development
- Build upon intake information
- Embed functional authentic assessment into conversations with families
  - Probe for functioning in 3 child outcomes
  - Probe for functioning in daily routines
  - Probe for functional information on PLODs by domain
- Facilitate and document observation of child in natural environment
- Document the child's functioning in 3 child outcomes through narrative (and COS culminating statements)

IFSP Development

Provide family with parental prior written notice/ rights for initial IFSP meeting and prepare family for meeting

IFSP team, including family, service coordinator and other providers meets to develop IFSP including:

- Review parents' priorities and concerns
- Summarize present levels of development functionally
- Describe how child uses skills in the 3 child outcomes areas
- Based on all information already gathered, review COS culminating statements which correlate with ratings
- Describe family concerns, resources and priorities according to the family outcomes
- Establish functional and measurable individual child & family outcomes
- Identify strategies
- Identify necessary services and timelines to begin services

Provide prior written notice/ rights for IFSP services; obtain parental consent for IFSP services (signing IFSP)

Implement timely services for which parental consent was provided

Service Delivery and Transition

Ensure that service providers implement timely IFSP services

- Monitor child and family progress using the outcomes as a framework and update plans for service provision
- Coordinate ongoing service provision and ensure timely IFSP reviews /annual IFSP meeting to modify IFSP (including notice/rights)

- Provide parental prior written notice/rights and coordinate timely transition conference
- Coordinate developing transition plan with steps and services
- Ensure LEA and SEA notification
- Obtain consent for release of information to LEA or appropriate entity
- Ensure implementation of transition plan for smooth transition
- Complete family outcomes survey according to state procedure

- Provide transition follow-up
- Provide prior written notice/ rights to discontinue services
- Complete exit COS
- Close child record

*The purpose of this chart is to assist states in integrating outcomes into the IFSP process through the use of evidence-based practices but it does not include all federal statutory and regulatory requires related to the IFSP process.
Text in red font indicates information related to the inclusion of the global child and family outcomes measurement; black font indicates IFSP steps leading to the development and implementation of individual child and family IFSP outcomes.

8/28/2014

ECTA Center, 2014

CHILD & FAMILY CONNECTIONS
INTAKE/SOCIAL HISTORY SUMMARY SHEET

Child's Last Name, First Name & Middle Initial: _____

Child's Date of Birth (Month/Date/Year): _____ Date of Intake: _____

Chronological Age (CA): _____ Months _____ Days Adjusted Age (AA): _____ Months _____ Days

CFC #: _____ Name of Service Coordinator: _____

Name of Person Completing Intake: _____

I. REFERRAL INFORMATION REVIEW

Review the reasons(s) for referral with the family member(s): Does the family agree or disagree? Summarize discussion below:

II. OTHER PERSONS RESIDING IN HOUSEHOLD WITH CHILD

Please list all members of child's immediate family and other persons living in the same household and provide the information requested below (also enter this in PA16 in Cornerstone):

Family Member Name	Relationship	Date of Birth	Occupation- Place of Employment/ Grade in School	Other Comments
	Mother			
	Father			

Is there a history of medical or developmental problems in either the mother or father's side of the family that may be important for us to know with respect to your child? ☐ Yes ☐ No

If yes, please explain. _____

III. PRIMARY MEDICAL CARE

Primary Care Physician:	
Physician's Name	*Phone #*
Specialty Physician	*Phone #*
Reason to see specialist and results of visit:	
Specialty Physician	*Phone #*
Reason to see specialist and results of visit:	
Specialty Physician	*Phone #*
Reason to see specialist and results of visit:	
Specialty Physician	*Phone #*

IV. HEALTH HISTORY SINCE BIRTH

How has your child's health been since birth? (include discussion of illnesses, hospitalizations, long-term medications, etc.):	
Prescribed Medications:	**Reason Taken:**
Adaptive Equipment:	**Reason Needed:**

V. SCREENING & ASSESSMENT HISTORY

Please list dates of previous screening, assessments or other tests (including birth and developmental screening, vision and hearing, etc):

Date	*Test Administered*	*By Whom?*	*Results/Comments*
	New Born Hearing Screening		*Passed:* ☐ *Yes* ☐ *No*

Date	*Test Administered*	*By Whom?*	*Results/Comments*
	Additional Hearing Tests		
	Vision		

VI. BIRTH AND PREGNANCY INFORMATION

Please complete the EI20 and PA11 in Cornerstone

VII. RESULTS OF ROUTINE BASED INTERVIEW AND ASQ:SE

STRENGTHS: Objective Observations, Parent Statements About Support Systems, Use of Other Resources, Parent/Child Interaction, Knowledge/Understanding of Child's Needs, etc.

SUPPORTS AND RESOURCES: (List all supports and resources available to the family including childcare (Home, Center or Relative), Extended Family, Church, Community Playgroups, WIC, All Kids/Medicaid, Respite Care, Health Department, etc.)

FAMILY ROUTINES: List Important Family Routines Including Satisfaction and Struggles with those Routines: (NOTE: This should be a Summary of Routines that are most important and have the highest priorities For Each Family. Same routines such as bed or bath time will differ in importance and priority across families).

DEVELOPMENTAL CONCERNS, ISSUES and PRIORITIES: Parental Concerns/Issues identified through conversation/ ASQ:SE/RBI, Objective Statements of SC Observations, Family Priorities as Related to Their Child's Development, etc.

ASQ-SE		**Concerns:** ☐ **Yes** ☐ **No**

Evaluations Needed:	☐ **DT**	☐ **ST**	☐ **PT**	☐ **OT**	☐ **SW**	☐ **Psych**
Other:						

Are They Eligible

1. Charlie was referred to EI by his parents due to concerns about his speech. He is only saying a few words and is nearing his 2nd birthday. Charlie was born at 29 weeks gestation. He has many breathing problems, including asthma. The SC met with the parents and completed a family assessment. The SC found out that many of Charlie's daily activities are worrisome to the parents. Charlie is getting very frustrated at mealtimes and often tantrums. His parents reported that this is a very stressful time for the family and usually they dread dinnertime which is the worst part of their day. They also stated that Charlie's tantrums are also really bad in the morning when they are getting ready to leave for work. Sue, Charlie's mom, states that she has been late for work almost daily in the last month and is at risk for losing her job if she continues to arrive late for work. The parents also reported that Charlie's childcare provider informed them that his tantrums are so bad that he is at risk for being asked to leave the childcare center. The SC arranged for a Speech evaluation and a global evaluation by a developmental therapist. The evaluation results showed that Charlie has a 35% percent delay in expressive language and no delay in receptive language. The global evaluation showed a 20% delay in the social or emotional domain.

2. Ramone was referred by his mom. She is concerned that Ramone is not walking and seems to prefer being carried than crawling to get to things. He is approaching 24 months of age. Carla the family's SC met with Joanne, Ramone's mom to complete the intake. Ramone's mom stated that since she made the referral Ramone has started to pull up at the couch and at the coffee table. After completing the routines based interview, Carla discovered that many of Ramone's routines are going well. She also noted that Joanne, Ramone's mother is a preschool teacher and uses a family child care provider to care for Ramone while Joanne is at work. The SC arranged for a Physical Therapy evaluation that showed at 40% delay in gross motor development. A global evaluation was also completed and showed a 40% delay in overall motor development.

3. The local WIC office referred Jake after a monthly visit due to concerns about his overall development. Jake is 8 months old and lives with his mom Naomi age 15 who has a history of drug and alcohol abuse. Naomi is a freshman in high school and has been asked to leave her home after months of arguments with her stepfather. Naomi and her 8 month old son have been living in a friend's car for the past several weeks. The SC arranged for a global evaluation. Jake was evaluated by a developmental therapist. The global evaluation showed a 27% delay in the cognitive domain, a 23% delay in Social or Emotional domain, a 25% delay in Fine Motor, 31% delay in Gross Motor, and 26% delay in Adaptive.

4. Alexander is a 1 month old infant referred to EI by the World's Best Hospital, NICU clinic. Alexander has a Down Syndrome diagnosis. The SC received the hospital discharge reports that documented that Alexander has this diagnosis. The SC met with mom and dad who reported that since Alexander came home from the hospital they have been very stressed because they are first time parents and often worry about Alexander. The SC arranged for a global evaluation and a PT evaluation. All development domains were at age expected levels of development.

SC = service coordinator

ILLINOIS EARLY INTERVENTION
EVALUATION/ASSESSMENT REPORT (FORMAT)

SECTION 1: Demographic Information			
Child's Name:		**Early Intervention #:**	**CFC #:**
Date of Birth:	**Chronological Age:**	**Adjusted Age:**	
Parent's Name:		**Language Spoken in home:**	
Service Coordinator's Name:		**Physician's Name:**	

SECTION 2: Type of Report		
Check One: ☐ Evaluation/Assessment *(for Eligibility Determination)* ☐ Assessment *(if child already eligible)*		
Date of Evaluation/Assessment or Assessment:		
Provider Name:	**Provider Phone Number**:	
Provider Discipline: ☐ OT ☐ PT ☐ DT ☐ SLP ☐ SW ☐ Other:		
Location of Evaluation/Assessment: (check one) ☐ Home ☐ Other Setting (identify where):		

SECTION 3: Referral Information
Please list reason for referral, who referred to Child & Family Connections, and Parent/Guardian Concerns:

SECTION 4: Instrument(s) Administered during Evaluation and/or Assessment			
Title of Instrument Used	**Developmental Domain Addressed**	**Age Equivalent***	**Percent of delay***
**Required for Evaluation/Assessment. If completing Assessment only, provide if known.*			

SECTION 5: Evaluation and/or Assessment

A. Child's developmental history and summary of parents' concerns. Include information from other sources such as family members, other caregivers, social workers, and educators, as necessary to understand the full scope of the child's unique strengths and needs.

B. Summary of medical history, including pregnancy, delivery, child's health since birth, hearing and vision.

C. Behavioral Observations of the child (also include if observed behavior was viewed as typical or atypical as compared to child's usual behavior).

D. Child's level of functioning (identifying strengths and needs) in each of the developmental areas tested. As appropriate, include explanation of use of Clinical Opinion in determining eligibility. For annual reviews, also include information about the child's progress towards IFSP outcomes.

E. Provide justification for annual re-determination for children not meeting original eligibility criteria:

SECTION 6: Summary and Interpretation

A. Brief summation of the child's unique strengths and needs, ability to perform functional skills and how the child is able to participate in family routines. Include a statement about tool's accuracy in portraying child's development.

B. If applicable, recommendations for referrals for additional EI assessments and/or other resources outside of Early Intervention to be discussed at the IFSP meeting.

Evaluator Printed Name

Evaluator Signature

Date

Editable Word Document version (has grey boxes you can type into as much text as you want)

http://www.wiu.edu/providerconnections/pdf/EvalAssess%20or%20Assess%20Report%20Format%0R12-01-15.docx

Brianna Overview

Reason for Referral: Bri is not talking and having tantrums **Age**: 25 months

Team: Mom (Maria), Dad (Ted), service coordinator (Keena), speech language pathologist (Susan), developmental therapist (Lynn), occupational therapist (Jennifer)

Meet Brianna!

Brianna (who goes by Bri) is 25 months old and was referred to EI by her parents (Ted & Maria) because Bri was not talking. Her parents have some concerns about recent behaviors that are challenging.

Bri is the first child for her parents, who also have a 3 -month-old son (Thomas). Ted works during the day as an administrator at a social service agency. Maria is a nurse and has chosen to be a stay-at-home mom. Maria shared her concerns about Bri with a friend, who is a speech therapist. Maria is concerned because Bri has got quieter and stopped using the words she had been using consistently since the birth of Thomas. Bri now mostly points and leads people to what she wants. Ted and Maria have a friend who is hearing impaired, prompting Maria to teach Bri baby signs. Bri is picking the signs up quickly.

Maria's friend told her about the Early Intervention program and gave her the contact information for the local Child & Family Connections office to request an evaluation for eligibility for Bri. The friend also recommended asking about a Speech and Occupational Therapy evaluation because she was concerned that perhaps Bri was having some sensory processing issues due to her recent challenging behaviors.

A service coordinator met with Maria within 2 days of her initial phone call. After talking with Maria, the service coordinator arranged speech language, occupational, and global evaluations to determine eligibility for EI. Both parents were present for the OT and DT evaluations, but Ted had to work when the speech evaluation was conducted.

Following evaluations, Bri was determined to have a 53 percent delay in expressive language development as tested by the speech pathologist. The global evaluation found a 35 percent delay in overall communication and that Bri was within normal limits for all other areas of development. An OT evaluation was completed and she was found to be within normal limits. It was also determined that there were no sensory processing difficulties at this time after conversation and observation of her in her playtime routine. Bri's challenging behaviors were identified as increasing when she was having difficulty getting her meaning across due to her language delays. Maria is the only family member using sign language with Bri and does not report many behavioral concerns.

Brianna's IFSP Meeting

Meeting Agenda:

- Introductions
- Family Update
- Review of evaluation and assessment strengths and areas of concern
- Child Outcome Measures determination
- Review and clarification of family concerns/priorities
- Functional IFSP outcomes and strategies development
- Service plan
- Provider selection

While viewing this video, please consider these questions:

- How is this different/similar to your experiences?

- What things did you see or hear that you:

Liked?	Disliked?

- What is the family's involvement and participation like?

- How would you describe the team dynamics?

Brianna's IFSP Meeting

Levels of Development

What information did you learn regarding Bri's skills (consider communication, cognitive development, self help/adaptive, motor development - both fine and gross, social emotional development)?

Child Outcomes

Use the decision tree to complete the child outcome measures:

_____ Children have positive social/emotional skills (including positive social relationships

_____ Children acquire and use knowledge and skills (including early language/communication)

_____ Children use appropriate behaviors to meet needs

Family Centered Functional Outcomes (see IFSP outcome page for reference)

When developing strategies, think of some of the routines that Bri's family has and identify strategies around those routines.

Outcome #1:

Strategies:

-
-
-
-
-
-
-
-

Brianna's IFSP Meeting

Outcome #2:

Service Plan

What resources is the family already accessing?

What needs to be considered when deciding on who, what, where, how often, and the duration of resources that might help this family reach these outcomes?

What did your team come up with as a service plan (Resource type, where, how often, duration)?

What else could have been discussed at this meeting? Did you learn anything else about the family?

Family-Centered Functional Outcomes

What are family-centered functional outcomes?

Family-centered outcomes are the desires and goals that a family has for them and their family member. They are created with the family after assessing what activities are meaningful to the individual family members. This includes not only activities of daily living but also the family's ability to participate in cultural and social experiences that they hold valuable.

"Function" refers to those activities identified by the family that support the development of the child's physical, social and psychological well being. For example, the ability to feed oneself, to hold a toy, to communicate, or to play may be a functional outcome. Early intervention teams do not "treat" the primary diagnosis i.e. cerebral palsy, autism, but instead treat the functional disability.

To determine appropriate functional outcomes, you might ask the family the following questions:

- What are the activities that your family would like to do that are difficult?
- Have you given up doing any chores or family outings?
- Is there anything that you would like to do or feel that you could do more easily if you had help or more information?
- What kinds of things would you like "Joey" to do that would make life easier for you or more fun for him?
- Which of your concerns do you feel is the most important at this time?

The outcome must be written so that all members of the team and the reviewer at the insurance company will understand when the outcome has been met.

In early intervention, outcomes should address one of the following areas:

- They should enhance the family's ability to care for or to engage in activity with their child.
- They should enhance the child's ability to participate in functional activities (feeding, dressing, moving in his environment, communicating, playing, etc).
- They should expand on activity settings in which the child already participates successfully.

Components of a family-centered functional outcome

A functional and measurable long-term outcome contains the following:

- Performance
- Who
- Will do what
- Criteria
- Conditions
- Time frame for outcome achievement (target dates on the IFSP)

Performance

In early intervention, "who" will be either the child or a caregiver. "What" is the activity that the child or caregiver will perform. It should be observable and repeatable, having a definite beginning and ending. Ex. Joey will eat dinner.

Criteria

This is the measurement piece. How well or how often will the child have to be able to do the activity for the family to determine that the outcome has been achieved? Ex. Joey will eat dinner "each evening".

Conditions

Conditions are anything that must be present for the outcome to be met. Not all outcomes will have conditions. Ex. Joey will eat dinner each evening "in his highchair".

Conditions help to define the outcome. In this case, the family and the rest of the team have determined that the "highchair" is necessary for Joey to be successful in eating dinner.

The family-centered functional outcome:

"Joey will eat dinner each evening in this highchair so that there is less frustration for Joey and our family."

What benchmarks define the family-centered functional outcome?

It is important to know what the family-centered functional outcome would look like in a family's daily routine. What does "eating in a highchair every evening" look like for Joey's family?

In Joey's case, the parents identify several specific things that need to occur at dinner for them to feel that the long-term outcome has been met.

- Joey must sit at the table for more than a few minutes and increase his attention span.
- Mom and Dad will understand what Joey wants during dinner so that he has less frequent meltdowns.
- Mom will know what foods Joey should be able to eat. He often gags and she is afraid that he will choke.
- Joey will eat what the rest of the family has for dinner.
- In addition, the therapists noted that the chair that Joey sits in is too large for him and does not offer adequate support for chewing and swallowing or using utensils. His feet dangle and his chin is at the table height. For dinnertime to be successful, Joey must be seated in a chair that is appropriate for him.

So for Joey's family sitting, not crying and whining, communicating wants and needs and not gagging define the outcome.

The outcome and goals meets the following requirements:

- They enhance the child's ability to participate in functional activities (feeding, dressing, moving in his environment, communicating, playing, etc)
- They are measurable. Joey must do this each evening.
- They are functional. Eating is an activity of daily living and is also a social and cultural experience.

As a service provider working with Joey and his family you will also develop session goals that will get you to achieve the short-term goals. For example, initially you might be working with the family to get Joey to sit at the table for only five minutes. It is not necessary on the IFSP to document every little step that will get you to the outcome.

Sometimes we may find that families have very different characteristics that define their idea of "success". Let's take the example given above. Joey's family has stated that their long-term goal for Joey is that "Joey will eat dinner each evening in his highchair". But let's assume that a discussion with a different family has led us to identify the same long-term goal for very different reasons.

Kyle's family also wants Kyle to "eat dinner each evening in his highchair", but there are no feeding concerns. In fact, Kyle's family defines "eating dinner" very differently from that of Joey's family. To Kyle's family, "eating dinner" means using dinnertime to discuss daily happenings, share family time, and to plan future family events. However, Kyle is 27 months old and has a language delay that does not allow him to participate in the family conversation and planning. When he does try to speak, no one understands what he is saying. He understands what is being said to him, but is very frustrated when he can't take part in the social interaction important to this family. So, instead of trying to be a part of the conversation, Kyle grabs food from the table, eats his dinner quickly and then begins to run around the room or hop from kitchen chair to kitchen chair to gain attention. He screams loudly and consistently, which upsets his baby sister, who begins to cry every evening. Kyle's older brother just sits quietly and observes the chaos. Mom admits that Kyle frequently has a large snack every afternoon, so Kyle may not be very hungry at dinnertime. Kyle's family has identified several things that must take place for Kyle to successfully "eaten dinner in his highchair":

- Kyle should remain seated in his own chair during the meal.
- Kyle should stop making his sister cry during dinner.
- Kyle should ask for food instead of grab it from the table.
- Kyle should be able to talk about his day.
- Kyle should be a part of the dinner conversation.

The long-term outcome will remain the same:

- Kyle will eat dinner each evening in his highchair.

Because Kyle's mother knows that giving Kyle a large snack in the afternoon makes him less hungry at dinnertime, it will be important to include help with planning and preparing a healthy snack under the intervention strategies portion of the IFSP.

Child's Name:	EI #:	Participant ID #:	Date:

SECTION 3: FUNCTIONAL OUTCOME #_____
(May be used as an Annual goal statement for Part B Preschool Services.)

Develop one outcome per page. Assign outcome # to identify each page individually. Each outcome may have several services, strategies and/or activities designed to facilitate the achievement of the outcome.

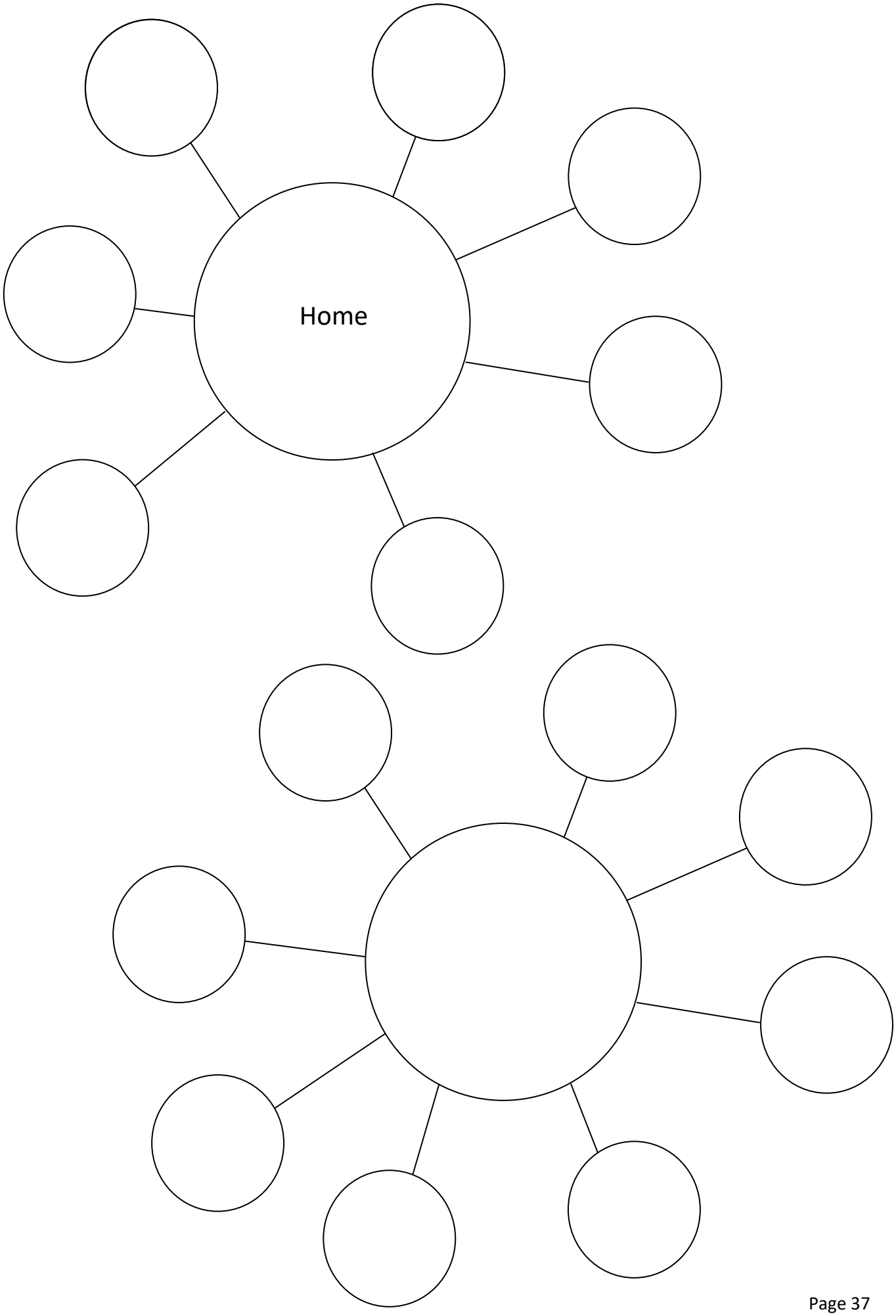
*** **Family Priorities** (*Concerns)*

What do we want for _____ and our family? *(What does the family want and why?)*

How will we achieve this outcome? (List strategies and/or activities designed to facilitate the achievement of this outcome and/or steps to be taken to link us to services and/or secure funding for services if not required to be provided by the Part C Early Intervention System)	What Early Intervention and/or other services and supports would help us with this?	Fund Source	Upon review, how are we doing? Has our outcome been achieved? Should our outcome, strategies, activities and/or services change? If so, how? Written parental consent required to change any services.

FOR EARLY INTERVENTION PARTICIPANTS ONLY The primary setting for young children is within the context of the family, their home, their community, lifestyle and daily activities, routines and obligations. To the extent appropriate, services must be provided in the types of settings in which young children without and their families would participate. Are all Part C EI services needed to achieve this outcome being provided in natural environments?: _____Yes _____No
If no, justify the extent to which any services will not be provided in natural environments:

Note regarding Fund Source: All Part C Early Intervention Services must be pre-authorized. For all other services identified as needed but not required to be provided by the Part C Early Intervention System, indicate the fund Source (i.e. Medicaid, DSCC, private insurance) which is either responsible for payment or from which payment is being sought.


Home

“Fridgeable Strategies for and Family”

Daily Routine Or Activity	Outcome:	Outcome:	Outcome:

Word Document available for download at http://go.illinois.edu/blankfridgeable

Resources to Learn More

- Asset-Based Context Matrix: An Assessment Tool for Developing Contextually-Based Child Outcomes
  Linda L. Wilson, M.A., & Donald W. Mott, M.A. CASEtools, Vol. 2, Number 4
  http://fipp.org/publications/casetools/
- **Center for Early Learning Literacy**: www.earlyliteracylearning.org
  - **Practice Guides with Adaptations** give ideas on how to make literacy learning activities accessible for young children with disabilities.
    http://www.earlyliteracylearning.org/pg_tier2.php
- **Center for Evidence Based Practices** http://www.evidencebasedpractices.org/
- **Center on the Social Emotional Foundations for Early Learning**
  http://csefel.vanderbilt.edu/resources/family.html
  - *Teaching Your Child to Become Independent with Daily Routines;*
  - *Make the Most of Playtime;*
  - *Practical Strategies for Teachers and Families*
- **Coaching in Early Childhood** http://www.coachinginearlychildhood.org
- **CONNECT Modules:** http://community.fpg.unc.edu/
  - Handout 1.12 Activity Matrix http://community.fpg.unc.edu/connect-modules/resources/handouts/CONNECT-Handout-1-12.pdf/view
  - Handout 5.3 Examples of Assistive Technology Adaptations
    http://community.fpg.unc.edu/connect-modules/resources/handouts/CONNECT-Handout-5-3.pdf/view
- Dunst, Carl J. and Bruder, Mary Beth. *Family and Community Activity Settings, Natural Learning Environments, and Children's Learning Opportunities*. Children's Learning Opportunity Report Volume One, Number 2. Center for Dissemination and Utilization, Orelena Hawks Puckett Institute.
  http://www.puckett.org/everday_child_reports_lov1-2.php
- **Early Childhood Learning & Knowledge Center (ECLKC)** https://eclkc.ohs.acf.hhs.gov/hslc
- **Everyday Times Newsletters (Power of the Ordinary)**
  http://www.puckett.org/poweroftheordinary.php
- **Family Guided Approaches to Collaborative Early Intervention Training & Services (FACETS)** The FACETS model consists of five discrete, replicable, and interacting components: Module 1 Family-guided Activity Based Intervention (overview); Module 2 Using Daily Routines as a Context for Intervention; Module 3 Involving Care providers in Teaching/Learning; Module 4 Developmentally Appropriate, Child Centered Intervention Strategies; Module 5 Interagency/ Interdisciplinary Team Planning and Progress Monitoring https://facets.ku.edu/
- **Family Guided Routines Based Intervention (FGRBI)** http://fgrbi.fsu.edu/index.html
- **Illinois Early Intervention Clearinghouse: EI Notes** http://eiclearinghouse.org/resources/einotes/
- **Illinois Early Intervention Clearinghouse: Resource Guides**
  http://eiclearinghouse.org/resources/guides/

- **Therapists as Collaborative Team Members for Infants/Toddlers Community Settings (TACTICS):** TaCTICS: Provides "how to" information to family members, SLP's, OT's, PT's, early interventionists, and administrators; Demonstrates meaningful family participation and decision-making throughout the early intervention process.

  http://tactics.fsu.edu/

- **Workgroup on Principles and Practices in Natural Environments** (Final Draft 11-07). OSEP TA Community of Practice- Part C Settings Services in Natural Environments Documents:
  - *"Seven Key Principles: Looks Like/Doesn't Look Like"* *http://ectacenter.org/~pdfs/topics/families/Principles_LooksLike_DoesntLookLike3_11_08.pdf*
  - *Agreed Upon Practices for Providing Early Intervention Services in Natural Environments*. http://ectacenter.org/~pdfs/topics/families/AgreedUponPractices_FinalDraft2_01_08.pdf
- **Zero to Three** www.zerotothree.org

Many of these resources and more can be found within the EITP Resource pages!

http://eitp.education.illinois.edu/resources.html

A great source for news and up-to-date Illinois EI resources (videos, links, forms and more)!

EITP Virtual Office Hours

No registration is required! Learn more at https://go.illinois.edu/EITPOfficeHours

WHO

New personnel in Illinois Early Intervention

WHAT

A monthly call to ask questions or get clarification about the Illinois Early Intervention system from EITP and other EI partners!

WHY

Provides space for new EI personnel to

- Get answers about their role
- Share resources
- Feel grounded and connected in a large system.

WHEN

The first Tuesday of each month from 3:00 PM - 4:00 PM Central Time

WHERE

Zoom Meeting Room: https://illinoisbusiness.zoom.us/j/633372205

We hope you can join us!! If so, please complete this short survey so we can best prepare for your questions in advance: https://www.surveymonkey.com/r/EITPOfficeHours-PreSurvey

EITP Virtual Office Hours

Learn more, including how to join, at https://go.illinois.edu/EITPOfficeHours

Upcoming Dates in 2019		
May 7	Tuesday	3:00—4:00 PM Central Time
June 4	Tuesday	3:00—4:00 PM Central Time
July 2	Tuesday	3:00—4:00 PM Central Time
August 6	Tuesday	3:00—4:00 PM Central Time
September 3	Tuesday	3:00—4:00 PM Central Time
October 1	Tuesday	3:00—4:00 PM Central Time
November 5	Tuesday	3:00—4:00 PM Central Time
December 3	Tuesday	3:00—4:00 PM Central Time
Upcoming Dates in 2020		
January 7	Tuesday	3:00—4:00 PM Central Time
February 4	Tuesday	3:00—4:00 PM Central Time
March 3	Tuesday	3:00—4:00 PM Central Time
April 7	Tuesday	3:00—4:00 PM Central Time
May 5	Tuesday	3:00—4:00 PM Central Time
June 2	Tuesday	3:00—4:00 PM Central Time

Please complete pre-survey at

https://www.surveymonkey.com/r/EITPOfficeHours-PreSurvey

Documentation: Rules, Tips, & Strategies

Illinois Early Intervention System

Complete and accurate documentation provides a comprehensive picture of all the services provided on behalf of a child and family. This includes direct services, IFSP development activities, and other tasks such as leaving messages, emails, faxing documents, etc.

If it is not documented, it did not happen!

Documentation for each date of service must include at a minimum:

Child/Family	Who are you going to see? Your documentation should always include the child's first and last name, date of birth, and EI number.
Date	It seems obvious, but remember to document the date of your service!
Time	Record the EXACT time-in and time-out of your direct service and the total time spent in minutes. For documentation purposes, DO NOT round to the nearest quarter hour. *For example: Start - 9:12am/End - 10:16am.*
Location	Include a descriptor for where your service was provided (i.e. *child's home, grandparents house, park, childcare center, library, etc.)*
Participants	Be sure to include ALL who were present: Parents/guardians or other caregivers *(i.e. significant other, grandparent, friend(s) of family, siblings, aunts/uncles, childcare provider, other children, other EI professionals)*
You	Remember to include your own name, title, and signature.
Overview	Provide a concise, yet complete objective account of your service. This will include updates in the child's status (health, appointments, other services), which IFSP Outcome(s) and family routines were the focus of the session, progress towards IFSP Outcomes, strategies used, and any updates/changes to the family's priorities.

IFSP Development

IFSP development provides team members with an opportunity to collaborate to best support families. IFSP development activities include: *Provider to provider consultation, meeting attendance, report writing*. Documentation rules remain the same! Your overview of activities must be detailed in your case notes. For more information, go to *https://go.illinois.edu/ProviderHandbook* .

Helpful Tips

- Record as many details as possible, but stick to the point.
- Be objective and child/family specific in your documentation.
- Keep a separate case notes document in child/family file for all other IFSP and non-billable activities.
- Ensure your writing is legible and organized.

Brought to you by: EITP Early Intervention Training Program; Provider Connections; Central Billing Office; Illinois Early Intervention Clearinghouse; IDHS Illinois Department of Human Services

ILLINOIS
COLLEGE OF EDUCATION
DEPARTMENT OF SPECIAL EDUCATION
Early Intervention Training Program at the University of Illinois
Children's Research Center, MC 672
51 Gerty Dr., Room 105
Champaign, IL 61820

Dear Training Participant,

We are conducting a study on the impact of our training program on practices of early intervention providers. This study is part of the work of the Early Intervention Training Program at the University of Illinois. For purposes of this study, we would like to invite you to participate by completing the training evaluation form related to this training as part of the study. ***By completing this evaluation, you are consenting to be a part of this research study.***

The evaluation can be completed in approximately 5-10 minutes. You do not have to answer any of the questions that you do not wish to answer. You will not be required to include your name in the form. Furthermore, we will be aggregating the data from the completed evaluation and analyzing them as a group. Upon completion of the project, we will destroy all the individual data collected from this study. Results of this study will be used for a final report due to the Illinois Department of Human Services, journal articles, and conference presentations. In any publication or public presentations related to this study, pseudonyms will be substituted for any identifying information.

We want to assure you that information derived from your completed evaluation forms and artifacts will be held in strictest confidence, and that you may withdraw from the study at any time without penalty. Your participation in this project is completely voluntary and your choice to participate or not will not impact your current and future participation in any trainings offered by EITP, your job, and your status in our field. Faculty, students, and staff who may see your information will maintain confidentiality to the extent of laws and university policies. Personal identifiers will not be published or presented. We do not anticipate any risk to this study greater than normal life and we anticipate that this project will contribute to the improvement of training in the area of early intervention.

For questions about your rights as a participant in research involving human subjects, please feel free to contact the University of Illinois Institutional Review Board (IRB) Office at (217) 333-2670 or by email at irb@illinois.edu. You are welcome to call collect if you identify yourself as a research participant.

If you would like a copy of this consent form, one can be provided for your records. Thank you in advance for your consideration of this request. If you have any questions about this request, you may contact me by telephone at 217-300-9661 or toll free 866-509-3867 or via email at suec@illinois.edu

Sincerely,

Susan Connor
Early Intervention Training Program at the University of Illinois

Michaelene M. Ostrosky, PhD
Principal Investigator, Early Intervention Training Program at the University of Illinois

Training Evaluation Form

Please provide feedback on this event sponsored by the Early Intervention Training Program at the University of Illinois (EITP). We appreciate your input and thank you for your time.

Training Event Title: *Online System Overview Follow-up Session (SOFU)* **Date:**_____

Presenter(s):_____ **City:** _____

CFC(s) you work with: _____ **Position/Role (check one):** ☐ Billing/Admin/Support Staff

☐ CFC Manager ☐ DT ☐ DT-H ☐ DT-V ☐ Family Member ☐ Interpreter/Translator ☐ LIC Coordinator ☐ Nurse/Nutritionist

☐ OT/OTA ☐ PL ☐ PT/PTA ☐ SC ☐ Lead SC ☐ SES ☐ SLP/SLPA ☐ SW/Psych/LCPC ☐ TA Rep. ☐ Other:_____

Length of Time in Profession: ☐ Not Yet in EI System ☐ < 1 Year ☐ 1-3 Years ☐ 3-5 Years ☐ 5-10 Years ☐ >10 Years

Length of Time in EI System: ☐ Not Yet in EI System ☐ < 1 Year ☐ 1-3 Years ☐ 3-5 Years ☐ 5-10 Years ☐ >10 Years

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
(1) This activity included discussion, critique, or application of what was presented, observed, learned, or demonstrated.	❍	❍	❍	❍	❍	❍
(2) Today's training is applicable to the knowledge and skills needed for my work.	❍	❍	❍	❍	❍	❍
(3) The training increased my skills to support families to understand their child's strengths, abilities, and special needs.	❍	❍	❍	❍	❍	❍
(4) It was clear that the activity was presented by persons with education and experience in the subject matter.	❍	❍	❍	❍	❍	❍
(5) The material was presented in an organized, easily understood manner.	❍	❍	❍	❍	❍	❍
(6) I have gained the knowledge and skills to effectively implement evidence-based practices in early intervention.	❍	❍	❍	❍	❍	❍
(7) I have increased my ability to support families to help their child develop & learn.	❍	❍	❍	❍	❍	❍
(8) I have increased my ability to gather information from families for planning and implementing of the IFSP.	❍	❍	❍	❍	❍	❍
(9) I have increased my skills to assist families in knowing their rights and advocating effectively for their children.	❍	❍	❍	❍	❍	❍
(10) I have increased my skills in working with other team members in the EI system.	❍	❍	❍	❍	❍	❍
(11) I have increased my understanding of the interpreter/ translator's role in the EI system.	❍	❍	❍	❍	❍	❍

(12) What is the best feature of this training session?

(13) What ideas or strategies are you inspired to implement in your practice as a result of this session?

(14) What are your suggestions for improvement (if any)?