

ACTIVITY 1

Including Caregivers in Conversations

Activity Purpose: Once families understand the Child Outcomes Summary Process, what it is, and why and how the data is collected, their participation in the measurement process is very important. Families are a critical source of information about the ways in which their children engage and participate across a variety of daily routines, activities and settings. The purpose of this activity is to discuss ways to include families in discussions about child outcomes.

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

Estimated Time: 60-75 minutes

Materials:

- Internet access & TV/computer
- Audio
- Chart paper
- Pen/marker for chart paper
- Handouts:
 - *Child Outcomes Conversation Starters for Caregivers*
 - *COS Discussion Prompts*

Activity Instructions:

Part 1 – Think-Pair-Share

1. Encourage the participants to get into pairs. Ask the participants to consider the following prompt and share with their partners:
 - Think about a time when you were unsure/uncomfortable in a situation. Maybe it was a medical appointment, work meeting, family interaction, etc. What was that experience like for you? What was uncomfortable for you and why? How did other people make you feel at ease or more comfortable? What could they have done differently to make you feel more comfortable?
2. Come back together as a large group and ask if anyone would like to share their example.

Part 2 – Cultivating the Climate

1. Remind the participants about the conversation from several sessions ago related to the importance of families' contributions to the COS conversation as they know their children the best and the personal experiences just shared from the first activity, ask the participants:
 - a. What are some ways professionals can cultivate a climate that encourages caregiver participation?

***Note for facilitator:** as professionals share their ideas, write the ideas/strategies down on chart paper for everyone to see.

Part 3 – Promoting Parental Involvement Video

1. Watch the following brief (6 minutes) video titled, *Jeremiah – Outcome Two Section IV: Building Consensus for a High-Quality COS*
Rating: http://olms.cte.jhu.edu//olms2/COSTC_SessionIV
2. After watching the video, consider the following questions:
 - a. How do you think this mother felt during the conversation? How could you tell?
 - b. What did the professionals do to encourage her participation?
 - c. Which strategies that we just identified (and wrote down on chart paper), did you see in action? Which ones were missing?

***Note for facilitator:** let the professionals know that they will revisit this video in upcoming sessions to talk more about the tools used.

Part 4 – Conversation Starters

1. Divide the large group into three smaller groups.
2. Assign each group one of the child outcomes.
3. Pass out the handouts:
 1. *Child Outcomes Conversation Starters for Caregivers*
 2. *COS Discussion Prompts*
4. Ask each group to look at the discussion prompts in the handout titled, *COS Discussion Prompts, according to their assigned outcome*.
5. Then ask the participants to identify their favorite discussion prompts/open-ended questions pertaining to their outcome that would likely promote parental participation. The participants can document their favorites on the handout titled, *Child Outcomes Conversation Starters for Caregivers*. Remind participants to include questions around the outcomes, functional skills, routines, settings, people involved, etc. Additionally, participants should be encouraged to add their own questions/prompts that are not found on the *COS Discussion Prompts* handout.
5. Once the three groups have had enough time to come up with several questions, reconvene as a large group and take turns sharing the groups' outcomes and questions. Encourage participants to write down the examples on the handout titled, *Child Outcomes Conversation Starters for Caregivers*, they would like to remember and potentially use in the future.

***Note for facilitator:** listen for how the participants are asking questions about functioning within routines, in various settings and with various people. Consider adding your own examples to the conversation.

Part 5 - Group Reflection

1. To wrap up the session, watch the following brief video (under 4 minutes) of professionals sharing their experiences with the process: <https://www.youtube.com/watch?v=j5pdmyTs4co&feature=youtu.be>
2. Afterwards, considering asking the participants:
 1. What are your thoughts after watching this video?
 2. How might you relate to these two professionals?
 3. Might you share some of their trepidations?
 4. What are some perceived benefits they mentioned?

ACTIVITY 1

Child Outcomes Conversation Starters

Outcomes	Examples of Skills & Behaviors	Conversation Starters
Children have positive social/emotional skills & relationships	<ul style="list-style-type: none"> • Build and maintain relationships with children and adults. • Regulate their emotions. • Understand and follow rules. • Communicate wants and needs effectively 	<p>Come up with some open-ended questions to ask caregivers to engage them in the conversation and gain their perspective about their child within the context of the three child outcomes.</p>
Children acquire and use knowledge and skills	<ul style="list-style-type: none"> • Display an eagerness for learning. • Explore their environment. • Engage in daily learning opportunities • Show imagination and creativity in play. 	
Children use appropriate actions to meet needs	<ul style="list-style-type: none"> • Move from place to place to participate in everyday activities and routines. • Meet their self-care needs (feeding, dressing, toileting, etc.) so that they can participate in everyday routines and activities. • Ask for help when needed. • Use objects such as spoons and crayons as tools. 	

Child Outcome Summary (COS) Process Discussion Prompts

The pages that follow provide a few ideas for some types of questions or prompts that could be used to elicit conversation about a child's functioning with regard to the three global child outcome statements. As teams discuss child functioning in these outcomes areas, they generally draw on many sources of information and ask excellent questions that provide a specific description of what the child generally does with regard to each outcome. However, some teams have looked for further guidance about the kinds of questions that might help them focus on functional skills and span many of the components reflected in each outcome. The list that follows is by no means a comprehensive list of the types of questions or topics that might be discussed. It also is not intended to be used as a checklist necessary for discussion or as a checklist that will always constitute a complete discussion. However, it might provide some ideas to expand team approaches. It also may be helpful if individuals new to the COS process are quickly training other staff in using it and want more information for that purpose. As you begin to use this resource, we encourage you to share comments and additions with us at staff@the-eco-center.org so that we can include and circulate them as well!



Outcome 1: Child has positive social relationships.

Thinking about relating to adults, relating to other children, and (for those older than 18 months) following rules related to groups or interacting with others.

- ▲ How does the child relate to his/her parent(s)?
- ▲ How does the child relate to other relatives or extended family and close family friends (e.g., grandparents, aunts, extended kin, etc.)? Do these interactions with people differ depending on the setting the child is in with these people?
- ▲ How does the child interact with familiar caregivers (e.g., child care providers, babysitters)?
- ▲ How does the child relate to strangers? At first? After a while? In different settings and using different approaches?
- ▲ How does the child interact with/respond to people in community settings (e.g., park, library, church, grocery store, with neighbors on walks, at the bus stop, in restaurants, at playgroups or outings, etc.)?
- ▲ How does the child interact with/react to peers (e.g., at child care, in the park, in the neighborhood, in brief interactions in stores or at restaurants)?
- ▲ How does the child relate to his/her siblings, cousins, or kids he/she sees frequently?
- ▲ What is the child's eye contact with others like? Does it differ across situations or with different people?
- ▲ How does the child display his/her emotions?
- ▲ How does the child read and react to the emotions and expressions of others?
- ▲ How does the child respond to touch from others?
- ▲ How does the child maintain interactions with people?
- ▲ In what situations and ways does the child express delight or display 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?
- ▲ Does the child display awareness of routines? How?
- ▲ 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 and in what situations are interactions with others initiated?
- ▲ How does the child engage in mutual activity (e.g., joint attention, communicate to convey desire to engage, initiate interaction or play, follow rules for mutual games)?
- ▲ Does the child seek out others after an accomplishment? How?
- ▲ Does the child seek out others after frustration or when angry? 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?
- ▲ Does the child display an awareness of rules and expectations? How? Does the child behave differently in different contexts (e.g., quieter in church, more active outside)?
- ▲ Does the child attempt to resolve his/her conflicts? How? What do these actions look like with peers, parents, etc.?
- ▲ How does the child respond when others are not attending to him/her?
- ▲ How does the child respond when someone arrives? Someone new? Someone familiar? How does the child respond when someone leaves?
- ▲ Talk about the child's functioning with regard to turn-taking, showing, and sharing? With adults? With other children?



▲ How would you expect other children this age to act in these situations?

Outcome 2: Child acquires and uses knowledge and skills.

Thinking, reasoning, remembering, and problem solving; understanding symbols; and understanding the physical and social worlds.

- ▲ How does the child use the words and skills she/he has in everyday settings (e.g., at home, at the park, at child care, at the store, with other kids, at child care, in restaurants, with different people)?
 - ▲ Tell me about a time when he/she tried to solve a problem (e.g., overcome an obstacle/problem interfering with something important to him/her). What did he/she do?
 - ▲ What concepts does the child understand? Does the child incorporate these into strategies that he/she uses to accomplish something meaningful? How?
 - ▲ How does the child understand and respond to directions and requests from others?
 - ▲ How does the child imitate others' actions (e.g., peers, adults) across settings to learn or try new things?
 - ▲ How does the child display understanding of differences in roles, characteristics, and expectations across people and situations (with increasing age role understanding may change from immediate household roles and differences to more external community helper roles)?
 - ▲ Can the child use his/her understanding to communicate problems or attempt the solutions that others suggest (e.g., try new strategies that they haven't thought of based on gestures or suggestions using words they know)?
 - ▲ Can the child answer questions of interest in meaningful ways?
 - ▲ Does the child use something learned at one time at a later time or in another situation?
 - ▲ Does the child display an awareness of the distinctions between things (e.g., object characteristics, size differences, differences in object functions)?
 - ▲ What does the child do if an action or a strategy attempted isn't successful? (e.g., how does he/she try to modify approach, show persistence, etc.)
 - ▲ How does the child demonstrate her/his understanding of symbols into concepts, communication, and play?
 - ▲ How does the child interact with books, pictures, and print?
 - ▲ 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?
 - ▲ Does the child's play show attempts to modify strategies/approaches and to try new things? How?
 - ▲ Are there kinds of knowledge and skills that are not similar to same age peers and/or that might interfere with acquiring and using knowledge and skills?
- ▲ How would you expect other children this age to act in these situations?**



Outcome 3: Child takes appropriate action to meet his/her needs.

Taking care of basic needs; getting from place to place and using tools; and (if older than 24 months) contributing to own health and safety.

- ▲ What does the child do when she/he can't get or doesn't have what she wants?
- ▲ What does the child do when he/she wants something that is out of reach or hard to get?
- ▲ What does the child do when he/she is upset or needs comfort?
- ▲ What does the child do when she/he is hungry?
- ▲ What does he/she do when he/she is frustrated?
- ▲ What does the child do when she/he needs help?
- ▲ How does the child convey his/her needs?
- ▲ How are the child's actions to seek help or to convey his/her needs different from one setting to another? How do they differ with different people? (e.g., child care vs. home vs. community setting, with parent vs. grandparent, familiar person vs stranger)
- ▲ Tell me about the child's actions when dressing and/or undressing?
- ▲ What does the child do before and after peeing and pooping?
- ▲ What does the child do at mealtime (eating, drinking)? Are there differences across settings and with different people?
- ▲ How does the child get started playing with toys? What does the child do when he/she is interested in a different toy than he/she has?
- ▲ Tell me about the child's actions/reactions with regard to hygiene (toothbrushing, washing hands/face, blowing nose, etc.)?
- ▲ Does the child show awareness of situations that might be dangerous? What does he/she do (give examples, (e.g., to dropoffs, hot stoves, cars/crossing streets, strangers, etc.)?)
- ▲ 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?
- ▲ Are the actions the child uses to meet his/her needs appropriate for his/her age? Can he/she accomplish the things that peers do?
- ▲ How does the child respond to delays in receiving expected attention and/or help from others?
- ▲ How does the child respond to challenges?
- ▲ Does the child display toy preferences? How do you know?
- ▲ How does the child get from place to place when desired or needed?
- ▲ What does the child do when she/he is bored? How does she/he amuse her/himself or seek out something fun?
- ▲ How does the child respond to problematic or unwanted peer behavior?
- ▲ How does the child use materials to have an effect (e.g., drawing materials, tools, etc.)?

- ▲ **How would you expect other children this age to act in these situations?**



ACTIVITY 2

Teams

Activity Purpose: The Division for Early Childhood (DEC) of the Council for Exceptional Children (CEC), released a series of recommended practices in 2014 for the field of early intervention and early childhood special education. There are seven domains, which include: assessment, environment, family, instruction, interaction, teaming and collaboration, and transition. The intention of these recommended practices is to provide professionals and families with guidance around effective ways to promote the development of young children with developmental delays and disabilities. This session will provide participants with the opportunity to explore the teaming and collaboration strand as it relates to the COS process and consider the characteristics of effective teams. Additionally, participants will consider characteristics of effective teams and strategies for facilitating smooth COS discussions.

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

Estimated Time: 60 minutes

Materials:

- Internet access & TV/computer
- Chart Paper
- Markers
- Audio for online module
- Handout:
 - *DEC Recommended Practices for Teaming & Collaboration*

Activity Instructions:

Part 1 – Effective Teams?

1. In building on the discussion from the previous session, as a large group ask:
 - a. What are the characteristics of effective teams?
 - b. What challenges do you face in working as part of a team?
 - c. How can you overcome those barriers?
 - d. Are there any special considerations for COS teams?
 - a. In thinking about the COS process, how can professionals ensure that everyone has an opportunity to participate and contribute to the conversation about the child's functioning and ratings?

Part 2 – DEC Recommended Practices

1. Provide participants with the handout titled, *DEC Teaming & Collaboration Practices*, chart paper and markers.
2. Read the general description as well as the five practices aloud to the participants.

3. Divide the group into five groups, assigning each group one of the five DEC recommended Teaming and Collaboration practices.
4. Ask the individual groups to come up with concrete examples of how they could use their assigned practice during the COS process and to write down their examples on their chart paper.
5. Come back as a large group and have each of the smaller groups share the recommended practice as well as the concrete examples they came up with. Encourage the participants to think of additional examples during the discussion.

***Note for facilitator:** considering providing context about DEC and the recommended practices to the participants.

Part 3 – COS Facilitation

1. As a group, watch the following brief online module, *Child Outcomes Facilitation Tools*, regarding ways to facilitate conversations about the COS process (skipping the last slide): <http://eitp.education.illinois.edu/AdobePresenter/SC/Section7/3.2ChildOutcomesTools/>
2. After watching the module, consider the following discussions prompts:
 - a. What tips for facilitation stand out to you?
 - b. How do the strategies in this module align with the DEC recommended practices?
 - c. What strategies for facilitation do you and your teams already use?
 - d. What strategies would you like to use?
 - e. What other strategies are important to consider when facilitating COS discussions?
 - f. Why is it important for teams to make accurate ratings/decisions?

Division for Early Childhood (DEC) 2014 Recommended Practices

Teaming and Collaboration

Educational programs and services for young children who have or are at risk for developmental delays and disabilities, by their nature, always involve more than one adult. The quality of the relationships and interactions among these adults affects the success of these programs. Teaming and collaboration practices are those that promote and sustain collaborative adult partnerships, relationships, and ongoing interactions to ensure that programs and services achieve desired child and family outcomes and goals.

It is a given that the family is an essential member of the team and that the team includes practitioners from multiple disciplines as needed. The teaming and collaboration practices we present include strategies for interacting and sharing knowledge and expertise in ways that are respectful, supportive, enhance capacity, and are culturally sensitive.

We recommend the following practices to support teaming and collaboration:

TC1. Practitioners representing multiple disciplines and families work together as a team to plan and implement supports and services to meet the unique needs of each child and family.

TC2. Practitioners and families work together as a team to systematically and regularly exchange expertise, knowledge, and information to build team capacity and jointly solve problems, plan, and implement interventions.

TC3. Practitioners use communication and group facilitation strategies to enhance team functioning and interpersonal relationships with and among team members.

TC4. Team members assist each other to discover and access community-based services and other informal and formal resources to meet family-identified child or family needs.

TC5. Practitioners and families may collaborate with each other to identify one practitioner from the team who serves as the primary liaison between the family and other team members based on child and family priorities and needs.

ACTIVITY 3

COS Descriptors & Ratings

Activity Purpose: There are a variety of tools professionals can use during the COS process. Once the team has a thorough understanding of the child's functioning in an outcome area and how those abilities compare to age expectations, the team can use the rating criteria to decide on a rating. This session will provide participants with an opportunity to become familiar with and apply the COS ratings/descriptors tool. Professionals should have a strong understanding of foundational, immediate foundational and age-expected skills.

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

Estimated Time: 45-60 minutes

Materials:

- Internet access & TV/computer
- Chart paper
- Markers/pens
- Handouts:
 - *Child Outcomes Summary Process: Self-Evaluation*
 - *Child Outcomes Summary Process: Self-Evaluation with Answers (for facilitator only)*
 - *Documentation Key*
 - *COS Ratings with Descriptors*
 - *Matching COS Ratings*
 - *Matching COS Ratings (for facilitator)*
 - *Case Study – Kayla & Using the COS Descriptors*

Activity Instructions:

Part 1 – COS Self-Evaluation Activity

1. Provide the participants with the handout titled, *Child Outcomes Summary Process: Self-Evaluation*. Give the participants a few minutes to complete the self-evaluation about what they have learned up until this point about the COS process.
2. As a group, review the answers to the questions.

***Note for facilitator:** there is an answer key for this self-evaluation you can reference if needed. Additionally, consider using the feedback from the self-evaluations to determine the future direction of the learning opportunity.

Part 2 – COS Rating Descriptors

1. Provide the participants with the handout titled, *COS Ratings with Descriptors*.

2. As a group, review each one of the descriptors. While doing this, ask the group if they can think of any examples or have any questions about each. Point out the use of the visuals (buckets) and how ratings 1-3 denote “not age-expected” or “not age-appropriate” and ratings 4-7 indicate “age-expected” or “age-appropriate” skills.
3. After the group feels comfortable reviewing the language/descriptors, pass out the handout titled, *Matching COS Ratings*.
4. Ask that the participants get into groups of 2-3 people and together read through each example (about 18) and determine which rating they would assign. The facilitator can also assign a group a set of examples (1-6, 7-12, 13-18) if time is limited.
5. After each group has finished, the facilitator can use the handout titled, *Matching COS Ratings (for facilitator)* to review the responses the groups determined. Consider the following questions:
 - a. How did you come up with that indicator?
 - b. What’s the rationale?

***Note for facilitator:** although this tool uses numbers and descriptors, remind participants that it is inappropriate to use numbers with families during the discussions.

Part 3 – Kayla & the COS Rating Descriptors

1. Pass out the following handouts to the participants: *Case Study – Kayla & Using the COS Descriptors, Documentation Key and COS Ratings with Descriptors*.
2. Break the large group up into smaller groups with 3-4 people in each group (depending on the overall size of the group).
3. Instruct the groups that they will revisit Kayla’s case study and determine ratings for each of the outcomes using the descriptors.
4. After the groups have had several minutes to determine their ratings for all three outcomes, come back as a big group and consider the following prompts:
 - a. What rating did you determine for Outcome 1? Outcome 2? Outcome 3?
 - b. How did you feel about the process? Confident? Unsure?
 - c. Did you have enough information for each of the outcomes to determine a rating accurately? Or did you need more information to determine an accurate rating? What else would have been helpful to know?
 - d. How helpful was the descriptors handout in determining the ratings?
 - e. What other questions do you have at this moment in time?

ACTIVITY 3

Child Outcomes Summary Process Self-Evaluation

Section 1: Why collect outcomes data?

1. The state government is the driving force behind measuring child outcomes.
 True or False

2. When do IL EI teams collect child outcomes data? (circle all that apply)
 - a. initially
 - b. annually
 - c. discharge
 - d. all the above

3. Reasons to measure child outcomes include: (circle all that apply)
 - a. to report data to the federal government
 - b. to learn whether programs are effective
 - c. for program improvement
 - d. all the above

Section 2: The three child outcomes (circle all that apply)

4. Think, remember, reason and problem solve fall under:
 - a. Positive Social Relationships
 - b. Acquiring and Using Knowledge and Skills
 - c. Taking Appropriate Action to Meet Needs

5. Reacts to changes in the environment
 - a. Positive Social Relationships
 - b. Acquiring and Using Knowledge and Skills
 - c. Taking Appropriate Action to Meet Needs

6. Follows rules related to safety
 - a. Positive Social Relationships
 - b. Acquiring and Using Knowledge and Skills
 - c. Taking Appropriate Action to Meet Needs



7. Playing with other children falls under
- a. Positive Social Relationships
 - b. Acquiring and Using Knowledge and Skills
 - c. Taking Appropriate Action to Meet Needs
8. Which of the following would we consider 'discrete,' versus functional, skills?
(circle all that apply)
- a. uses prepositions
 - b. hops on one foot
 - c. hands a toy to a child to engage in play
 - d. says, "I'm hungry" when he wants food
9. Which of the following would we consider 'functional,' versus discrete, skills?
(circle all that apply)
- a. looks for his cup when it is not in its usual place
 - b. repeats a sequence of 4 numbers
 - c. asks a question in conversation
 - d. crosses midline

Section 3: Measuring the three child outcomes

10. Formal assessment tools are designed to measure the three child outcomes.
True or False
11. Assessing functional outcomes can involve (circle all that apply)
- a. asking the family about the child's behavior at home
 - b. asking the family about the child's behavior in the grocery store
 - c. observing the child on the playground
 - d. talking to the child care provider about the child's eating habits at lunch
12. A 24-month-old child only understands a few basic directions such as "give it to me" and "get your shoes" and uses approximately 5 words for the purposes of greeting and expressing his needs. How would you characterize this child's skills?
- a. foundational
 - b. immediate foundational
 - c. age-expected



13. An 18-month-old child frequently looks back at her caregiver when they are playing at the park. How would you characterize this child's skills?

- a. foundational
- b. immediate foundational
- c. age-expected



Adapted from
The Early Childhood Outcomes Center

May 2009

This professional development resource package was developed by the Early Intervention Training Program (EITP) at the University of Illinois, Urbana-Champaign.

Effective Documentation for Outcome Ratings





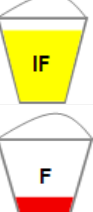


Features of Effective Documentation:

- Mentions specific functional skills the child uses in everyday settings and situations and the consistency with which they are observed.
- Describes the presence and absence of age-anchored skills (AE, IF, and F) that are consistent with the selected rating.
- Focuses on the child’s current level of functioning rather than how much progress the child has made.
- Identifies the assessment tool(s) that contributed information for the rating.

Documentation Key:

Overall Age Expected	7	<ul style="list-style-type: none"> • Provide examples of the child’s age-expected functioning. • Indicate: “No concerns.”
	6	<ul style="list-style-type: none"> • Provide examples of the child’s age-expected functioning. • Note concerns. • <i>Evidence should not include any functioning that is not age expected for a rating of 6 or 7.</i>
Overall Not Age Appropriate	5	<ul style="list-style-type: none"> • Provide examples of the child’s age-expected functioning. • Provide examples of the child’s functioning that is not age expected.
	4	<ul style="list-style-type: none"> • Provide examples of the child’s age-expected functioning. • Provide examples of the child’s functioning that is not age expected. • <i>Evidence should show more functioning that is not age expected.</i>
	3	<ul style="list-style-type: none"> • Provide examples of the child’s functioning at the immediate foundational skill level. • <i>Evidence should not show age-expected functioning for a rating of 3.</i>
	2	<ul style="list-style-type: none"> • Provide examples of the child’s functioning at the immediate foundational skill level. • Provide examples of the child’s functioning that is not yet age expected or immediate foundational. • <i>Evidence should show more functioning that is foundational than is immediate foundational for a rating of 2.</i>
	1	<ul style="list-style-type: none"> • Provide examples of the child’s functioning that is not yet age expected or immediate foundational. • <i>Evidence should not show age-expected or immediate foundational functioning for a rating of 1.</i>

Child Outcomes Summary (COS) Ratings and Maryland COS Descriptors w/Buckets

Overall Age-Appropriate	<p>Completely means:</p> 	<p>7</p> <ul style="list-style-type: none"> 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. <p>Relative to same age peers, _____ has all of the skills that we would expect of a child his age in the area of (outcome [e.g., taking action to meet needs]).</p>
		<p>6</p> <ul style="list-style-type: none"> 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 are 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. <p>Relative to same age peers, _____ has the skills that we would expect of his age in regard to (outcome); however, there are concerns with how he (functional area that is of concern/quality of ability/lacking skill).</p>
Some Not Age-Appropriate/Some Age-Appropriate	<p>Somewhat means:</p> 	<p>5</p> <ul style="list-style-type: none"> Child shows functioning expected for his or her age some of the time and/or in some settings and 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. <p>Relative to same age peers, _____ shows many age expected skills, but continues to show some functioning that might be described like that of a slightly younger child in the area of (outcome).</p>
		<p>4</p> <ul style="list-style-type: none"> Child shows occasional age-appropriate functioning across settings and situations. More functioning is not age-appropriate than age-appropriate. <p>Relative to same age peers, _____ shows occasional use of some age expected skills, but more of his skills are not yet age expected in the area of (outcome).</p>
Not Age Appropriate	<p>Nearly means:</p> 	<p>3</p> <ul style="list-style-type: none"> Child does not yet show functioning expected of a child of his or her age in any situation. Child uses immediate foundational skills, most or all of the time, across settings and situations. Immediate foundational skills are the skills upon which to build age-appropriate functioning. • Functioning might be described as like that of a younger child*. <p>Relative to same age peers, _____ is not yet using skills expected of his age. He does however use many important and immediate foundational skills to build upon in the area of (outcome).</p>
		<p>2</p> <ul style="list-style-type: none"> Child occasionally uses immediate foundational skills across settings and situations. More functioning reflects skills that are not immediate foundational than are immediate foundational. <p>Relative to same age peers, _____ is showing some emerging or immediate foundational skills, which will help him to work toward age appropriate skills in the area of (outcome).</p>
	<p>Not yet means:</p> 	<p>1</p> <ul style="list-style-type: none"> Child does not yet show functioning expected of a child his or her age in any situation. Child's functioning does not yet include immediate foundational skills upon which to build age-appropriate functioning. • Child functioning reflects skills that developmentally come before immediate foundational skills. <p>Relative to same age peers, _____ functioning might be described as like that of a much younger child. He shows early skills, but not yet immediate foundational or age expected skills in the (outcome) area.</p>














EDIS - COSF Rating Scale Descriptor Statements – Answer KEY

(for use as culminating statements of IFSP present levels of development [PLOD] descriptions in respective outcome areas)

Identify the COSF rating associated with each statement	COSF Ratings						
1. Marvin is somewhat where we would expect him to be at this age. This means that he has many skills we would expect at this age in regard to <i>(outcome)</i> , but he does not yet have all of the age expected skills <i>(it is possible to highlight a few of non-age expected functional skills)</i> .	1	2	3	4	5	6	7
2. At # months, Kyrie shows occasional use of some age expected skills, but more of her skills are not yet age expected in the area of <i>(outcome)</i> .	1	2	3	4	5	6	7
3. Relative to same age peers, Jeb is not yet using skills expected of his age. He does however use many important and immediate foundational skills to build upon in the area of <i>(outcome)</i> .	1	2	3	4	5	6	7
4. At # months, Maria shows occasional use of some immediate foundational skills, but more of her abilities represent earlier skills in the area of <i>(outcome)</i> .	1	2	3	4	5	6	7
5. Relative to same age peers, Abe has the very early skills in the area of <i>(outcome)</i> . This means that Abe has the skills we would expect of a much younger child in this outcome area.	1	2	3	4	5	6	7
6. Relative to other children Eunice's age, there are no concerns; she has all of the skills that we would expect of a child her age in the area of <i>(outcome [e.g., taking action to meet needs])</i> .	1	2	3	4	5	6	7
7. Relative to same age peers, Colton is showing some nearly age expected or immediate foundational skills, but has more skills that developmentally come in earlier in the area of <i>(outcome)</i> .	1	2	3	4	5	6	7
8. Danita has a few of the skills we would expect in regard to <i>(outcome)</i> , but she shows more skills that are not age appropriate.	1	2	3	4	5	6	7
9. For an # month old child, Bartholomew has many skills expected of his age but he also demonstrates some skills slightly below what is expected at this age in the area of <i>(outcome)</i> .	1	2	3	4	5	6	7
10. At # months, Vala shows occasional use of some age expected skills, but has more skills that are younger than those expected for a child his age in the area of <i>(outcome)</i> .	1	2	3	4	5	6	7
11. For a # month old little boy, Pablo occasionally uses immediate foundational skills but has a greater mix of earlier skills that he uses in the area of <i>(outcome)</i> .	1	2	3	4	5	6	7
12. Lakeisha has age expected skills, with no concerns, in the area of <i>(outcome)</i> .	1	2	3	4	5	6	7
13. Relative to same age peers, Habib has the skills that we would expect of his age in regard to <i>(outcome)</i> ; however, there are concerns with how he <i>(functional area of concern/quality/lacking skill)</i> . It will be good to watch this closely, because without continued progress he could fall behind.	1	2	3	4	5	6	7
14. Relative to same age peers, Kim shows many age expected skills, but continues to show some functioning that might be described like that of a slightly younger child in the area of <i>(outcome)</i> .	1	2	3	4	5	6	7
15. For a # month old little boy, Dakota's functioning might be described as like that of a much younger child. He shows early skills, but not yet immediate foundational or age expected skills in the <i>(outcome)</i> area.	1	2	3	4	5	6	7
16. In the area of <i>(outcome)</i> , Auska has nearly age expected skills. This means that she does not yet have the skills we would expect of a child her age, but she has the immediate foundational skills that are necessary to build upon to achieve age appropriate skills <i>(it is possible to include a few functional skills as examples)</i> .	1	2	3	4	5	6	7
17. Aside from the concern regarding Nadir's _____ he is demonstrating skills expected of a child his age in the area of <i>(outcome)</i> .	1	2	3	4	5	6	7
18. Overall in this outcome area, Tatiana is just beginning to show some immediate foundational skills which will help her to work toward age appropriate skills.	1	2	3	4	5	6	7

COSF Rating Scale

1	2	3	4	5	6	7
	 	 	 	 		
No Age Expected Skills and a Decreasing Degree of Immediate Foundational Skills			Decreasing Degree of Age Expected Skills		Age Expected Skills	


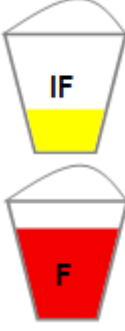
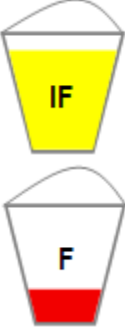






EDIS - COSF Rating Scale Descriptor Statements

(for use as culminating statements of IFSP present levels of development [PLOD] descriptions in respective outcome areas)

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4. At # months, Maria shows occasional use of some immediate foundational skills, but more of her abilities represent earlier skills in the area of <i>(outcome)</i> .	1	2	3	4	5	6	7
5. Relative to same age peers, Abe has the very early skills in the area of <i>(outcome)</i> . This means that Abe has the skills we would expect of a much younger child in this outcome area.	1	2	3	4	5	6	7
6. Relative to other children Eunice's age, there are no concerns; she has all of the skills that we would expect of a child her age in the area of <i>(outcome [e.g., taking action to meet needs])</i> .	1	2	3	4	5	6	7
7. Relative to same age peers, Colton is showing some nearly age expected or immediate foundational skills, but has more skills that developmentally come in earlier in the area of <i>(outcome)</i> .	1	2	3	4	5	6	7
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15. For a # month old little boy, Dakota's functioning might be described as like that of a much younger child. He shows early skills, but not yet immediate foundational or age expected skills in the <i>(outcome)</i> area.	1	2	3	4	5	6	7
16. In the area of <i>(outcome)</i> , Auska has nearly age expected skills. This means that she does not yet have the skills we would expect of a child her age, but she has the immediate foundational skills that are necessary to build upon to achieve age appropriate skills <i>(it is possible to include a few functional skills as examples)</i> .	1	2	3	4	5	6	7
17. Aside from the concern regarding Nadir's _____ he is demonstrating skills expected of a child his age in the area of <i>(outcome)</i> .	1	2	3	4	5	6	7
18. Overall in this outcome area, Tatiana is just beginning to show some immediate foundational skills which will help her to work toward age appropriate skills.	1	2	3	4	5	6	7

COSF Rating Scale

1	2	3	4	5	6	7
						
No Age Expected Skills and a Decreasing Degree of Immediate Foundational Skills			Decreasing Degree of Age Expected Skills		Age Expected Skills	

ACTIVITY 3

Case Study -- Kayla

Kayla is 32 months old and has been receiving early intervention services since shortly after her birth. She was found eligible for services as a result of being born prematurely and a mild to moderate bilateral hearing loss. Kayla received her hearing aids at eight months of age and wears them consistently throughout the day. Kayla has made great progress since starting services: she originally required the support of oxygen when she was a baby, had difficulties feeding and was often got sick. However, Kayla has been relatively healthy in the last 6 months, only experiencing a few colds and ear infections, which she recently received pressure equalization tubes as a result. Kayla is a funny little girl with an infectious smile. She has a loving supportive family (which includes a 5-year-old sister, Maddy) and close, extended family. Kayla's family would like for Kayla to be able to communicate with her family as well as her peers in the community. They would also like for Kayla to be able to be independent.

At Home:

Kayla is learning how to interact with her family throughout her daily interactions. She is using several spoken words for the purposes of greeting, requesting, commenting, protesting, making choices and responding to some basic questions, as well as asking, "what's dat?" She recently started combine words together, creating a few simple phrases, such as "more cookie" and "mama help". In addition to spoken words, Kayla uses some gestures and even actions to have her needs met. For instance, she will go into the refrigerator and get a juice box for herself when she is thirsty. Kayla is expressing a wide array of emotions, such as happiness, sadness and frustration. She is developing preferences and becomes upset when she is unable to get what she wants, especially her favorite toys, food and clothing items.

During mealtimes, Kayla will use spoken words to indicate her preferences related to what she wants to eat/drink. She is feeding herself finger foods as well as using forks to feed herself. Furthermore, she uses Sippy cups and drinks from open cups with some assistance. She seems to enjoy eating a variety of table foods, such as fruits, vegetables, cheese, beans, rice, and pasta. When she is finished eating, with assistance, she will get down from her chair at the table and place her utensils and plate in the sink.

Kayla's mom has noticed Kayla playing with toys in different ways, taking care of her baby dolls by feeding and wrapping them up with her blankets. Kayla is very persistent with tasks that she seems to enjoy, such as playing with puzzles, her babies, some art-related activities and looking at books. For instance, Kayla will complete eight-piece puzzles, persisting for several minutes and problem solving until all the pieces fit into the puzzle accordingly. Additionally, Kayla's mother caught Kayla trying to reach her favorite fruit snacks in the cupboard by pushing a stool over to the countertop, so that she could climb up on the counter and reach the cupboard, all to eat her favorite snack.

When getting ready for bed at night, Kayla will attempt to undress and dress, requiring some assistance from her parents. Kayla and her dad will typically read Kayla's favorite book as she listens attentively, pointing to pictures and asking, "what's dat?" Just before Kayla goes to sleep at night, her father takes her hearing aids off, while Kayla places them in her hearing aid box. Just this week, Kayla's dad has noticed Kayla has been more resistant to bedtime, having tantrums when asked to start getting ready for bed by brushing her teeth after dinnertime.

In the Community:

Kayla's family goes to several places in the community, such as the grocery store, church, family members' homes, the soccer field for Maddy's games, out to eat, and the library – just to name a few places. Kayla especially enjoys going to the park and music class. When Kayla's family visits the park, she and her big sister, Maddy, run around, chasing each other, playing on the swings, slides and climbing. Kayla is beginning to follow some basic safety rules, while walking to the park, such as "you need to hold mommy's hand" and "wait to cross" when her mother uses visuals such as gesturing to help her understand.

Kayla and her mom attend weekly music class with other families in their neighborhood. While it takes Kayla a few minutes to warm up each week, once she feels comfortable, she enjoys interacting with the other children and participating in class by shaking the musical instruments, sometimes offering the other children these instruments and singing songs. She especially loves participating in the song *If You're Happy and You Know It* by performing the physical actions that correspond with this song as well as singing a few words.

Application Questions:

1. Revisit your previous determinations about Kayla's functional skills (foundational, immediate foundational or age-expected) for each of the three child outcomes. Now using the COS descriptors (Not-Age Appropriate, Some Not-Age Appropriate/Some Age-Appropriate & Overall Age-Appropriate), how would you rate Kayla's skills for each outcome? Write down your ratings on the documentation key.
2. What questions would you ask that would help you determine a more accurate rating?

ACTIVITY 4

Using the Decision Tree

Activity Purpose: Once the team has a thorough understanding of the child's functioning in an outcome area and how those abilities compare to age expectations, the team applies the criteria to decide upon an accurate rating. This session will review how to use the decision tree to accurately apply the rating criteria and carefully consider the distinctions among the ratings. Again, professionals should have a strong understanding of foundational, immediate foundational and age-expected skills.

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

Estimated Time: 45-60 minutes

Materials:

- Internet access & TV/computer
- Audio
- PPT Titled: The Decision Tree (for facilitator)
- Handouts:
 - *Decision Tree for Summary Rating Discussions*
 - *Individual Reflection & Action Plan – Section 4; Activity 4*

Activity Instructions:

Part 1 – Discussing Prior Experiences

1. Ask the participants,
 - a. “Who has used the decision tree before when reaching consensus about outcomes?”
2. If participants are familiar with the decision tree, consider the following prompts:
 - a. How did you and your team/s use it?
 - b. What are your thoughts about the decision tree?
 - c. Do you feel it helps you determine consistent, accurate rating?
3. If participants are not familiar with the decision tree, consider the following questions:
 - a. How do the teams you work with typically reach consensus about the rating for an outcome?
 - b. What are the criteria that you use?
 - c. How do you know you are rating the outcome consistently/accurately?
 - d. Do you typically feel comfortable and confident with the ratings you and your team/s land on?

Part 2 – Overview of Decision Tree

1. Provide the participants with a copy of the decision tree titled, *Decision Tree for Summary Rating Discussions*.
2. Facilitator should use the PPT titled, "*The Decision Tree*", to give a brief overview of the tool.

Part 3 – Using the Decision Tree

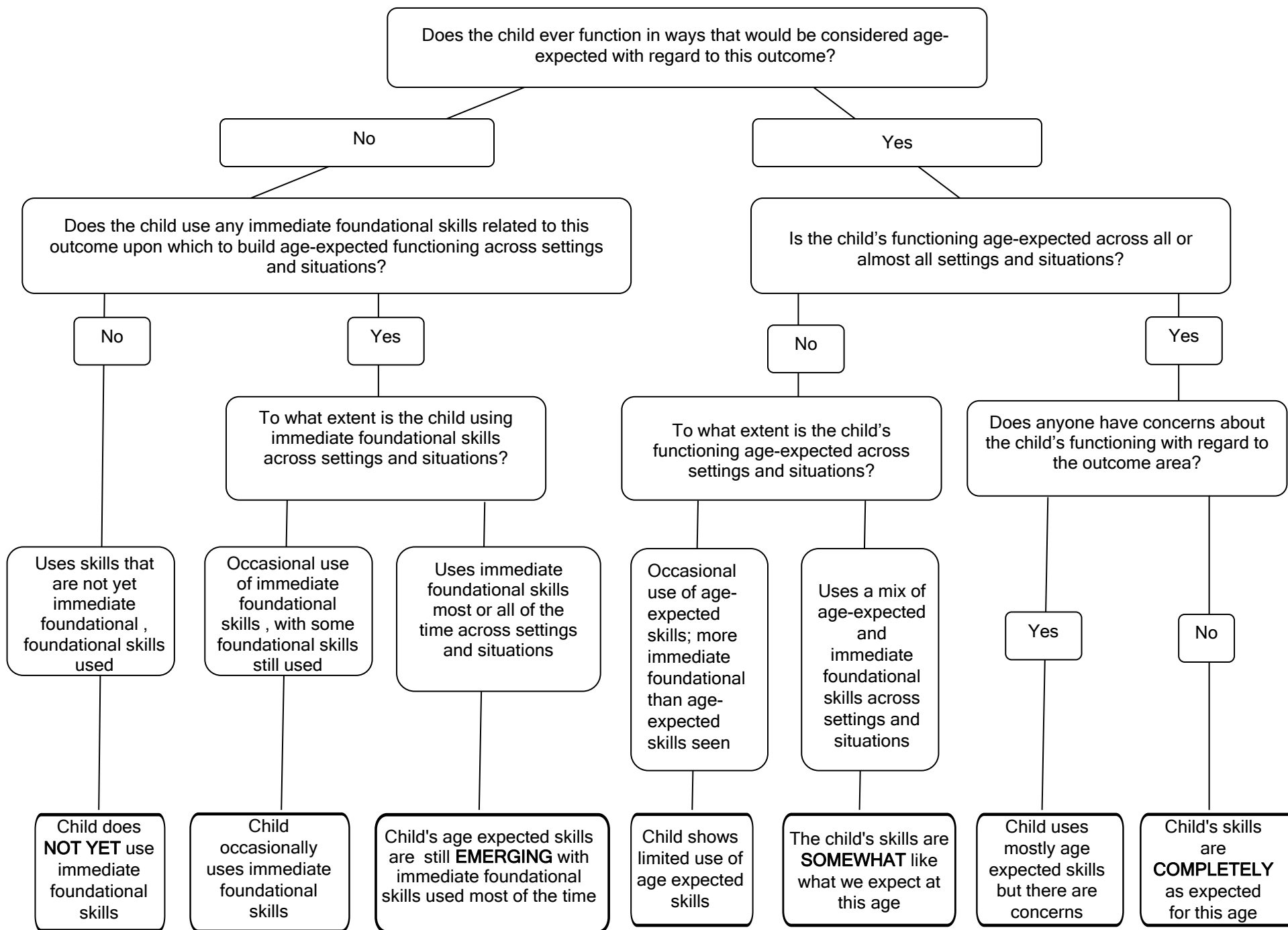
1. Inform the participants that they have watched this video before, but through the lens of promoting caregiver involvement in the discussion. This time watch the video and look for how the caregiver and professionals use the decision tree to reach a consensus regarding the outcome.
2. Watch the following brief (6 minutes) video titled, *Jeremiah – Outcome Two Section IV: Building Consensus for a High-Quality COS Rating*: http://olms.cte.jhu.edu//olms2/COSTC_SessionIV
3. Consider the following prompts to engage the group in a discussion:
 - a. What did you notice?
 - b. How did they use the decision tree for this outcome?
 - c. How did they reach a rating?
 - d. How did they make sure that everyone agreed?
 - e. Did this caregiver seem to understand the process and terminology?
 - f. What did the professionals do to guide her understanding?
 - g. Do you envision yourself using the decision tree this way too?

Part 4 – Reflection & Action Plan

1. Encourage participants to individually reflect on their experiences by completing the handout titled, *Individual Reflection – Section 4; Activity 4*.
2. Reconvene as a large group and ask the participants:
 - a. "*How will your practices around the COS process change because of participating in these sessions?*"

***Note for facilitator:** consider using the verbal and written reflections from the participants to further develop professional development activities that meet the needs of the specific group.

Decision Tree for Summary Rating Discussions



ACTIVITY 5

Reaching Consensus

Activity Purpose: Now that professionals have had an opportunity to learn about the COS process -- how and why the data is collected, age-expected skills for children birth to age three, engaging caregivers, the rating criteria and how to use the decision tree to determine ratings, they will now practice reaching consensus as a team. Participants will have the opportunity to engage in a role play activity, discuss examples and non-examples, and consider strategies related to instances where teams may encounter special circumstances.

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

Estimated Time: 60-75 minutes

Materials:

- Internet access & TV/computer
- Audio for video
- Highlighters
- Handouts:
 - *COS Process – Looks Like and Doesn't Look Like*
 - *Emanuel Case Study*
 - *Emanuel Case Study for Facilitator (only for facilitator)*
 - *Decision Tree*
 - *Team Discussion of Outcomes*
 - *What Would You Do...situation 1*
 - *What Would You Do...situation 2*
 - *What Would You Do...situation 3*
 - *What Would You Do...Considerations for Facilitator (only for facilitator)*

Activity Instructions:

Part 1 – Action Plan Follow-Up

1. Ask the participants to get into small groups (3-4 people depending on the overall size of the group) and briefly discuss their action plans from the previous session. Ask everyone to consider the successes and potential barriers they experienced implementing their action items.

Part 2 – Review

1. Give the participants a copy of the handout titled, *COS Process – Looks Like and Doesn't Look Like*

2. Give everyone a few minutes to individually complete the handout to review how to engage caregivers in conversations, cultivate comfortable climates and use the decision tree.
3. Once everyone has had an opportunity to complete this activity individually, instruct them to get into small group (3-4 people depending on the overall size of the group).
4. Encourage them to share and discuss their examples and non-examples with each other.

Part 3 – Reaching Consensus Role-Play

1. Break the large group up into smaller IFSP teams for a role-play activity, ideally 2-3 people to each team (SC, DT & Caregiver). Encourage the participants to decide in their groups who want to act as Emanuel’s service coordinator, caregiver and developmental therapist.
2. Pass out the following handouts:
 1. *Team Discussion of Outcomes*
 2. *Emanuel Case Study*
 3. *Decision Tree*
3. Instruct the groups to read Emanuel’s case study and highlight the foundational and immediate foundational skills using two different colored highlighters.
4. Then after the teams have had an opportunity to identify Emanuel’s skills, the teams will engage in a COS conversation (using the script within the handout titled, *Team Discussion of Outcomes* and the *Decision Tree*) to reach consensus about the rating for how he is acquiring and using knowledge and skills. Each person should act their part, asking and responding in ways that are indicative of their roles.

***Note for facilitator:** although the script within the *Team Discussion of Outcomes*, is focused on positive social relationships, participants can use the script while substituting the language that is appropriate related to acquiring and using knowledge and skills.

5. Give the groups several minutes to complete this activity. Facilitator can walk around the room and listen in for how the conversations are unfolding.
6. Once the groups have had enough time to reach a consensus on a rating, consider the following prompts:
 - a. How did the person playing the service coordinator set up the conversation for everyone? What did you think about the script? Did you use any of the previous discussion prompts/conversation starters?
 - b. What rating did your team come up with and why?
 - b. Did groups come up with something different? Why?
 - c. What happened after asking the first question on the decision tree?
 - d. What were the immediate foundational skills you identified?
 - e. How were you able to determine the frequency Emanuel demonstrated the skills? Across settings and people?
 - f. How did you ensure that everyone had an opportunity to share their perspective?
 - g. How did it feel using the decision tree?

- h. How did the decision tree help guide the conversation and reach a consensus?

Part 4 – What Would You Do...

1. Break the large group up into four smaller groups.
2. Give group 1 the handout titled, *What Would You Do...situation 1*
3. Give group 2 the handout titled, *What Would You Do...situation 2*
4. Give group 3 the handout titled, *What Would You Do...situation 3*
5. Give group 4 the handout titled, *What Would You Do...situation 4*
6. Encourage the four groups to work through their situation and consider the questions on each of the handouts.
7. Once the four groups have had enough time to discuss their situations and potential ways of working through the scenario, discuss each one as a large group.

***Note for facilitator:** see handout titled, *What Would You Do...Considerations for Facilitator* as you facilitate the discussion. As the group discusses the different situations, ask if anyone has experienced similar situations, what they do and the outcomes.

Part 5 – Group Reflection

1. Engage the large group in a brief reflection regarding varied perspectives. Consider asking the following questions:
 - a. What are the benefits of varied perspectives?
 - b. What are the possible disadvantages to varied perspectives?
 - c. How do we help families navigate varied perspectives during COS discussions?
 - d. How do you negotiate varied perspectives with the professionals and families you collaborate with, especially pertaining to the COS process, but could entail everyday conversations with families, other professionals, IFSP meetings, etc.?

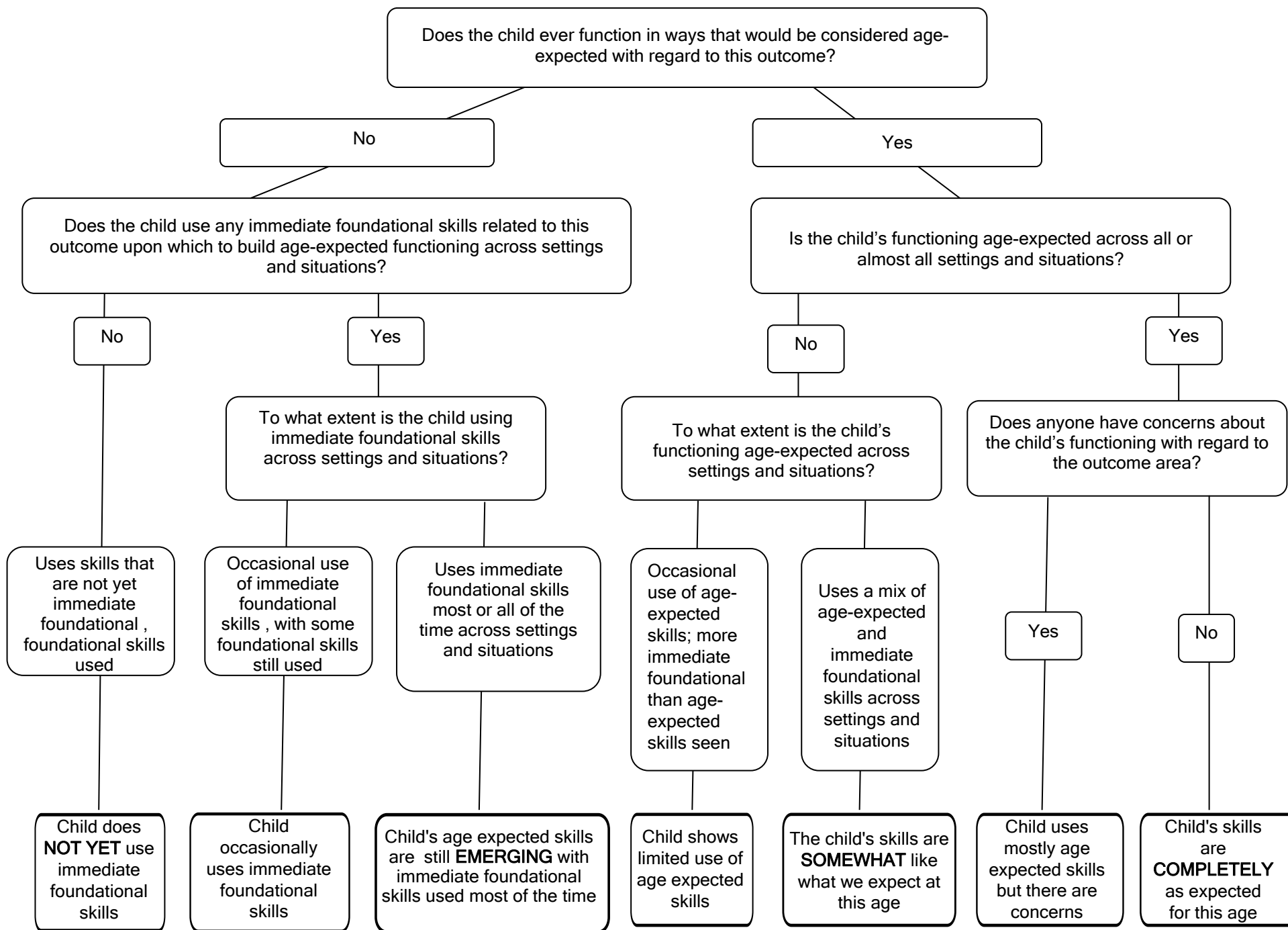
ACTIVITY 5

Child Outcomes Summary Process: What it DOES & DOESN'T Look Like

COS Process	What it <u>DOES</u> look like...	What it <u>DOESN'T</u> look like...
Cultivating a Comfortable Climate for the Team		
Engaging Caregivers in the Conversation		
Using the Decision Tree to Determine a Rating		



Decision Tree for Summary Rating Discussions



ACTIVITY 5

Emanuel Case Study – Reaching Consensus

Directions: Individually read about Emanuel’s skills below. Consider using two different colored highlighters; one color to highlight foundational skills and the other color to highlight immediate foundational skills. Then decide as a group who will play the speech therapist, caregiver, service coordinator and developmental therapist during this activity. Once each person has chosen their role, then use the decision tree to reach a consensus about the rating for how he is acquiring and using knowledge and skills. Each person should act their part, asking and responding in ways that are indicative of their roles.

Child: Emanuel

Age: 18 months

Outcome: acquiring and using knowledge and skills

Description: At home Emanuel understand some routinely spoken words, such as ‘night-night, no, up, down and out.’ On the playground, he understands when his mom says, “Ready, set, go!” as he will go down the slide after hearing ‘go.’ He does not yet demonstrate understanding of questions or directions such as, “Do you want juice?, go get the block, or bring me a diaper.” When offered a choice, Emanuel takes what he wants, rather than indicating a choice by pointing to or naming the item he wants. During play and while hanging out with his family, Emanuel makes vowel sounds, cries and laughs, but he is not consistently saying words or using signs. He will say “mmm” when he is eating something he likes and cries when he does not like something or is unhappy. His parents have tried sign language (mostly the sign for more) with him, but he does not yet imitate the sign. He rarely imitates what he sees others do unless it is of high interest to him (e.g., he imitated sliding a block down the ramp, which was a novel activity for him). Emanuel’s favorite toys are blocks, shape sorters, and toys that involve putting things in and taking them out. He uses some toys in their intended manner and plays with his toys in different ways, showing his creative thinking skills. Emanuel has pretended to bring a bottle to his mouth once, but he has not showed his pretend play skills in other ways. Emanuel currently shows little interest in books. He turns the pages in the books and looks briefly at pictures. He typically looks at books for about one minute and is not yet pointing at pictures. Emanuel likes the Mickey Mouse Clubhouse show and will stop, smile and watch it, and sometimes dances to the music. Bath time is another favorite activity for Emanuel. In the tub, he plays with containers by filling them up with water and dumping them out. His mother says that he would do this for hours. He also likes to splash around in the water.

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

“Script” for Team Discussion of Outcomes Rating

The following text provides guidance for discussing a child’s functioning that:

- gets the information needed for a rating determination without using numbers,
- is based on the child’s strengths,
- uses a tone that is family-friendly.

It was designed for training teams in the use of the Child Outcomes Summary Form (COSF), especially with families at the table during the rating discussion

Discussing the Outcomes

Discuss the outcome areas one at a time, although not necessarily in any particular order. The suggestions in this document focus on Outcome 1: positive social relationships. Use the same format for Outcomes 2 (acquisition and use of knowledge and skills) and 3 (taking action to meet needs), substituting words to reflect the content of each outcome, as appropriate. Refer to the “COSF Discussion Prompts” resource for suggested questions and language to use for the discussion of all three outcome areas.

Begin the discussion as follows, filling in the child’s name and the content appropriate to the outcome area (as noted above, these examples illustrate Outcome 1).

- One of the important things we want ___to learn is how to get along well with the people in his/ her life. Let’s talk about how ___ is doing in social relationships. We want to talk about how ___ interacts with adults and with other children. We also want to look at how s/he follows rules and participates in routines with groups.
- Who are the adults in ___’s life?
- Is s/he around other children? [Who?]
- [if child is old enough] Is s/he in situations where she/he is expected to participate in routines with others or to follow rules related to being with others?

Strengths

- Let’s start by talking about _____’s strengths in this area. What are some of _____ strengths in social relationships and getting along with others? For example,
 - What are the things that ___does well when it comes to relating to adults? (See COSF Discussion Prompts)
 - What are some of his/her strengths in relating to other children?
 - What are some of his/her strengths when it comes to following rules or routines?

Areas of concern

- What are some of the things we are concerned about/would like to work on with ___ in the area of social relationships? For example,
 - What are the things that we are concerned about with regard to how _____ relates to adults? (COSF Discussion Prompts)
 - What are some of our concerns with regard to how _____ relates to other children?

- What are some of our concerns with regard to how ____ follows rules or routines?

Expectations

- We know that as children develop they learn to do different things at different ages. Some of the things we would like to see children doing in this area at ____ [child's age] are.....
- Looking for age appropriate functioning
- Is ____ doing any of the things related to social relationships that we expect to see at his/her age?
- Possible answers:
 - Yes, he is doing ____
 - No, not yet.

Extent of age appropriate functioning

- [if yes] Would we say that all or almost all of ____'s functioning for this outcome is what we would expect to see for a child this age?
 - [if yes] ____ is doing really well in this area. Is there any thing related to how ____ interacts with others that we are concerned about and that we think we should monitor or give him some help with?
 - If no. "This means we want to say his development in this area is "completely" what we expect for a child this age.
 - If yes. This means we want to say his development in this area is "between completely and somewhat" for what we expect of a child this age.
 - [If no] Would we say that ____ rarely shows examples of what we expect to see for children this age or that she/he shows a solid mix of functioning that is age appropriate and not age appropriate yet?
 - If a solid mix. This means we will say that his development in this area is "somewhat" age appropriate.
 - If rarely. This means we will say that his development is between "emerging and somewhat".

Looking for immediate foundational skills

- [if not yet] Just before children learn to ____ [age expected functioning], they ____ [immediate foundational skills]?
- Is ____ doing anything related to social relationships at this level?
- Possible answers:
 - Yes, he is doing ____
 - No, not yet. This tells us we need to work with ____ to help him/her develop some skills such as [immediate foundational skills] to help him improve in this area. Since ____ hasn't yet developed what we call immediate foundational skills, we will code his development in this outcome as "Not Yet."

Extent of immediate foundational skills

- [if yes] Would we say that just about most or all of ____'s functioning in this area is showing the kind of skills that develop just before what children do at this age?
 - [if yes] That helps us know where ____ is functioning so we can work with the skills he/she has and help him/her move to the next step. It means the rating should be "Emerging."
 - [If no] That helps us know where ____ is functioning so we can work with the skills he/she has so we can help him/her move to the next step and suggests the rating should be between "Not Yet" and "Emerging."

ACTIVITY 5

What Would You Do...

(Discussion Points for Facilitators)

Situation 1: During the rating process discussion, you and the team noticed that the child's skills vary across settings. One person on the team reports seeing a child use functioning that none of the others have seen before.

- What do you do?
- What questions might you ask the team, especially the professional who has observed the skills no one else has seen yet?
- How might you reach consensus about this outcome?

***Note for facilitator:** consider the below discussion points to enrich the participants' understanding.

- Consider asking the professional who has seen the new skill:
 - Describe what that looked like.
 - When have you seen that occur?
 - What was happening just before?
- How might scaffolding be consider in this team's discussion?
- This case represents a mix of functioning, which does occur.

Situation 2: During the rating process discussion, you and the team notice that the ratings/descriptors vary across the three outcomes for the same child. For instance, the child receives a rating of “emerging” for acquiring knowledge and skills; a rating of “somewhat” for taking action to meet needs; and a rating between somewhat and completely, which is “child uses mostly age expected skills, but there are concerns” for positive social emotional relationships.

- What do you do?
- How often do you think this might occur?
- Does the pattern make sense?
- What might contribute to the variance across the outcomes and the descriptors?

***Note for facilitator:** consider the below discussion points to enrich the participants’ understanding.

- This can happen as each outcome is rated independently and considers the skills and functioning in each outcome area.
- Does the pattern make sense given that there are some skills that impact all three outcomes (e.g. – communication)?
- Is something in the breadth of skills for each outcome being forgotten about in the rating for one of them that you should reconsider?

Situation 3: During the rating process discussion, you and the team notice that a child's ratings/descriptors are "completely" for all three of the outcomes.

- How does this impact eligibility?
- In what situations might a child's functioning look age-expected?
- How often do you think this situation might occur?

***Note for facilitator:** consider the below discussion points to enrich the participants' understanding.

- Common concern is how can this happen if a child is eligible for EI.
- Ratings/descriptors are independent from eligibility, but if teams are consistently rating eligible children as 'completely', the team may need a refresher on the definitions of foundational, immediate foundational and age-expected, as well as the rating process.
- Ratings reflect current functioning. Current functioning can look age-expected if:
 - The child is very young and the impact of their delay/disability is not evident. Or if the child has a diagnosed condition that will likely result in a delay, but the delay is not evident yet.
 - Child's functioning is age-expected with the support of assistive technology or widespread supports across settings.
- This instance will not occur often.
- Be sure considering all facets of an outcome area when thinking about a rating and whether anyone is seeing something that is concerning.

Situation 4: During the COS process discussion, you and the team agree that the child has made progress over the last year and is showing new skills. One team member feels as though that progress should be reflected in the outcome rating/descriptor and therefore suggests giving a higher COS rating than the previous one, which occurred a year ago at the child's last IFSP meeting.

- What do you do?
- Does progress always mean a higher rating?

***Note for facilitator:** consider the below discussion point to enrich the participants' understanding.

- Confusion can occur when teams think that a rating should go up from one time to the next because a child has made progress. The rating reflects how close the child's current functioning is to age-expected functioning. In typical development, skills increase with age, so even maintaining the same rating between entry and exit requires that the child gains new skills. This can be critical to explain to families as well.

ACTIVITY 5

What Would You Do...

Situation 1: During the rating process discussion, you and the team noticed that the child's skills vary across settings. One person on the team reports seeing a child use functioning that none of the others have seen before.

- What do you do?
- What questions might you ask the team, especially the professional who has observed the skills no one else has seen yet?
- How might you reach consensus about this outcome?

ACTIVITY 5

What Would You Do...

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- What do you do?
- How often do you think this might occur?
- Does the pattern make sense?
- What might contribute to the variance across the outcomes and the descriptors?

ACTIVITY 5

What Would You Do...

Situation 3: During the rating process discussion, you and the team notice that a child's ratings/descriptors are "completely" for all three of the outcomes.

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- In what situations might a child's functioning look age-expected?
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ACTIVITY 5

What Would You Do...

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