

Illinois Child Outcomes Summary Policy and Procedure

Illinois has established an early childhood outcomes (accountability) system which enables the lead agency to monitor children's development in order to support effective intervention, demonstrate system impact, and inform decisions about program improvement. Early intervention supports young children with disabilities and their families. For children, the ultimate goal of this support is to enable young children to be active and successful participants during the early childhood years and in the future in a variety of settings. The early childhood outcomes system allows us to respond to federal requirements for reporting child outcomes to the Office of Special Education Programs (OSEP). States are required to collect annual data on the extent to which the children served are making or are not making progress as a result of receiving services relative to three functional outcomes.

The three child outcomes assess the degree to which we are meeting the program's goals by reviewing children's progress (reference section in Appendix with child development and age anchoring resources):

1. **Positive social-emotional skills (including social relationships)**- this outcome involves relating to adults, relating to other children, and for older children following rules related to groups or interacting with others. The outcome includes concepts and behaviors such as attachment/separation/autonomy, expressing emotions and feelings, learning rules and expectations in social situations, and social interactions and social play.
2. **Acquisition and use of knowledge and skills (including early language/communication)**- this outcome involves activities such as thinking, reasoning, remembering, problem solving, number concepts, counting, and understanding the physical and social worlds. Earlier on, this may be seen through cause and effect games, obtaining objects for play, and exploring the environment.
3. **Use of appropriate behaviors to meet their needs**- this outcome involves behaviors like expressing needs, taking care of basic needs, getting from place to place, using tools (such as forks, toothbrushes, and crayons), and, in children 24 months or older, contributing to their own health, safety, and well-being. Early in life, this includes crying to get needs met, learning to use motor skills to complete tasks; and participating in self-care such as dressing, feeding, and grooming.

Illinois examines child outcomes using the Child Outcomes Summary (COS) process. Each CFC is responsible for collecting the COS data and reporting child outcomes for every child with an active IFSP. This summary relies on a team process conducted within the IFSP meeting that utilizes information from the various family member(s) and professionals who know the child. The accuracy of the summary is dependent on dialogue between all team members in order to understand the child's functioning across settings and situations. SCs are responsible for facilitating the discussion among team members in a way that is respectful, supportive, and enhances the capacity of the family.

Families/caregivers are vital members of their child’s IFSP team and play an important role in the COS process. Parents and caregivers are experts on their child’s everyday development and hold key information and unique insights about their child’s behavior across settings and situations. In order for a meaningful COS discussion that includes parents/caretakers to occur, the following should be considered.

Event	Considerations
Intake	<ul style="list-style-type: none"> • SC explains to the family what the child outcomes are, why child outcomes data are collected, and how they are used • SC provides information about how the family can contribute to the COS discussion • SC helps family understand that COS process is necessary for determining the impact of early intervention services on the child’s development • COS data required for federal accountability; all children are to be included in annual reporting • Let family know that the COS information is for evaluating the program, not their individual child
IFSP Preparation	<ul style="list-style-type: none"> • SC will review the information that has been collected to make sure that it provides a comprehensive picture of the child’s functioning across the three outcomes. Possible sources of information include reports from parents and/or other caregivers, information collected during intake (RBI and ASQ: SE), information from the referral source, evaluations, observations, and progress reports. • SC ensures that, between all contributing team members, there will be enough information about age-expected development, the child’s skills and behavior across settings and situations, and how many of the child’s skills in each outcome area are age-expected, immediate foundational, or foundational to complete the COS process. • SC reminds family that COS discussion is part of IFSP development • SC prepares resources to be used to facilitate discussion
IFSP Meeting	<ul style="list-style-type: none"> • SC reminds family why COS data is collected and how it will be used • SC reviews information about the breadth of the three outcomes and the focus on functional performance across developmental domains • SC reminds everyone of the importance of all team members’ input in the COS process • SC provides any resources necessary for successful team discussion, e.g. outcome definitions and child development information • SC ensures that family’s questions have been answered and that family is ready to participate in discussion

In order to obtain an accurate picture of the child's development, the following process should be used.

- A. Once the outcomes are described, the service coordinator should invite the family to share information about their child's functioning for each outcome area, calling attention to, or asking questions about, any differences in the child's behavior across settings or situations.
- B. Other team members should also share information about the child's current functioning in each outcome area using multiple sources of information, e.g. parent interview, observations, evaluations/assessments, progress reports.
- C. Team members should discuss the child's functioning for each outcome area by focusing on how the child uses functional skills in meaningful ways.
- D. This discussion should also include information about age-expected development and how close the child's skills and behaviors are to age-expected development.
- E. Based on all this information, the SC will facilitate the discussion that leads to team consensus about the child's performance in each outcome area, resolving any differing opinions about the rating. Full team participation is essential for valid ratings.
- F. The SC will summarize this consensus by picking the appropriate descriptive statement, as listed in the Appendix, for the related point on the rating scale, confirming with the group, and documenting the discussed supporting information on the IFSP in the space provided for questions 8, 9, and 10 on the AS03.
- G. A properly completed AS03 will have narratives that contain the following information:
 - i. Questions 1 and 2 should capture the information discussed about the strengths and priorities of the family and the overall health status of the child, including hearing and vision information if it is available.
 - ii. Questions 3 through 7 should include the results of evaluations/assessments, parent interviews, record reviews, and observations that help describe the child's functioning in the 5 domains.
 - iii. Questions 8 through 10 should capture the Child Outcomes Summary information discussed by the team. For Part A of each question, indicate the rating number from the team discussions at initial IFSP, annual IFSP and exit review. Part B of each question must be answered at annual and exit to indicate the team's decision on progress. Remember, the answer to the progress question should reflect new skills and behaviors acquired since the child's INITIAL child outcomes summary discussion. It is possible for a child's numerical rating to stay the same or go down with the answer to the progress question still being 'yes'. The narrative section under Part B is to be completed each time a COS is completed. This narrative should capture the team discussion around each outcome, highlighting functional skills (not just evaluation/assessment tasks) across the domains that are related to each outcome, describing the child's performance across settings and situations, and indicating how close the child's skills are to age expectations (see Appendix XX for examples).

- iv. The Sources tab should also be completed indicating the Source (who), Assessment Instrument, if applicable (what) and Date (when) of the team discussion.
- H. If input for the COS discussion is provided by someone who is not attending the meeting, that should be indicated in the SC casenote for the meeting.

Timeframe and participants for completion of the COS Ratings

- A. Initial IFSP - The child outcomes will be collected at the initial IFSP after eligibility is determined by the IFSP team.
 - a. During the process of creating the Initial IFSP, the SC should conduct the COS team discussion in conjunction with gathering information about the child's present levels of development.
 - b. The team should utilize information gathered as part of the COS discussion to create meaningful Functional IFSP Outcomes based on the unique strengths and needs of the child and family and the information discussed by the team.
 - c. The team should include, at a minimum, the child's family member(s), Service Coordinator (SC), and evaluators. Team may also include others who the parent feels may be important sources of information about the child and who may be part of the child's caregiving team, e.g. childcare provider, extended family member, non-system service provider.
- B. Annual IFSP - The COS information is reviewed at each annual IFSP meeting along with a review of the child's progress.
 - a. As part of the annual IFSP review, the team should discuss the child's current levels of development and the child's progress towards IFSP Outcomes. Then, the team should determine if the existing IFSP Outcomes need updating or if they should continue based on that discussion.
 - b. The team should use the COS process to frame the discussion on the child's current functioning as this can help the family and other team members think about how IFSP Outcomes can support continued development.
 - c. At annual meetings, the team should include, at a minimum, the child's family member(s), SC, and all direct service providers. The team may also include others who the family feels may be important sources of information about the child and who may be part of the child's caregiving team, e.g. childcare provider, extended family member, non-system service provider.
- C. Exit IFSP - Exit data needs to be reported for children as they prepare to exit and/or transition to other programs or services outside of EI.
 - a. For children exiting prior to age three who met their Functional Outcomes and no longer require EI services, collect COS data during the exit meeting to assess the impact of program services and identify next steps for the child's development.
 - b. For children exiting and transitioning at age three to Special Education or other appropriate programs, collect COS data at the exit meeting. ***Please note that exit COS data (for children exiting for either reason) must be collected within 120 days of exiting the program.** The exit COS can be collected in combination with meetings for other purposes, e.g. transition planning conference, as long as the participants and timing meet requirements.
 - c. At the exit meeting, the team should include, at a minimum, the child's family member(s), SC, and all direct service providers. Team may also include others who the parent feels may be important sources of information about the child and who

may be part of the child's caregiving team, e.g. childcare provider, extended family member, non-system service provider.

Important points to consider for meaningful child outcomes summary discussions:

- A. The COS information can play an integral role in helping the team understand the child's strengths and needs and how intervention can build on these strengths and address the needs.
- B. The COS process is intended to be part of the IFSP meeting and utilize much of the same information, e.g. evaluations, observations, progress reports, that will help inform other parts of IFSP development
- C. The COS discussion is likely to be most meaningful if the service coordinator facilitates the discussion in conjunction with the portion of the IFSP meeting that includes the child's present levels of development. This helps to reinforce information shared during the review of evaluations and may help ensure shared understanding of the child's overall developmental strengths and needs.
- D. The Decision Tree is a tool that, when used well, can guide the team to consensus on each individual outcome. If used as a resource, the Decision Tree is not be used as a "checklist" and teams are encouraged to be sensitive to how the discussion might occur when the child's functioning is farther from age-expectations. As meeting facilitator, the service coordinator can use this tool to help the team consistently determine ratings by leading them through a series of yes/no questions about the child's functioning relative to age-expected, immediate foundational, and foundational skills.
- E. It may also be helpful to keep the following developmental information in mind during the COS process:
 1. Children develop new skills and behaviors and integrate those skills and behaviors into more complex behaviors as they get older.
 2. These skills and behaviors emerge in a somewhat predictable developmental sequence in most children, thus allowing for descriptions of what 2 year olds generally do, what 3 year olds generally do.
 3. Since skills and behaviors build on earlier skills and behavior in predictable ways, interventionists can use these earlier skills to help children move to higher levels of functioning. Earlier skills that serve as the base and are conceptually linked to age-expected skills, are referred to as "immediate foundational skills." For example, children play alongside one another before they interact in play.
 4. Some children's functioning is farther from age-expected development. These children may acquire skills and behaviors at a substantially slower pace than other children and their functioning may look like that of a much younger child. When children demonstrate skills that are not immediately linked to age-expected skills, they are considered to be demonstrating foundational skills.
 5. Some children's development is atypical in that their functioning is not typical for children at any age. Teams will need to consider how much atypical behavior exists in relation to each of the three outcomes.