ACTIVITY 1
Beginning the Conversation

Activity Purpose: Early Intervention professionals must inform families about the outcomes measurement process and describe the purpose/intent of collecting outcomes data. This session will encourage professionals to think about different ways they can explain/share information with families about the process to promote their understanding.

Difficulty Level: Introductory Level – Awareness & Intermediate Level – Application

Estimated Time: 60 minutes

Materials:
- Internet access & TV/computer
- Audio
- Handouts:
    - *Child Outcomes: Measuring the Benefits of Early Intervention*
    - *A Family Guide to Participating in the Child Outcomes Measurement Process*
    - *Child Outcomes: Measuring the Success of Early Intervention*

Activity Instructions:

Part 1 – Think-Pair-Share

1. Encourage professionals to think about the following question: How do you and the team members you work with currently engage new families in a conversation about the COS Process? After giving everyone a few minutes individually to think about this, encourage them to get into pairs and discuss the similarities and differences between how they explain the COS Process and engage families in discussions about the process before collecting the data.
2. As a large group, ask the professionals to share some of the strategies and approaches they are already using.
3. Considering also asking the following questions:
    a. How and what do you feel families are able to contribute to this process?
    b. How do you convey to families that they are valued members of the team, including when it comes to measuring the child outcomes?

Part 2 – Early Childhood Outcomes: Step-By-Step Video

1. As a group, view the video titled, Early Childhood Outcomes: Step by Step Video, that offers information about the COS Process: *http://ectacenter.org/eco/assets/media/ChildOutcomesStepByStep-captioned.mov*
2. After viewing the video, consider the following prompts to lead a discussion:

a. Why is it important to support young children's development in the three child outcome areas?
b. What's something new that you learned from watching the video about the COS process?
c. How might you be able to use this video to help families understand this process? What specific pieces of information would you want to share with them that the video covers?

Part 3 – Different Ways to Share Information

1. In addition to providing verbal information to families about the process, professionals are encouraged to share written materials as well. Ask the professionals to get into small groups and review the state and national documents by highlight the sections/sentences/words, etc. that they feel are important and would make the most impact for families:
    a. *Child Outcomes: Measuring the Benefits of Early Intervention,*
    b. *A Family Guide to Participating in the Child Outcomes Measurement Process*
    c. *Child Outcomes: Measuring the Success of Early Intervention*
2. After participants have had time to complete this activity, as a large group, discuss what the participants came up with and why. See if there were some commonalities with what they felt were important pieces for parents to understand.
3. Then considering asking:
    a. Do you typically use these documents in your work with families?
    b. If not, might you consider using one or both? In what situations would you use these?
    c. What are the advantages and disadvantages of both?

Part 4 – Simulation

1. Ask the group to get into pairs; one person act as a parent and the other person as the professional. The person acting as the professional will need to think of a script or a way of explaining the COS process to this new parent – considering the previous discussion around what might be important for parents to know and different strategies for helping a parent understand more about the process. Encourage the person acting as the parent to ask questions that a parent might genuinely need information and/or clarification around.
2. As a group, debrief together by asking:
    a. What did you learn from this exercise?
    b. Were you able to explain Child Outcomes in a parent-friendly manner?
    c. Did you refer to any of the resources (video or written documents) to support the caregiver's understanding?
    d. What kinds of questions did the caregiver ask?
    e. Do you feel as though you have a script for how you might explain Child Outcomes to families tomorrow?
    f. What questions do you still have about explaining Child Outcomes to a family?

A Family Guide to Participating in the Child Outcomes Measurement Process

in collaboration with:

ECTA Center
The Early Childhood Technical Assistance Center

ectacenter.org

Introduction

As a parent of a young child who is in an early intervention (EI) or early childhood special education (ECSE) program, you want to be sure these services are helping your child develop and learn. These services are designed to make the most of each child's potential, as well as to strengthen the family's ability to help their child. **But how can you know if your child's early intervention or special education program is meeting his or her needs?**

One way to learn more about your young child's progress is through three "child outcomes" that are measured for every child in the United States who participates in an early intervention or early childhood

special education program. These outcomes will help you know how well your child is developing and participating in activities at home, at school, or in the community. In addition to helping you measure your child's individual progress, these outcomes are also used to measure how well your child's early intervention or early childhood special education program is serving all children who are enrolled.

By participating in the outcome process, you are not only helping your own child but are also helping your district and state know how early childhood programs are performing overall. **As the parent, you are a critical part of your child's development and education**, and this handout will help you understand and meaningfully participate in the outcome measurement process for your child's program.

What are the three child outcomes?

The following outcomes, developed by the U.S. Department of Education, are used by all early intervention and early childhood special education programs to measure young children's progress. While Individual Family Service Plan (IFSP) outcomes and Individualized Education Program (IEP) goals are written specifically for *your* child, **these three child outcomes are the same for everyone**.

Three Child Outcomes to Measure Progress

1. **Gaining positive social emotional skills, including social relationships.** This outcome measures how children interact and play with their family, other adults, and other children.

2. **Learning and using new knowledge and skills.** This outcome measures how children learn and use basic language and communication skills such as counting and problem-solving that will prepare them to be successful in kindergarten.

3. **Using appropriate behaviors to meet their needs.** This outcome measures how children gradually become more independent by learning how to move from place to place, feed themselves, and take care of basic needs.

Why is this information important to my child and our family?

The three child outcomes focus on what your child can do in his or her everyday routines and activities. By looking at how well your child is doing in each of the three areas, you can determine what he or she needs in order to become more involved in your family's activities. The information gathered about your child will also help you develop individual outcomes and goals for your child's Individual Family Service Plan (IFSP) or Individualized Education Plan (IEP). As a parent, you may notice that by learning more about the three child outcomes, you also:

- **Gain confidence** in your ability to observe your child and share those observations with others.

- **Develop an increased understanding** of how your child is functioning compared to age expectations.

- **Learn to track and celebrate the progress** that your child is making.

- **Contribute more** to IFSP or IEP team discussions about your child's strengths and accomplishments and the development of appropriate outcomes or goals.

How can I be part of the outcome measurement process?

When first developing your child's IFSP or IEP, you should ask your child's early intervention providers or early childhood special education teachers how the three outcomes will be measured for your child and how they relate to your child's individual plan. If you feel unsure about the process, or want an update on how your child is progressing, these questions will help you start the conversations:

- **What resources are available** to help me understand what is expected for a child at different ages?
- **What specific skills and behaviors** do you look at for each outcome?
- **What information will you need** from me in order to complete the outcomes measurement?
- **How can I share my observations** about my child's skills, abilities, routines and activities?

What information can I share about my child's progress?

You can be prepared for any conversation about your child's development by making your own observations and sharing what you see. It may be helpful to review these questions often and take notes about what you see that's new or is happening in a different way. Even small changes are important in the measurement of the three child outcomes.

Outcome 1: Social Emotional Skills and Relationships

- How does my child relate to family members, close family friends, caregivers, and strangers?

- How does my child relate to other children at child care or in the neighborhood? With people in the community (such as the park or grocery store)?

- How does my child show his or her feelings? How does he or she calm down when upset?

- How does my child show that she or he understands social rules, such as sharing and taking turns?

Outcome 2: Knowledge and Skills

- How does my child copy others' actions or try to learn new things?
- How does my child try to solve problems?
- How does my child use words?
- Does my child understand concepts such as numbers and shapes?
- Does my child understand and respond to directions from others?
- How does my child communicate his or her thoughts and ideas?

Outcome 3: Meeting Needs

- How does my child get from place to place?
- What does my child do when he or she wants something? What if it is hard to reach?
- What does my child do when he or she needs help?
- What does my child do when he or she is hungry?
- How does my child help with dressing or undressing, using the bathroom, and brushing his or her teeth?
- Can my child feed him or herself?
- What does my child do without my help?

You may want to set up regular times with your child's early intervention providers or early childhood special education teachers to share this information. This will make sure that your input is being used to measure your child's progress in the three outcomes.

In addition to sharing your own observations, you may also want to ask your child's providers and educators what they are seeing. The information you receive can help you understand your child's development in different settings and situations. This will help you be a full partner in outcomes measurement.

How will I know if my child is making progress?

Looking at your child's progress over time is important for updating your child's IFSP or IEP and making sure that he or she is receiving the services needed to meet the individualized goals or outcomes. This same information is also needed to measure the three child outcomes accurately at the end of services.

Your IFSP or IEP document should state when and how often information on your child's progress will be shared. You can also ask providers or teachers at any time you have questions or concerns.

Asking early childhood teachers or providers the following questions will give you information about your child's progress in the three outcomes:

- How are you measuring my child's progress? Are you using observations? Assessments?
- What are you seeing that tells you that my child is or is not making enough progress?
- How is my child's progress on his or her IFSP outcomes or IEP goals related to progress in the three child outcome areas?
- How does my child now compare to other children his or her age? What do most children his or her age do in regard to this outcome area?
- How do you see my child's disability affecting his or her ability to make more progress in this area?
- What are the next skills needed in order for him or her to make progress?

Conclusion: You Are the Expert!

When parents and professionals work together as a team, children do better. While professionals have expertise in working with children, **you are the expert on your own child**. You have information about your child that cannot be gathered through any other method other than to hear it directly from you.

By sharing your observations of your child, you will be helping your early intervention service providers or early childhood special education teachers understand your child's strengths and needs. You will help your IFSP or IEP team understand how your child is progressing on the three child outcomes and what skills need improvement. Through your involvement, you will help your child to be an active and successful participant now and in the future at home, in the community, and at school.
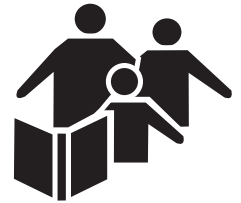
Contact Your Local Parent Center:

Child Outcomes: Measuring the Benefits of Early Intervention

Early Intervention (EI) partners with families of infants and toddlers with developmental delays and disabilities to enhance their child's development and learning through everyday activities that are important to the child and family. The goal of EI is to help families become more competent and confident in helping their child develop and learn. One way we measure progress toward this goal is by gathering information about three child outcomes.

National experts say EI should help all eligible children achieve these outcomes:

- **Building positive social-emotional skills and relationships**, which includes how children interact and play with other children and adults, how they show their feelings, and how they follow social rules.
- **Acquiring and using knowledge and skills**, which includes how children understand basic concepts, learn new things, solve problems, and use words or other ways to communicate.
- **Taking appropriate action to meet their needs**, which includes how children become more independent by learning to move on their own, feed themselves, ask for assistance, begin to get dressed, and take care of basic needs.

How can you help?

As the expert on your child, you can:

- Observe differences in what your child is able to do in different settings (home, day care) and with different people (you, siblings, playmates, caregivers).
- Be ready to share what you know about your child with your EI team members.
- Ask questions such as: What are the next skills we should be looking for? How do I know when my child is making progress?
- Celebrate progress with your child, your family, and your EI team.

How will this help you as a parent/guardian?

These three outcomes may help you decide what family activities and daily routines can best support your child's continuing development. You may also:

- Become more confident about observing your child and monitoring his progress.
- Understand more how her skills compare with other children her age.
- Contribute more to team discussions about your child's strengths.

Discussing these three outcomes with other team members can provide useful information about your child's progress over time. By sharing information, you are not only helping your own child but also assisting the EI program in identifying ways to improve EI services for all families.

For more information about measuring your child's progress, visit the Illinois Early Intervention Clearinghouse Web site at http://eiclearinghouse.org.

Any opinions, findings, conclusions, or recommendations expressed in this publication are those of the author(s) and do not necessarily reflect the views of the Illinois Department of Human Services, Bureau of Early Intervention.

Illinois
Early Intervention
Clearinghouse

Funded by the Illinois Department of Human Services
Bureau of Early Intervention

Illinois Early Intervention Clearinghouse
Early Childhood and Parenting Collaborative
University of Illinois at Urbana-Champaign
Children's Research Center
51 Gerty Dr. • Champaign, IL 61820-7469
Telephone: 217-333-1386
Fax: 217-244-7732
Toll-free: 877-275-3227
Email: Illinois-eic@illinois.edu

3/14

OUTCOMES
Measuring the Success of Early Intervention (EI)

Family Outcomes

As part of your participation in early intervention, we will help you gain knowledge and skills in these three key areas:

- Knowing your rights
- Communicating your child's needs
- Taking appropriate action to meet your child's needs

IFSP Functional Outcomes

Functional outcomes are the benefits or results you want for your child and family as a result of participating in early intervention. These outcomes are meaningful to your everyday life and are included in the individualized family services plan (IFSP) that you develop with your EI team.

Child Outcomes

It is important to know how your child is developing as a result of receiving early intervention services. You see your child in activities and settings that other team members don't. The three child outcomes are:

- Building positive social relationships
- Gaining and using knowledge and skills
- Taking appropriate actions to meet their needs

You Play a Key Role in Your Child's Development

As a member of the EI team, your active participation is critical because **you know your child best**! How can **you** help?

- Observe your child when you are at home and in your neighborhood
- Share what you know with the other members of the EI team
- Ask your EI team if you have questions about your child
- Complete the Family Outcomes Survey

To learn more about child outcomes, visit http://go.illinois.edu/OutcomesVideo

Look what I can Do

IDHS
Illinois Department of Human Services

Bureau of Early Intervention
www.dhs.state.il.us
(800) 843-6154

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Look what I can Do

Child & Family Connections #22
Regional Office of Education #13
101 S. Lincoln Blvd.
Centralia, IL 62801
Phone: (618) 532-4919
Toll Free: (800) 661-0900
Fax: (618) 532-0856

IDHS
Illinois Department of Human Services

Bureau of Early Intervention
www.dhs.state.il.us
(800) 843-6154

ACTIVITY 2
Describing the Three Child Outcomes to Families

Activity Purpose: Child Outcomes can best be described as the benefits experienced as a result of the services and supports provided to a child and family. The Office of Special Education Programs (OSEP) has identified three Child Outcomes expected as a result of participating in early intervention: 1) positive social-emotional skills, 2) acquisition and use of knowledge and skills, and 3) use of appropriate action to meet needs. Measuring child outcomes is one way for families, early interventionists, and programs to know if a child is progressing and if the intervention strategies are effective in supporting the child's everyday functional across a variety of settings. In order to engage families in a discussion about these three areas, professionals must first be able to describe the outcomes and the importance of each outcome to families.

Difficulty Level: Introductory Level – Awareness & Intermediate Level – Application

Estimated Time: 60-75 minutes

Materials:
- Internet
- Computer/TV
- Audio
- Handouts:
    - *Example Explanations of Three Outcomes*
    - *Child Outcomes Chart*
    - *Individual Reflection & Action Plan Section 2; Activity 2*

Activity Instructions:

Part 1 – Explaining the Three Child Outcomes

1. Now that the group has had practice thinking about and simulating a conversation with families about the COS process in general, consider the following questions to lead a discussion about the three specific outcomes:
    a. In your interactions with families, how do you currently define or explain positive social relationships?
    b. In your interactions with families, how do you currently define or explain acquiring and using knowledge and skills?
    c. In your interactions with families, how do you currently define or explain taking appropriate action to meet needs?
    d. How do families typically respond to the descriptions?
    e. Do most providers take the time to explain these?
        i. If not, how could you, regardless of your role on the team, ensure that parents/caregivers are given a description of each of the outcomes?

Part 2 – Three Child Outcomes & Everyday Functioning

1. Break the large group into four smaller groups. Assign each group an age range (birth-6, 7-12 months, 1-2 years & 2-3 years).
2. *Provide the group with the following prompts and attached chart called, Child Outcomes Chart:*
    a. How would you explain what each of the outcomes (*Children have positive social relationships, Children acquire and use knowledge and skills, and Children take action to meet their needs)* "looks like" functionally in everyday life for each of the age ranges?
    b. In other words, what are the skills you could expect to see for the various age ranges across the three outcome areas?
    c. Why are the skills important?
    d. What do the skills tells us?
3. Come back together as a large group and take turns sharing how each group would explain what the Child Outcomes might look like for each age range.
4. As each group is sharing, encourage everyone to fill in their charts accordingly, so everyone walks away with completed charts.

Part 3 – Different Ways of Explaining the Outcomes

1. Distribute the handout titled, *Example Explanations of Three Outcomes,* to the participants.
2. Either in small groups or one large group (depending on the size), review the example narratives. This handout has four different potential explanations of the three outcomes using family-friendly terms. Consider the following questions to guide a discussion about the examples:
    a. Which example is more closely aligned with how you describe the three outcomes to families?
    b. Which do you like best? Why?
    c. Which one might you want to try out or take elements from when you describe the three outcomes to families?
    d. Which one do you feel might not be the best description? If so, how would you improve it and why?
    e. What is missing from explanation #1?
    f. What do you like about explanation #2?
    g. What's inappropriate about explanation #3?
    h. What stood out to you about explanation #4?
3. Next, watch this brief example of a professional explaining to a family what the COS process is all about: http://ectacenter.org/eco/pages/costeam-videolibrary.asp
4. Compare the examples just discussed with the video example by asking:
    1. What similarities between the written examples and video example do you notice?
    2. What differences between the written examples and video example do you notice?

Part 4 – A Parent's Perspective

1. Watch the following brief (under 3 minutes) video of a parent sharing her experience being involved in the COS process: https://www.youtube.com/watch?v=lB9hiIoegCw&feature=youtu.be
2. After watching the brief testimonial, consider the following questions:
   a. How does this mother feel about being involved in the COS process?
   b. What are the benefits for this caregiver?

Part 5 – Individual Reflection & Action Plan

1. Ask the participants to individually reflect and complete the handout/action plan titled, *Individual Reflection Section 2; Activity 2.*

ACTIVITY 2
Example Explanations of the Three Outcomes

Explanation 1:
"You may remember our earlier conversation about three child outcome areas highlighted in the brochure we shared. Included here in the brochure (pointing) are the three outcomes we measure along with the types of skills included in each outcome area. Through our discussions, the evaluation, and the RBI, we have learned about Emanuel's functioning in each of these outcome areas. Today we'll discuss and summarize Emanuel's functioning in each of these areas."

Explanation 2:
"Children bring together many skills to accomplish everyday tasks. One way to understand children's development is to think about their functioning in three outcome areas. These include positive social relationships, acquiring and using knowledge and skills, and taking appropriate action to meet needs. Within each of these outcomes are many skills. Today, we'll talk more about what we mean by each of these outcomes and discuss how Norton is using skills in each of these outcome areas."

Explanation 3:
"We've done this several times in the past. Now we are going to rate Kate's development in three areas – positive social-emotional skills, acquisition and use of knowledge and skills, and use of appropriate action to meet needs. This is just something that the federal government and state require us to do. Let me know if you have any questions."

Explanation 4:
"Today we are going to discuss the Child Outcomes Summary Process, which is not just a form, but a team process, looking at three areas -- positive social-emotional skills, acquisition and use of knowledge and skills, and use of appropriate action to meet needs. This is not an assessment, but rather a process for summarizing information about your child's participation and functioning in daily life. This is just one way to summarize information about Matthew. Positive social-emotional skills could, for instance, entail how he expresses his feelings. An example of acquisition and use of knowledge and skills might include how Matthew pulls a chair over to the counter to reach the cereal, which shows us how he solves problems and takes action to have his needs met."

Adapted from the Child Outcomes Summary – Team Collaboration (COS-TC) Toolkit

ACTIVITY 2
Child Outcomes Chart

	Birth-6 months	7-12 months	1-2 years	2-3 years
Positive Social Relationships				
Acquire & Use Knowledge & Skills				
Take Action to Meet Needs				

ACTIVITY 2
Individual Reflection & Action Plan

Participant's Name: _____ **Date:** _____

1. What would you like to remember from today?

2. What is at least one new strategy or way of explaining the three child outcomes to families that you would like to incorporate into your narrative/practice?

ACTIVITY 3
Why & How?

Activity Purpose: Before beginning the COS rating discussion, it is ideal for families to have basic information about why outcomes data are collected and how those data are used. Participants will have an opportunity to view a national module and discuss how to share this information with families. Furthermore, when sharing information about the outcomes and the COS process, it is important to confirm the family's understanding. Asking open-ended questions may be more helpful than simply asking, "Does this make sense?" or "Do you understand?" In addition to initially checking for families' understanding of why and how the data are collected, providers should check the families' understanding throughout their EI experience.

*Note for facilitator: this session involves distributing the article titled: *The Ideal Baby.* Reading this article prior to the next session will provide participants with context, so that they can participate more fully in the upcoming discussion (Section 3; Activity 1).

Difficulty Level: Introductory Level – Awareness & Intermediate Level – Application

Estimated Time: 45-60 minutes

Materials:
- Internet access & TV/computer for online module
- Audio
- Handouts:
  - *Individual Reflection & Action Plan Section 2; Activity 3*
  - *The Ideal Baby* (for participants to read before the next session)

Activity Instructions:

Part 1 – Action Plan Follow-Up

1. In small groups, ask the participants to review and briefly discuss their action items from their action plans developed during the last session.

Part 2 – DaSY Center Child Outcomes Module

*Note to facilitator: you may want to register for this online module before meeting as a group.

1. Instructions for accessing the online recorded module titled: *"Session 1: Introduction – So What's This All About?"*
   a. Visit the following link: http://dasycenter.org/child-outcomes-summary-cos-process-module-collecting-using-data-to-improve-programs/
   b. Scroll to the bottom of the page and click on *"Register for Access to Online Learning Module"*

    c.   Register for the module by filling out your name, discipline, state, email, etc.

    d.   An email link will be embedded in the body of the message titled "Link to the COS-Module." Click on the link and you will see Child Outcomes Summary (COS) Online Learning Module.

    e.   Scroll to the bottom of this page and click the "next" button.

    f.   You will see a series of seven modules. Click on the first one called "Session 1: Introduction – So What's This All About?"

2. As a group watch the module together. The facilitator can consider the following discussion questions, which are meant to be embedded throughout the module.

    a.   Stop after slide titled "What is an outcome?" – Consider the following question: What's something new that you didn't know before about the outcomes and/or why data is collected?

    b.   Stop after slide titled "Outcomes reflect global functioning" -- Consider the following questions: Why is functional or meaningful critical? & How do the outcomes reflect global functioning?

    c.   Stop after slide "Child Outcomes: Global vs. Individualized" – Consider the following question: How might you explain the importance and differences of both to families?

    d.   After the module is complete –

        i.   How might you include why data on the outcomes are measured into your description of the COS process to families?

        ii.   Why do you think it is important to have basic knowledge about the history of child outcomes as well as what the data is used for?

> ***Note to facilitator:** consider stopping the module and engaging the group in a discussion based on their needs.

Part 3 – Asking Questions

1. Divide the large group into four smaller groups – 1) general information about COS Process, (2) positive social-emotional skills, (3) acquisition of knowledge and skills, and (4) use of appropriate action to meet needs. Ask the four groups to come up with as many open-ended questions as possible pertaining to their assigned groups that would allow them to include families as well as check for their understanding of the process and each individual outcome.

2. Come back together as a large group and share some of the questions discussed within each small group.

> ***Note to facilitator:** you can collect all the relevant questions, type them up and email them out to the participants, so they have ideas if needed. Again, if this seem appropriate for the individual group.

Part 4 – Individual Reflection &Action Plan

1. Handout the form titled, *Individual Reflection & Action Plan Section 2; Activity 3.* Encourage participants to individually reflect on the content and strategies

discussed during this session, and how they would like their conversations to look with families.

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*Note to facilitator: you can use the same four questions in the individual reflection handout to engage the group in a group reflection before handing it out for the individual reflection.

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2. Before participants leave, provide them with a copy of the article, *The Ideal Baby*, and ask them to read this article before the next session. Facilitators can provide hard copies or email their participants an electronic copy.

THE "IDEAL BABY":

A Look at the Intersection of

Temperament and Culture

VIVIAN J. CARLSON
Department of Human Development and Family Studies
Saint Joseph College
West Hartford, CT

XIN FENG
School of Family Studies
University of Connecticut
Storrs, CT

ROBIN L. HARWOOD
Department of Human Development and Family Studies
Texas Tech University
Lubbock, TX

Fourteen-month-old Vanessa is usually happy at home, but she stays in a parent's lap or arms most of the time when she is in new situations. She gets upset and cries when her parents try to leave her with a family member, and she often finds it difficult to settle herself to sleep without being held. Vanessa's mother, Maria, is delighted that Vanessa obviously prefers her parents and wants to stay close to them. Maria sees this as evidence that she is a good mother who has a very close relationship with her daughter.

Kristen, also 14 months old, is also generally happy at home, but she prefers to be held by her parents in new situations. She cries and hangs onto her parents if they try to leave her with other family members, and she still needs to be rocked to sleep every night. Kristen's parents are very concerned about their daughter and have sought advice from their pediatrician about how to help her become more independent. They are concerned that she will grow up to be shy, afraid to try new things, and socially isolated.

at a glance

- Nearly 40% of children in the United States are being raised in families that may espouse somewhat different socialization goals and may value different "ideal" traits than those promoted among Anglo-American families. In our diverse society, how can we adapt our practices to best facilitate the development of these bicultural participants?

- Temperament is not immutable but may change over time. In one longitudinal study, about 25% of extremely shy toddlers were found to be more outgoing at the age of 7.

- In China, teachers viewed shy, sensitive children as socially and academically competent. In North America, teachers viewed shy, sensitive children as lonely and depressed. In Sweden, shy, socially reserved behavior was not consistently associated with any negative long-term outcomes, yet in North America, such behavior was found to hinder careers.

Vanessa and Kristen are exhibiting similar temperament characteristics. They are difficult to soothe, slow to adapt to changes, and tend to withdraw from new situations. These characteristics are clearly eliciting different responses from the babies' parents. Maria values her daughter's caution and desire to remain close; whereas Kristen's parents view these behaviors as problematic and likely to lead to negative developmental outcomes. Why do these parents' responses differ so strikingly when the babies are so similar?

Looking at the intersection of culture and temperament informs our understanding of how shared customs, values, and beliefs about development affect daily parent–child and social interactions. In particular, the concept of "goodness of fit" can be applied to the interaction among temperament, cultural values, and expectations (Chess & Thomas, 1996). In other words, one would expect that children with temperament characteristics that are consonant with parental ideals and the expectations of the wider society would find their developmental pathway relatively easy to negotiate.

Underlying assumptions about ideal adult characteristics often surface when adults become parents. This transition to parenting usually involves changing the internal model of the self from that of a care *receiver* to that of a

caregiver. During this transition, many parents begin to carefully consider the purposes and goals of their caregiving. When asked, "What qualities would you like your child to possess when he is an adult?" most parents can readily list many desirable characteristics that they hope to instill in their children. These socialization goals offer a unique window into the frequently unconscious assumptions that we all make about developmental outcomes. Indeed, socialization goals often provide us with a surprisingly clear view of the personal and community values that we hold most dear.

Culture and Socialization Goals

Research investigating the everyday parent–child interactions of families across a variety of cultural groups is beginning to clarify the complex relationships among the individual and shared values, beliefs, and practices that form the context for development. Many researchers have found clear patterns of agreement among cultural groups in their choices of long-term socialization goals (e.g. Harwood, Miller, & Irizarry, 1995; Rao & Pearson, 2001; Rothbaum, Weisz, Pott, Miyake, & Morelli, 2000). Others use the concept of parental ethnotheories—that is, a combination of personal and cultural belief systems—as a framework for examining the ways in which individual parents combine personal experiences and shared cultural

models of child rearing to guide their parenting and organize their everyday lives (Harkness, Super, & van Tijen, 2002). Parental ethnotheories provide a framework for the often implicit choices that parents make in responding to their individual children.

Group Comparisons

When speaking of commonalities among groups, it is important to remember that culture is fluid, existing within individuals and continuously modified in the context of social interactions (Harwood, Leyendecker, Carlson, Asencio, & Miller, 2002). Careful examination reveals that cultural communities are also ever-changing. All individuals participate in a number of different groups that share common bodies of knowledge, experiences, expectations, and rules for interactions. As individuals, we may identify with a particular religious community, with one or more sport or hobby groups, with others who share our professional life, and with members of our specific ethnic group. Thus within any group, researchers will find wide variations in beliefs and practices based on individual experiences and interpretations (Harwood, Handwerker, Schöelmerich, & Leyendecker, 2001). While seeking to elucidate group differences, we must remember that intragroup variation may equal or exceed intergroup variation. How do we reconcile this complexity in our efforts to respect and support an increasingly diverse population? First, we must understand that group comparisons serve to inform our understandings of our own values and assumptions. In addition, such comparisons provide us with a basis for beginning the process of establishing mutually respectful, culturally reciprocal relationships. The challenge for professionals lies in learning to understand group common-

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SOCIALIZATION GOALS: THE IDEAL BABY

Vanessa's parents hope that she will be:

Respectful	Obedient
Well-behaved	Considerate
Calm	Appreciative
Liked by others	A good daughter
Responsible	Religious

Kristen's parents hope that she will be:

Happy	Self-confident
Independent	Assertive
Secure	Intelligent
Well-rounded	Ambitious
Kind	Outgoing

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alities as well as individual differences and needs without resorting to stereotypical assumptions and inferences. We must be willing to embrace the complexity of culture and participate in the sometimes-difficult process of personal and professional cultural exploration.

This assertion is most easily exhibited in the next few examples of research-based cultural comparisons. Extensive, naturalistic studies of Puerto Rican and Anglo-American mothers' socialization goals have shown that Puerto Rican mothers tend to emphasize respect and cooperation with authority; whereas Anglo mothers tend to emphasize self-maximization balanced with the ability to form caring relationships (Harwood et al., 1995). These goals are consistent with the desirable outcomes of a compliant, socially oriented adult for the Puerto Ricans and a self-confident, autonomous individual for the Anglos (see sidebar). Parents often use these socialization goals to guide their participation in social networks, to shape their expectations for the attainment of developmental milestones, and to define their parenting practices in the context of daily life (Harwood, Miller, Carlson, & Leyendecker, 2002).

This Anglo-American assumption that a competent adult is self-confident, assertive, and autonomous is not shared by members of many other cultures. For example, Japanese parents tend to hope that their children will become open-minded and obedient, demonstrate intimate dependence in familial contexts, and carefully consider the needs of others in all social interactions (Rothbaum, Pott, Azuma, Miyake, & Weisz, 2000). Indeed, parents in many other cultures throughout the world emphasize child-rearing goals related to family and social interrelatedness contrasted to the Anglo-American emphasis on individual autonomy. Investigators are finding evidence that parenting strategies are clearly related to long-term socialization goals (Brody & Flor, 1998; Carlson & Harwood, 2003; Ipsa, Fine, Thornburg, & Sharp, 2001; Kermani & Brenner, 2000; Martini, 2001; Rao & Pearson, 2001). Such studies lend support to the hypothesis that parents use culturally defined socialization goals to direct their daily caregiving interactions in meaningful ways.

Parental Ethnotheories

Although socialization goals may be derived from shared cultural beliefs, parental ethnotheories serve as individualized sources of parenting practices. Keeping in mind the concepts of cultural complexity and fluidity, we should anticipate that parents will construct highly personalized adaptations of parenting beliefs and practices based upon their own life experiences. These ethnotheories include individualized interpretations of ideal developmental outcomes in areas such as temperament, personality, and relationships (Harkness et al., 2001).

Combining culturally shared socialization goals with individualized parental ethnotheories enables a more comprehensive understanding of the interplay between tem-

perament dimensions and familial "goodness of fit." A reserved, cautious parent may find a baby such as Kristen or Vanessa closer to their personal "ideal baby" than a more active, outgoing infant, in spite of that parent being a part of the Anglo culture with its overall emphasis on self-confidence, assertiveness, and independence. On the other hand, such a parent may wish for a more active, outgoing child to counteract their own memories of childhood social isolation or awkwardness. Thus, the developmental significance of temperament characteristics is dependent on parental values and expectations—which are, in turn, influenced by the shared values of the wider community.

Culture, Temperament, and the Environment

The interaction between culture and temperament is further complicated by the physical and social properties of the environment. Responses to child temperament characteristics are influenced by factors such as gender, age or developmental stage, and the constraints of the physical setting (Carey & McDevitt, 1995). Highly active children may be less favored in a very crowded, densely populated physical setting than in an environment with ample room and opportunity for energetic motor activities (Chess & Thomas, 1996). Moreover, parents' and caregivers' responses to a child's need for activity are likely to change over time as the child becomes older and expectations for sustained attention in nonactive settings increase. Whatever the age of a child, caregivers may tolerate higher activity levels among boys than among girls (i.e., highly active boys are closer to the cultural "ideal boy").

The Family Context

The flexibility inherent in the physical and social environments thus becomes a primary determinant of success when efforts are made to accommodate a variety of individual temperament characteristics in the context of the family. For example, traditional infant caregiving practices among the Kipsigi tribe in East Africa do not emphasize self-regulation or rhythmicity because infants are quieted by continual intimate contact with several caregivers. On the other hand, most American parents are intensely concerned with early self-regulation and rhythmicity in feeding and sleeping routines because such routines enable the accomplishment of necessary adult/family tasks in a single caregiver environment (Super & Harkness, 1994). This differential valuing of temperament characteristics is directly related to the physical and social settings of care.

Parental ethnotheories regarding the predictive nature of early behaviors and the establishment of parent–infant interaction patterns would also seem to be strongly influenced by the physical and social setting. Americans tend to emphasize individual autonomy, live in relatively spacious homes occupied by small nuclear families, and must cope

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with a wider society in which time and future orientation often take precedence over interpersonal relations. These factors facilitate views of early development as a "critical period" with immense future significance that must be negotiated, in relative isolation, by one or two primary caregivers and their children. This physical and social isolation in the context of daily caregiving leads to less environmental flexibility than was available in previous generations with close extended families, more crowded neighborhoods, and more community-based activities and identities. These social and physical changes in the American caregiving environment may be, at least in part, responsible for the finding that the American parents ascribed great importance to early manifestations of temperament and interaction patterns as predictors of future developmental competence, whereas the Kipsigi parents saw such early patterns of behavior as being of no particular importance (Super & Harkness, 1994). Thus, the greater flexibility of the physical and social settings of infant care among tribal cultures such as the Kipsigis may lead to less emphasis on infant temperament characteristics as important predictors of future developmental outcomes.

To return to our case descriptions, it is possible that Vanessa's parents may be comfortable with her low adapt-

ability and tendency to withdraw from new situations because they are participants in a more flexible environmental setting than is typical for many American families. We know that Vanessa's family emphasizes appropriate social behavior and interdependent family relationships. It is likely that these socialization goals will lead them to include extended family members in their daily activities and emphasize personal interactions more than future concerns. Daily activities are likely to be family centered and include all family members across several generations with little emphasis on separate, individualized time or activities. This flexible social environment and focus on relationships may promote Maria's delighted acceptance of her baby daughter's current dependency needs and desire for parental closeness and affection.

On the other hand, Kristen's parents seem to be strongly influenced by their desire to raise a self-confident, autonomous child. Their daily routines are likely to include an emphasis on nuclear family interactions combined with frequent child-oriented activities outside the home. They may believe that self-confidence and independence are best fostered by frequent exposure to a variety of stimulating social and physical settings, including weekly participation in parent–toddler programs such as play groups, library story times, gymboree, swimming, or music classes. In addition, the nuclear family home is very child centered while Kristen is awake, making independent sleep schedules critical to the accomplishment of adult tasks and relationship time. Kristen's parents are also very concerned about their daughter's future development and strongly believe that her current interaction patterns are predictive of her future competence (or lack thereof). These parents also understand that American society, including school and work environments, does not typically value or reward reserved, cautious individuals.

SAMPLE SOCIALIZATION GOAL RESPONSES

Vanessa's mother says:

"I would truly want [her] to have, more than anything, good behavior. That [she] be simple, respectful. I believe that these are the main characteristics a person should possess."

Kristen's mother says:

". . . to have confidence and self-esteem in themselves and to be able to speak their mind, but [to] be compassionate for other people—basically, to be able to fill whatever needs they have for themselves."

Therefore, parents' current social and environmental constraints—combined with their strong orientation toward future career goals—are leading them to seek assistance in shaping Kristen's early behavior patterns to more closely match their vision of the "ideal baby."

The Wider Social Context

Shared cultural values permeate all aspects of the environment. Social institutions reinforce these values by shaping expectations for social interactions and rewarding or sanctioning particular behaviors. The intersection of cultural values and temperament characteristics becomes evident as children interact with their peers in the context of the formal educational system. Recent investigations of educational achievement and social competence among children exhibiting shy or inhibited behavioral patterns point to significantly different outcomes based on the wider cultural context of development (Chen, et al., 1998; Chen, Rubin, Li, & Li, 1999; Kerr, 2001).

As discussed above, Kristen's parents perceive inhibited traits negatively. This view of shy or inhibited behavior is widely shared among North American parents and also tends to be associated with peer neglect among North American children (Chen et al., 1998; Kerr, 2001). This negative view of shyness is consistent with the North American cultural and institutional emphasis on individual assertiveness, self-confidence, and competition. Indeed, both Canadian mothers *and* Canadian peer groups were less accepting of shy children in studies of temperament, child-rearing, and social competence (Chen et al., 1998; Chen, Rubin, & Sun, 1992).

However, just as Vanessa's parents were accepting of her inhibited behaviors, Chinese mothers and peers participating in the same studies discussed above were also accepting of shy children (Chen et al., 1998; Chen et al., 1992). This acceptance is consistent with the Chinese cultural emphasis on cautious, reserved, socially appropriate behavior in social and educational contexts. In addition, similar outcomes have been found among other cultures (such as Sweden) that value social reserve (Kerr, 2001).

When researchers examine the long-term outcomes of these familial, social, and institutional preferences for particular traits, their results continue to be consistent with the shared socialization goals, values, and expectations associated with "ideal" cultural traits. Shyness and sensitivity were positively associated with teacher ratings of adolescent social and academic competence and general self-esteem in China (Chen et al., 1999); in contrast, teachers of shy North American children tend to view these children as lonely and depressed (Rubin, Chen, McDougall, Bowker, & McKinnon, 1995). In the Swedish study, shy, socially reserved behavior was not consistently associated with any negative long-term outcomes, yet in the North American study, such behavior was found to hinder careers (Kerr, 2001).

These investigations offer support for the hypothesis that a strong relationship exists between culturally shaped ideal trait preferences and success in the social contexts of education and employment. Thus, researchers would expect developmental pathways, which are initiated in early interactions between infants and their caregivers, to lead to positive long-term outcomes based on those pathways' consonance or dissonance with the values of the wider social context.

The "Ideal" Baby in a Diverse Society

The issue of cultural consonance or dissonance with the values reinforced by the educational and social institutions surrounding the family is of critical importance to the children of the United States. According to the 2000 census data, only 61% of U.S. children are of White, non-Hispanic heritage (Annie E. Casey Foundation, 2003). Therefore, nearly 40% of children in the United States are being raised in families that may espouse somewhat different socialization goals and may value different "ideal" traits than those traditionally promoted among both Anglo-American families and the wider social institutions in the United States. Acculturation across the generations may lead to an eventual reduction in these differences as experienced by second- and third-generation children of immigrants. Nevertheless, we must consider what these levels of dissonance mean for children who must adapt to different values and expectations in schools, peer groups, and the workplace. How can we begin to adapt our practices to best facilitate the development of successful bicultural participants in the context of a diverse society?

The answers to these questions are both complex and somewhat speculative. We are currently investigating the effects of migration on parenting, with funding from the National Institute of Child Health and Human Development (NICHD) to the third author. We designed this study to examine processes of cultural change in child-rearing beliefs and practices among first- and second-generation migrant mothers in the United States and Germany. Participants include Puerto Rican and Euro-American mothers in the United States, and Turkish and German mothers in Germany. We designed this study also to elucidate indigenous child-rearing beliefs and practices among Puerto Rican and Turkish migrant mothers, and to examine and compare first- and second-generation migrant mothers. We wanted to pay specific attention to the development of monocultural versus bicultural orientations as reflected in mothers' child-rearing beliefs and practices. (Acculturation measures are used for members of various cultural groups—

> Looking at the intersection of culture and temperament informs our understanding of how shared customs, values, and beliefs about development affect daily parent–child and social interactions. In particular, the concept of "goodness of fit" can be applied to the interaction among temperament, cultural values, and expectations.

scores place individuals on a continuum of acculturation from monocultural to bicultural in their expressed beliefs and values.) We also hope to identify the circumstances under which migrant mothers may or may not develop a bicultural identity. Preliminary results indicate that in comparison to the first-generation mothers, second-generation mothers are more likely to include bicultural or host cultural identity as a goal for their children. Moreover, second-generation mothers demonstrate their trend toward acculturation by adopting parenting practices associated with the host culture.

Much of the previous research regarding the effects of immigration has focused on linguistic competence and acculturative stress. We know little about the normative processes of change in parenting beliefs and practices following migration. The processes of immigration and acculturation necessitate adaptations in both the immigrant and host cultures. Researchers have not yet systematically investigated how these adaptations affect individuals, families, and social institutions. The development of a bicultural identity would seem to be at least somewhat dependent on positive experiences within—and perceptions of—the host culture across the first few generations after immigration.

This discussion brings us back to the concept of goodness of fit as applied to individuals, families, and the wider institutions of society. Because environmental flexibility increases the chances that a society will accept more varied characteristics among its members, it would follow that the most prudent course for a diverse society would be to work toward greater flexibility in social institutions such as schools, health services, and businesses. Recent public discourse regarding the need for more collaborative efforts in schools and the workplace is an example of society's growing recognition of this need for flexibility. Reducing the overwhelming emphasis on competition and individual achievement in the United States in favor of more balanced attention to collaboration and awareness of others' needs would provide a more flexible foundation for diverse participants in our schools and work environments.

An important first step in increasing the flexibility of the social context in our diverse society is to modify the value-laden terminology that we use to describe temperament characteristics. Terms such as "internalizing problem behaviors," "clingy", or even "shy" carry significant negative connotations in mainstream American culture. Deliberate use of less judgmental, more positive descriptive language would constitute a major step toward greater social flexibility and acceptance of diversity. For example, "careful," "cautious," and "reserved" are descriptors that

avoid negative connotations while allowing clear under-standing of temperament characteristics. Language is pow-erful: Professionals should use it carefully.

In addition to valuing the contributions of individuals with a variety of temperamental characteristics, it is impor-tant to understand that temperament is not immutable but may change over time. In one longitudinal study, about 25% of extremely shy toddlers were found to be more out-going at the age of 7 (Kagan, Reznick, & Snidman, 1988). Family and community contexts may either enhance or minimize temperamental tendencies. Parents who are com-fortable allowing their child to stay close and observe in a new situation without demanding the child's immediate participation may provide a model of effective coping that enables the cautious child to gradually become less fearful. Likewise, a teacher who recognizes the child's skill at observing social situations and allows for varied levels of participation based on individual comfort may promote effective coping and less fearful responses.

We need to make room for both Vanessa and Kristen in the world beyond their families. Vanessa's quiet, care-ful, socially aware approach to life should continue to be nurtured in classrooms where she can flourish and be rec-ognized for her talents in observation and cooperative learning. And Kristen's parents should be encouraged to treasure their daughter's affectionate and cautious nature, build on her strengths, and know that she will enter a world in which her learning style will be accepted and her talents developed—so that she will experience success as an adult. ✦

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Temperament in Early Development

Biological Contributions and Beyond

The Intersection of Temperament and Culture

Is Challenging Behavior a Behavior Disorder?

Talking With Parents About Individual Differences

ACTIVITY 3
Individual Reflection & Action Plan

Participant's Name: _____ Date: _____

1. How have the last several sessions informed you, so that you can support and strengthen families' understanding and involvement in the COS Process?

2. Why do you think it is important to include the WHY and HOW when engaging families in COS discussions?

3. Why might you need to revisit this conversation and ask questions to check for families' understanding more than once?

4. Moving forward, how would you like your COS conversations with families to change? How would the 'ideal' conversation look? How can you align your conversations to be more inclusive of families?