

CHILD OUTCOMES SUMMARY PROCESS

Resource Package User Guide

Purpose:

The following professional development resource package was developed by the Illinois Early Intervention Training Program (EITP) at the University of Illinois at Champaign-Urbana. The intention of this resource package is to further support early intervention professionals' knowledge and utilization of the federally mandated Child Outcomes Summary (COS) process. This tool was developed and adapted from the Child Outcomes Summary – Team Collaboration (COS-TC) Toolkit. Additionally, many resources from the Early Childhood Technical Assistance Center (ECTA) and The Center for IDEA Early Childhood Data Systems (DaSy) Center are included in this package.

About the Resource Package:

Although this resource package was originally developed to support professionals specifically located within the identified Innovation Zones pertaining to Illinois' State Systemic Improvement Plan (SSIP), it can be utilized with all early intervention professionals across the state of Illinois. The entire package is found at <https://blogs.illinois.edu/view/7582/592341>.

The resource package is divided into the following five sections:

[Section 1 – Planning for the COS Process](#)

[Section 2 – Planning & Explaining the COS Process to Families](#)

[Section 3 – Understanding Child Functioning](#)

[Section 4 – Building Consensus for High Quality COS Ratings](#)

[Section 5 – Interactive Practices](#)

*See outline below for more information about each section.

The overall intentions of this resource package, in its entirety, include:

- support professionals' understanding of the COS process
- strengthen professionals' capacities and confidence with reaching accurate and reliable COS ratings
- highlight practices to promote collaboration and involvement of all team members involved in the COS process

Considerations:

The package was designed to be implemented in the above order; however, facilitators within each Leadership Team are encouraged to modify, combine and supplement the content as necessary to meet the unique needs of the professionals within their Child and Family Connections (CFC) offices and provider groups.

Resource Package Outline

Section 1 – Planning for the COS Process

Description:

The activities and resources included in this section are aimed at supporting early interventionists' basic understanding of the Child Outcomes Summary Process. Professionals have the opportunity to identify their own unique needs pertaining to the process as well as preview one way the process can look.

The following activities are included in this section:

- Activity 1 – Preparing for the Process – Reflecting on What You Know
- Activity 2 – Previewing the Process
- Activity 3 – Getting Started

Section 2 – Planning & Explaining the COS Process to Families

Description:

The activities and resources included in this section are intended to assist professionals with describing the COS process to families as well as the purpose for collecting and reporting the data.

The following activities are included in this section:

- Activity 1 – Beginning the Conversation
- Activity 2 – Describing the Three Child Outcomes to Families
- Activity 3 – Why & How?

Section 3 – Understanding Child Functioning

Description:

The activities and resources included in this section are aimed at supporting early interventionists' understanding of, and ability to discuss, the full breadth of the three child outcomes as well as child functioning.

The following activities are included in this section:

- Activity 1 – What are the factors which impact how young children develop?
- Activity 2 – Functional and Discrete Skills
- Activity 3 – What does Foundational, Immediate Foundational or Age-Expected Mean?
- Activity 4 – Age Expected Skills: 12 Months
- Activity 5 – Age Expected Skills: 13-24 Months
- Activity 6 – Age Expected Skills: 25-36 Months
- Activity 7 – Foundational, Immediate Foundational or Age-Expected?

Section 4 – Building Consensus for High Quality COS Ratings

Description:

The activities and resources included in this section are designed to promote professionals' knowledge of, and ability to build, team consensus. Two tools covered include the decision tree and the COS descriptors and ratings to determine accurate child outcome indicators.

The following activities are included in this section:

- Activity 1 – Including Caregivers in Conversations
- Activity 2 – Teams
- Activity 3 – COS Descriptors & Ratings
- Activity 4 – Using the Decision Tree
- Activity 5 – Reaching Consensus

Section 5 – Interactive Practices

Description:

The activities and resources included in this section are aimed at promoting early interventionists' understanding and use of interactive practices, such as using responsive behaviors and including all members of the team in the discussion. The interactive practices reviewed are appropriate for COS conversations as well as teaming interactions in general.

The following activity is included in this section:

- Activity 1 – Interactive Practices for COS Conversations

ACTIVITY 1

Preparing for the Process – Reflection on What You Know

Activity Purpose: Reflecting on what professionals already know and what they would like to know is a strategy for engaging in self-reflection, determining needs and building professional development opportunities. This activity will survey professionals about their knowledge, comfort, familiarity, perceived strengths and needs.

***Note for facilitator:** a face-to-face session is **NOT** required for this activity

Difficulty Level: Introductory Level – Awareness

Estimated Time: 10 minutes

Materials:

- Internet access
- OR
- Handout:
 - *Child Outcomes Summary Process Survey*

Activity Instructions:

Part 1 – Survey

1. Disseminate survey to professionals about their comfort, familiarity, needs and strengths regarding the COS process by using the survey titled: *Child Outcomes Summary Process Survey*.

***Note for facilitator:** you can use the paper survey or transfer the questions to an online platform, such as SurveyMonkey. Either way, ask participants to complete the survey portion before activity two. Facilitator should feel free to add/delete prompts as they see fit. Additionally, the facilitator can use the information/feedback collected from the participants to determine how to adjust and/or add activities to meet their individualized needs.

ACTIVITY 1

Child Outcomes Summary Process Survey

1. How familiar are you with the following terms/phrases?

child functioning

somewhat familiar	very familiar	unfamiliar	I don't know
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age-expected

somewhat familiar	very familiar	unfamiliar	I don't know
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Office of Special Education Programs (OSEP)

somewhat familiar	very familiar	unfamiliar	I don't know
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child outcomes

somewhat familiar	very familiar	unfamiliar	I don't know
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decision tree

somewhat familiar	very familiar	unfamiliar	I don't know
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2. How would you rate your comfort level determining ratings for each of the three child outcomes?

very comfortable

moderately comfortable

need help/practice

3. How comfortable are you explaining the Child Outcomes Summary process to families?

very comfortable

moderately comfortable

need help/practice

4. Please indicate your feelings about the importance of the process.

highly important

somewhat important

not important

I don't know

5. How have you learned about the Child Outcomes Summary Process? Modules, trainings, on the job experience, etc.

6. What do you feel are your strengths related to this process? What areas/pieces of this process do you feel very competent and confident doing?

7. What areas would you like to learn more about?

ACTIVITY 2

Previewing the Process

Activity Purpose: Helping professionals feel prepared for how they will have an effective and efficient meeting with the family is an important step in the COS process. This preparation helps ensure providers have the knowledge, skills and confidence to thoughtfully engage families in the process. This activity will help promote professionals' awareness of their individual knowledge base as well as introduce professionals to this process by viewing a video example.

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

Estimated Time: 60 minutes

Materials:

- Internet access & TV/computer
- Audio
- Handouts:
 - *K-W-L Chart*

Activity Instructions:

Part 1 – K-W-L Reflection Activity

1. Provide professionals with the handout titled, *K-W-L Chart*.
2. Ask the professionals to individually think about the 'K' – what they already know about the COS process and the 'W' – What they want to know about the COS Process. At the end of the session, you will come back to the 'L' – What was learned as a result of the activity.
3. As a group, come together and discuss what pieces professionals feel they already know and what they would like to know.
4. Generally, share the results of the survey sent out prior to this session if applicable.

***Note for facilitator:** you can use this information/feedback from the participants to determine how to adjust and/or add activities to meet their needs moving forward.

Part 2 – A Conversation with One Family

1. Watch the following two videos titled (1) *Bri IFSP Video Chapter 3.1 – Child Outcomes* & (2) *Bri IFSP Video-Chapter 3.2 Child Outcomes 1 & 2* and (3) *Bri IFSP Video-Chapter 3.3 Child Outcomes #3* (which is approximately 30 minutes in total), which can be found by clicking on the following link: <https://www.youtube.com/watch?v=cSX52lnYT7s&index=5&list=PL9DC2069DAD870262>

***Note for facilitator:** be sure to watch all three videos.

2. Consider the following discussion prompts to engage the group after watching the videos:
 - a. What did you see?
 - b. What are your overall impressions?
 - c. How does this conversation compare with how conversations happen with the families with whom you currently partner?
 - d. What do you do when families might not agree with the professionals' ratings/opinions? Or when parents might not agree with one another?
 - e. What strategies did you see the professionals use to help Bri's parents come to a consensus?
 - f. What strategies would you like to remember and put into practice that you saw in the video/s?
 - g. What questions do you have, at this moment in time, about the process?

Part 3 – K-W-L Reflection Follow-Up Activity

1. Return back to the K-W-L charts and ask the participants to individually reflect on the 'L' – What they have **l**earned as a result of the session today.
2. After giving the group a few minutes to individually reflect and document their reflections on the chart, ask if anyone would like to share their reflection with the group.
3. Ask each individual in the group to bring one resource related to the COS process and related to the area that the professionals identified as – '**W**' – what I **w**ant to learn, to the next session. Professionals should be prepared to share that resource at the next session.

ACTIVITY 2

K-W-L Chart

What I <u>K</u> now	What I <u>W</u> ant to Learn	What I have <u>L</u> earned

ACTIVITY 3

Getting Started

Activity Purpose: The activities outlined here provide professionals with the opportunity to explore a variety of resources related to the child outcomes summary process based on their identified areas of need. Additionally, participants will engage in discussions about the three outcomes, think about functional skills, and identify functional skills related to the three outcomes by watching a video of child.

Difficulty Level: Introductory Level – Awareness

Estimated Time: 60 minutes

Materials:

- Internet access & TV/computer
- Audio
- Handouts:
 - *Appendix A: COS-TC Child Outcomes Summary Content Reminder Tool Content Reminder*

***Note for facilitator:** Be sure to remind participants perhaps via email beforehand to bring the resource that they found based on what they wanted to learn more about (activity from Section 1; Activity 2). The participants will need these resources for this activity.

Activity Instructions:

Part 1 – Resource Review

1. Ask professionals in small groups to review their identified area of need/something that they wanted to learn more about as a result of the K-W-L reflection activity and the resource related that that need and the COS process.
2. As a group, have people share some of the resources they brought, describing the type of knowledge the resources support (child functioning, ratings, leading the discussion, etc.).

Part 2 – The Three Child Outcomes

1. As a group, view the brief (5-minutes long) module from the Early Childhood Outcome Center, which provides a brief overview of the three child outcomes found here: https://unc-fpg-cdi.adobeconnect.com/a992899727/understanding_outcomes/
2. After watching the module, consider getting the conversation about the three child outcomes started by asking the following questions:

- a. What does child functioning mean?
 - b. How might the type of information obtained from assessments and the child outcome summary process differ?
 - c. How do the three child outcomes capture child functioning?
 - d. What are some examples of functional skills?
 - e. What do those skills tell us about the child?
3. Handout the document titled: *Appendix A: COS-TC Child Outcomes Summary Content Reminder Tool Content Reminder* and review each of the three child outcomes and the content that each one captures. Ask professionals to provide examples of what some of the bulleted skills look like (skill: attend to people – what does that look like? & skill: convey sleep needs – what does that look like?)
4. Watch a video (3:34 minutes) of a toddler, Profit, at childcare: <https://www.youtube.com/watch?v=YIEPryVTkSs>
5. Refer participants back to *Appendix A: COS-TC Child Outcomes Summary Content Reminder Tool Content Reminder* and consider the following discussion questions:
 - a. What skills do you see related to building positive relationships?
 - b. Acquiring knowledge and skills?
 - c. Taking action to meet his needs?
 - d. What lingering questions would you have for Profit's caregivers, including his childcare providers?
 - e. What resources discussed earlier might help you understand what functional skills within each outcome area are for a child just over 12 months, like Profit?

Part 3 – Reflection

1. Ask the participants to get into pairs and reflect together on what they learned during the session. Ask the participants to share what they feel might be the most useful resource/s with their partners and why.

***Note for facilitator:** consider making all the resources shared during the session available to the participants after the session, perhaps via email.

Appendix A: COS-TC Child Outcomes Summary Outcome Content Reminder Tool

Positive Social Relationships		
<ul style="list-style-type: none"> Attend to people? Display/communicate emotions? Respond to touch? Use greetings? Turn taking? 	<ul style="list-style-type: none"> Relate with family members? Relate with other adults? Relate with siblings/other kids? Engage others in play? Cope with and resolve conflicts that emerge with others/in play? Communicate during back-and-forth interactions with others? 	<ul style="list-style-type: none"> React to changes in the environment? Adapt to changes in routines or settings? Follows group rules and/or expectations across settings?
Acquiring and Using Knowledge and Skills		
<ul style="list-style-type: none"> Understand and respond to directions and requests? Understand language (e.g., prepositions, directions, concepts)? Show communication skills (from cooing to using sentences)? 	<ul style="list-style-type: none"> Think, remember, reason, and problem solve? Interact with books, pictures, and toys? In play, imitate what s/he has seen others do? Learn new skills and use these skills in play? Demonstrate early literacy understanding? 	<ul style="list-style-type: none"> Solve problems and figure things out? Remember familiar play routines and where things are or when they are different? Engage in play with objects (how elaborate or connected)? Understand pre-academic concepts and symbols?
Taking Appropriate Action to Meet Needs		
<ul style="list-style-type: none"> Move around and/or move his or her body to get things? Use hands and fingers to manipulate toys and things? Use tools to get desired things (e.g., strings, pencils, forks, scissors, etc.)? 	<ul style="list-style-type: none"> Communicate what s/he wants and needs (e.g., hunger, desired toys, illness/injury) to familiar and unfamiliar adults and to peers/siblings? Take care of basic needs such as feeding, dressing, hand washing, and potty training? 	<ul style="list-style-type: none"> Convey sleep needs? Contribute to his or her health and safety on his or her own? Follow rules related to safety (hold hands, stop, understands hot)?



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



ALL-71

Developed by the National Parent Technical
Assistance Center at PACER Center
ParentCenterNetwork.org
PACER.org

in collaboration with:

ECTA Center
The Early Childhood Technical Assistance Center
ectacenter.org



Introduction

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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:

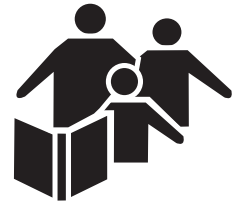
For additional copies, contact:
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Child Outcomes: Measuring the Benefits of Early Intervention



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.



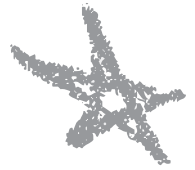
For more information about measuring your child's progress, visit the Illinois Early Intervention Clearinghouse Web site at <http://eiclearinghouse.org>.

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.





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>



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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



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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 tell 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=1B9hiIoegCw&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*.
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.

***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.

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

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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.



PHOTO: FLORENCE SHARP

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 intra-group 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-

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-

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

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



PHOTO: BARBARA YOUNG

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 understanding of temperament characteristics. Language is powerful: Professionals should use it carefully.

In addition to valuing the contributions of individuals with a variety of temperamental characteristics, it is important 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 outgoing at the age of 7 (Kagan, Reznick, & Snidman, 1988). Family and community contexts may either enhance or minimize temperamental tendencies. Parents who are comfortable 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, careful, socially aware approach to life should continue to be nurtured in classrooms where she can flourish and be recognized 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?

ACTIVITY 1

What Are the Factors That Impact How Young Children Develop?

Activity Purpose: The purpose of this activity is to explore professionals' beliefs and knowledge about the factors which impact how young children develop. Additionally, professionals will have the opportunity to explore 10 guiding principles for child development, discussing many factors that can positively and negatively impact young children.

***Note for facilitator:** this session involves a discussion of the article titled, *The Ideal Baby*. Therefore, participants should have read this article before this session.

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

Estimated Time: 45-60 minutes

Materials:

- PowerPoint titled, *Child Development*
- TV/Computer
- Screen
- Internet access for videos
- Audio for videos
- Handout:
 - *The Ideal Baby*

Activity Instructions:

Part 1 – Action Plan Follow-Up



1. As a large group, ask:
 - a. How have you been able to implement your action plans?
 - b. What worked? What didn't work? Why?

Part 2 – Factors Impacting Development

1. Use the PowerPoint titled, *Child Development*, to lead a discussion to uncover professionals' beliefs and knowledge regarding child development & 10 guiding principles for development. Discussion prompts are embedded into the slides and speaker notes. Additionally, video links are embedded into the slides to support the different guiding principles.

***Note for facilitator:** be sure to incorporate concepts from the article, *The Ideal Baby*, into the discussion.

Part 3 – Think-Pair-Share

1. Ask the participants to get into pairs.
2. Ask the participants to reflect on the content discussed today and from reading the article, *The Ideal Bab*, by asking them to discuss the following:
 - a. *What is something new that you learned?*
 - b. *How will this new information directly impact your work with families and especially the COS process?*

THE “IDEAL BABY”:

A Look at the Intersection of Temperament and Culture

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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.



PHOTO: FLORENCE SHARP

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 intra-group 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-

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-

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

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



PHOTO: BARBARA YOUNG

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—

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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 understanding of temperament characteristics. Language is powerful: Professionals should use it carefully.

In addition to valuing the contributions of individuals with a variety of temperamental characteristics, it is important 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 outgoing at the age of 7 (Kagan, Reznick, & Snidman, 1988). Family and community contexts may either enhance or minimize temperamental tendencies. Parents who are comfortable 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, careful, socially aware approach to life should continue to be nurtured in classrooms where she can flourish and be recognized 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 2

Functional and Discrete Skills

Activity Purpose: The purpose of this activity is to gain a deeper understanding of the three Child Outcomes and the skills and behaviors that might be expected for each outcome area, and how those may look different from traditional testing tool (discrete) skills.

***Note for facilitator:** this activity requires the participants to [bring a testing tool](#) to the meeting. The tool should be one they typically use when evaluating/assessing young children.

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

Estimated Time: 45-60 minutes

Materials:

- TV/Computer
- Screen
- Internet access
- Audio for video
- Assessment tools
- Handouts:
 - *Observation of Child Outcomes*
 - *Assessment v. Child Outcomes Reflection*

Activity Instructions:

Part 1 – Discrete Skills

1. Watch the following video from Colorado Results Matter Video Library titled, *Kaleb on the Playground* (No need to know the age of the child, just observe!)
http://www2.cde.state.co.us/media/resultsmatter/RMSeries/KalebOnThePlayground_SA.asp
2. Consider the following prompts to begin the discussion:
 - a. Now think about an approved assessment tool you might use (example: PDMS-2, TIMP, HELP, BDI-2, Rosetti, PLS 4 or 5), identify the different skills you might be able to score on your instrument based on your observations.
 - b. Participants are welcome to pull out the assessment tools they brought with them and check off the behaviors/skills they observe.
3. Have the group share and compare the different skills identified across the various tools utilized for this activity.

Part 2 – Functional Skills

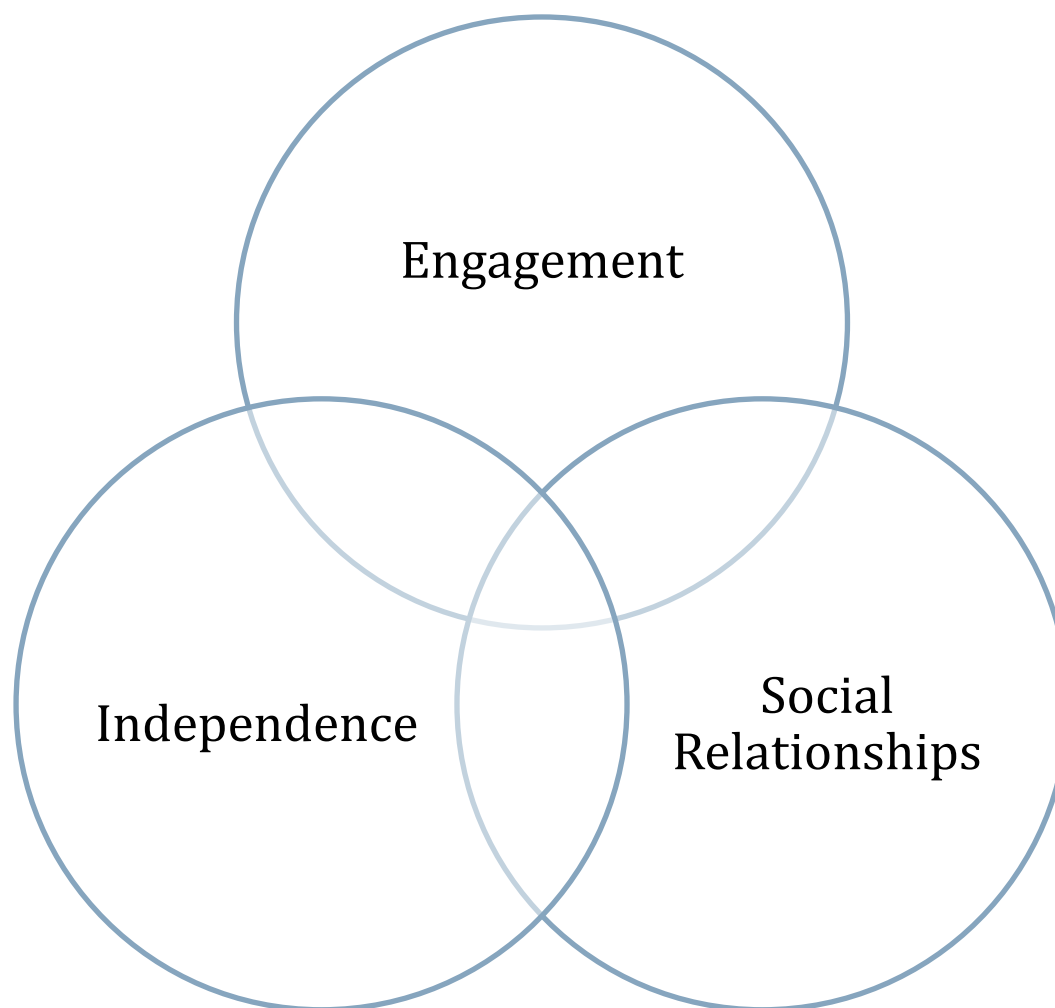
1. Watch the video a 2nd time, but this time watch the video through the perspective of the three Child Outcome Areas. Participants can write down their observations in the handout, *Observation of Child Outcomes*.
2. Share and discuss across groups. Consider the following:
 - a. What differences did you notice in your observations?
 - b. Did you see anything new or different?
 - c. Did your observations change in any way from more discrete skills to more functional skills rooted in everyday activities?
 - d. Was there anything you missed on either your 1st watch or your 2nd watch of the video?
 - e. If we had only been able to watch the video once with just the focus on discrete skills, what would we have missed?

Part 3 – Individual Reflection

1. Pass out the handout titled, *Assessment v. Child Outcomes Reflection*, to the participants.
2. Encourage them to reflect individually and complete the reflection questions.
3. The facilitator can use these reflections to steer the discussions at the next meeting.

ACTIVITY 2

Observation of Child Outcomes



ACTIVITY 2

Assessment v. Child Outcomes Reflection

Participant's Name: _____ Date: _____

1. What's the most salient thing you will remember from today? Why?
2. Why do you think both discrete and functional skills are important pieces to understanding child functioning?
3. How would you explain to a parent the differences between the information gathered by completing an assessment tool versus observing a child and having a conversation about the three child outcomes?

ACTIVITY 3

What Does Foundational, Immediate Foundational and Age-Expected Mean?

Activity Purpose: The purpose of this activity is for participants to gain a clear understanding of the terminology: foundational, immediate foundational and age-expected as it relates to the Child Outcomes Summary Process.

Difficulty Level: Introductory Level – Awareness

Estimated Time: 45 minutes

Materials:

- Handout:
 - *Developmental Progressions and the Child Outcome Summary (COS) Process 7-Point Rating Scale*
- PowerPoint:
 - *What does foundational, immediate foundational and age-expected mean?*

***Note for facilitator:** read the handout titled, *Developmental Progressions and the Child Outcome Summary (COS) Process 7-Point Rating Scale*, before facilitating this session. Additionally, the facilitator should consider using the examples embedded in this handout during the discussion, which will be supported by the use of the PPT called, *What does foundational, immediate foundational and age-expected mean?*

Activity Instructions:

Part 1 – Introduction to Terminology & Application

1. Give the participants a copy of the handout titled, *Developmental Progressions and the Child Outcome Summary (COS) Process 7-Point Rating Scale*, to reference throughout this discussion. This handout contains definitions of foundational, immediate foundational and age-expected. The participants will also use this handout as a reference in subsequent sessions.
2. Use the PowerPoint titled, *What does foundational, immediate foundational and age-expected mean?*, to engage participants in a discussion about the definitions of foundational, immediate foundational and age-expected skills. At the end of this activity, participants will have the opportunity to practice by identifying skills within each of the categories (foundational, immediate foundational & age-expected). Additionally, subsequent sessions will strengthen participants' understanding of this terminology and how to accurately apply their understanding within the COS process.

Developmental Progressions and the Child Outcome Summary (COS) Process 7-Point Rating Scale

The COS process uses a 7-point scale for rating a child's functioning in each of the three outcome areas. To determine a rating, the team must be familiar with the child's functioning in the outcome across a variety of situations and settings. The team needs to think about the many skills and behaviors that allow the child to function in an age-expected way in each outcome area. The team needs to understand the developmental progressions that lead to age-expected functioning, asking:

1. Are the skills and behaviors demonstrated what one would expect for a child this age?
2. If not, are they like those of a younger child? Are they the skills and behaviors that come just before the age-expected skills and behaviors?
3. If not, are they like those of a MUCH younger child? Are they farther away from age expected skills and behaviors? (much earlier or atypical skills and behaviors)

An important developmental concept for understanding how to use the COS 7-point scale is the concept of foundational skills. Some of the skills and behaviors that develop early serve as the foundation for later skills and behavior, or expressed another way; later skills build on earlier skills in predictable ways. Teachers and therapists can use the earlier skills to help children move to the next higher level of functioning developmentally. We refer to these earlier skills that serve as the base and are conceptually linked to the later skills, as “**foundational skills**.” For example, children play along side one another before they interact in play. Development in the early childhood years proceeds through several levels of foundational skills with skills and behavior becoming more complex and more proficient as children get older. All skills that lead to higher levels of functional are foundational skills, however, the set of skills and behavior that occur developmentally *just prior* to age-expected functioning can be described as the **immediate foundational skills** in that they are the most recent set of foundational skills that children master and move beyond.

A child whose functioning is like that of a younger child is probably showing **immediate foundational skills**. Her functioning does not meet age expectations, but she demonstrates skills and behaviors that occur developmentally just prior to age expected functioning and are the basis *on which to build* age-expected functioning.

A child whose functioning might be described as like that of a MUCH younger child does not meet age expectations, nor does she demonstrate skills and behaviors that immediately precede age-expected functioning. She has foundational skills, but not yet at an **immediate foundational** level.

It is important to note that some foundational skills get replaced by newer skills whereas others continue in children's (and adult's) repertoires throughout life. The nature of interacting with other children changes fundamentally as children get older. On the other hand, skills like making eye contact, turn-taking, and eating with a fork get incorporated into more sophisticated routines but never disappear. To identify whether functioning that continues throughout life constitutes an immediate foundational skill, ask yourself at what age one would first expect to see this functioning and how close is that to the child's current age. For instance, being able to make eye contact is not an **immediate** foundational skill for a three year old.

Example 1: Chrissa is 30 months (2 ½ years) old. Although she does not play with other children, she watches them with great interest. A child who is 30 months of age or so should play with other children, even taking turns. A younger child (18-24 months or so) would play alone, but would be very aware of other children, such as the toys another child is using, and may snatch a toy away from another child. A much younger child (12 months or so) would stay very close to his or her primary caregiver, showing early awareness of other children. Chrissa is more than aware of other children, she visually follows their play with enthusiasm. She has immediate foundational skills on which to build the next level of relationships with peers, which would involve playing with other children and turn taking.

Because it is a continuum, developmental expectations vary by age.

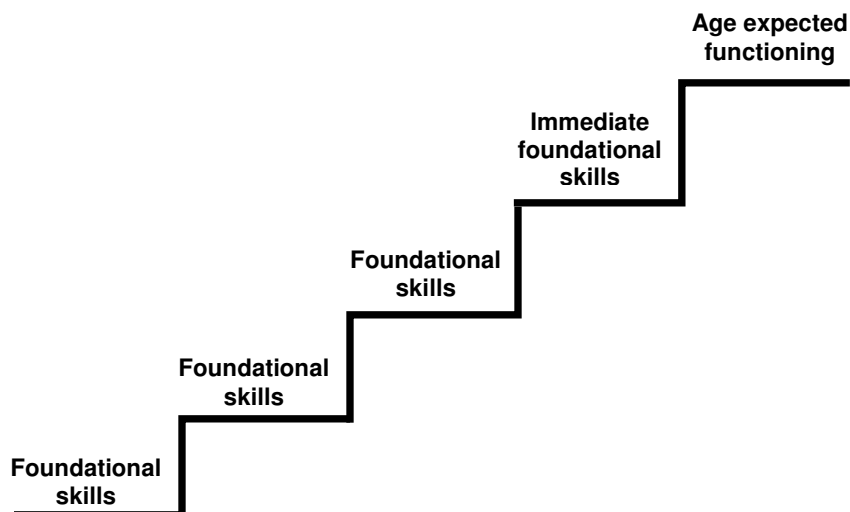
- What if Chrissa were 12 months old?
- How would you answer questions 1-3, above?
- What if Chrissa were 48 months old?

Why this is hard: child development does not progress in a neat and tidy sequence. Children spend various amounts of time in any one stage of development. Areas of development may overlap with one another. It's impossible to pin down the exact age at which every child will have achieved a specific milestone. Children manifest developmental expectations in different ways. All children follow general sequences but each child will develop in unique ways, depending upon the child's personality, context, and experiences. In determining the extent to which a child's functioning meets age expectations, the team must look at an overall pattern, rather than specific fragments, of development.

Example 2: Justin is 24 months (2 years) old. He uses a spoon, but often spills the food before it gets to his mouth. Without his mom's help he wouldn't get much to eat at mealtime. A child who is 2 should be able to meet his feeding needs without much help, using various kinds of tools, including his fingers. The younger child (toddler) experiments with tool use, but with limited success. The much younger child (infant) participates in feeding by opening his mouth, but does not attempt to feed himself.

- How would you describe Justin's skills and behaviors? Are they age-expected? Immediate foundational? Or not yet?
- What if Justin were 12 months old? How would you describe his skills and behaviors? What if he were 36 months old?

How Foundational Skills Lead to Age-Expected Functioning



ACTIVITY 4

Age-Expected Skills: Birth - 12 Months

Activity Purpose: The purpose of this activity is for participants to apply their knowledge of typical child development in relationship to the three Child Outcomes by reviewing typical development and observing a video clip of a child between the age of birth-12 months.

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

Estimated Time: 45-60 minutes

Materials:

- TV/Computer
- Screen
- Internet access
- Audio for video
- Video: Tyler
- Chart paper
- Handouts:
 - *Developmental Progressions and the Child Outcome Summary (COS) Process 7-Point Rating Scale*
 - *Outcome 1 Larimer County Age Anchoring Tool*
 - *Outcome 2 Larimer County Age Anchoring Tool*
 - *Outcome 3 Larimer County Age Anchoring Tool*
 - *Anchoring Tools Reflection*

Activity Instructions:

Part 1 – Review of Foundational, Immediate Foundational & Age-Expected

1. Review the definitions from the previous session as a group by watching the following video: <https://www.youtube.com/watch?v=w9XGxwtPPYw>
2. After watching the video, consider asking the participants:
 - Which outcomes were you able to consider based on this short clip of Lilly?
 - Do you think this child is showing us skills and behaviors that are of a child with foundational skills? Immediate foundational skills? Or age-expected skills? Why?
 - What skills are indicative of the category you chose?

Part 2 – Age-Expected Skills

1. Ask the participants to think of age-expected skills and behaviors for a typically developing 12-month old child for Outcome 1 (positive social relationships). Document the participants' answers on the flip chart under "Outcome 1".

3. Repeat for Outcomes 2 & 3.

***Note for facilitator:** if participants need help thinking of age-expected skills for a 12-month-old child, refer them to the *Larimer County Age Anchoring Tools* for Outcomes 1, 2 and 3 for assistance.

Part 3 – Tyler

1. Watch the video of Tyler and instruct participants to refer to the skills and behaviors for the three outcomes on the flip chart (from the review activity) while they watch the video: http://ectacenter.org/eco/pages/training_activities.asp#whichisit

***Note for facilitator:** this could be done with any video (typically developing child or a child with delays/disabilities).

2. Handout, if you have not already, the *Larimer County Age Anchoring Tools* for Outcomes 1, 2, & 3 to the participants. Consider the following prompts to lead a discussion:
 - a. Which skills and behaviors from our list did you observe in Tyler?
 - b. Which skills were not observed that you might expect of a child his age?
 - c. Would you say that Tyler’s skills and behaviors are age-expected, immediate foundational or foundational?” [Answer: Age expected]
 - d. Why?
 - e. What skills came just before Tyler’s current skills and behaviors? What skills and behaviors come after the skills that Tyler is currently showing us?
 - f. What do you notice about Tyler’s personality?
 - g. What additional information do you need to determine whether his skills are foundational, immediate foundational or age-expected?

Part 4 – Reflection

1. Share with the group the following message:
“The use of age anchoring tools and resources is critical to ensuring that each member of the COS team understands what age-expected child development looks like for the child to be rated. It’s not enough to guess or to try to remember without looking at an actual tool. Knowing what skills and behaviors are typical at, just before and just after the age of the child prior to observation or meeting with the family can help frame the information gathered during observations and conversations.”
2. Pass out the corresponding reflection handout titled, *Anchoring Tools Reflection*.
3. Encourage participants to individually reflect on how they might use the Anchoring Tools in the future.

ACTIVITY 4

Anchoring Tools Reflection

Participant's Name: _____ Date: _____

1. What was the most helpful part of the session today? Why?
2. How might you use the anchoring tools in the future?
3. What would you like to learn more about related to child development & the child outcomes?

Developmental Progressions and the Child Outcome Summary (COS) Process 7-Point Rating Scale

The COS process uses a 7-point scale for rating a child's functioning in each of the three outcome areas. To determine a rating, the team must be familiar with the child's functioning in the outcome across a variety of situations and settings. The team needs to think about the many skills and behaviors that allow the child to function in an age-expected way in each outcome area. The team needs to understand the developmental progressions that lead to age-expected functioning, asking:

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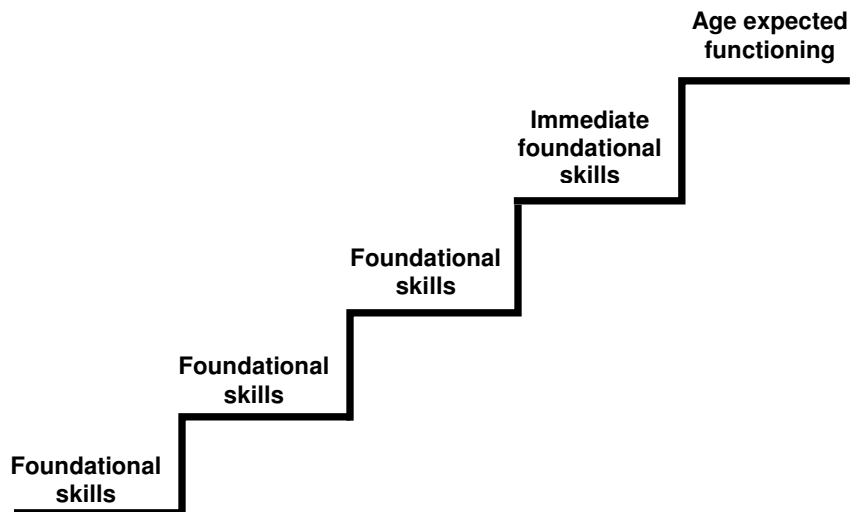
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How Foundational Skills Lead to Age-Expected Functioning



Larimer County Age Anchoring Tool

Outcome 1:

Positive Social Emotional Skills....

Children demonstrate age appropriate functioning by....

<p><u>0-3 Months</u></p> <ul style="list-style-type: none"> • Fixating on the human face and maintaining gaze with caregiver • Turning their head and eyes in the direction of the parent voice • Being comforted and appearing to enjoy touch and being held by a familiar adult • Draws attention to self when in distress <p><u>4-6 Months</u></p> <ul style="list-style-type: none"> • Anticipating being lifted or fed and moving body toward adult when being approached • Smiling spontaneously to human contact, smiling in play, and smiling at self in mirror • Vocalizes to express pleasure & displeasure sounds in addition to crying/cooing • Is able to stop unexplained crying • Enjoying games with others such as "Where is your nose?" and "So Big!" 	<p><u>7-9 Months</u></p> <ul style="list-style-type: none"> • Smiling and laughing during turn-taking • Participating in simple games (pat-a-cake, peek-a-boo) • Demonstrating anticipation of play activities • Exhibiting anxious behavior around unfamiliar adults • Using gestures and vocalizing to protest • Shouting or vocalizing to gain attention • Shows anxiety over separation from parents • Repeating a behavior (shows off) to maintain adult attention <p><u>10-12 Months</u></p> <ul style="list-style-type: none"> • Imitating familiar words in turn-taking • Showing sensitivity to the mood of others • Performing for social attention • Responding to a request of "come here" • Stopping when name is called • Maintaining attention to speaker 	<p><u>13-18 Months</u></p> <ul style="list-style-type: none"> • Pretending to talk on phone, feed a baby, comfort a doll, clean a spill • Discriminating between familiar and unfamiliar people • Showing awareness of the feelings of others • Initiating familiar turn-taking routines • Requesting assistance from an adult • Hugs & kisses parents • Demonstrating a functional use of objects such as trying to use a brush or drinking from a toy cup • Gives a toy to caregiver spontaneously & upon request • Having temper tantrums when frustrated • Sometimes doing the opposite of what is asked of them <p><u>19-24 Months</u></p> <ul style="list-style-type: none"> • Shows a wide variety of emotions i.e., fear, anger, sympathy, modesty, guilt, joy 	<p><u>25 – 30 Months</u></p> <ul style="list-style-type: none"> • Being apt to snatch, push, kick, rather than give and take in polite fashion • Throwing tantrums when frustrated • Showing facial expression and behavior indicating pity, shame and modesty • Being restless, rebellious and very active at times • Becoming resistant and dawdling at times • Separates easily in familiar surroundings • Wanting to do favorite activities over and over again • Continuing to try a difficult task for a brief period of time (building with blocks for 3 to 5 minutes) • Insisting on some choices (food, clothing, appearance) • Seeking and accepting assistance when encountering difficulties • Inventing new uses for everyday materials with assistance (using a box for a house) • May develop sudden fears (i.e. large animals) 	<p><u>31 – 36 Months</u></p> <ul style="list-style-type: none"> • Observing other children at play; may join in for a few minutes • Playing well with two or three children in group • Having difficulty sharing • Showing facial expressions and behaviors indicating pity, shame, modesty • Sometimes being restless, rebellious, very active • Becoming resistant, dawdles • Throwing tantrums when thwarted or unable to express urgent needs • Objecting to major changes in routines • Verbalizing play plan for assigned role ("I am mother" "You be baby" "I cook" "You watch TV") • Verbalizing play plan and using pretend props which are identified for benefit of adult ("This is our house (box)") • Following simple rules • Taking turns in games • Listening and participating in group activities with adult supervision • Enjoying opportunities for pretend play and creating things (crafts, art)
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Outcome 1:

Positive Social Emotional Skills....

Children demonstrate age appropriate functioning by...

<u>4-6 Months (continued)</u>	<u>10-12 Months (continued)</u>	<u>19-24 Months (continued)</u>	<u>25-30 Months (continued)</u>	<u>31-36 Months (continued)</u>
<ul style="list-style-type: none"> Vocalizing in response to babbling behavior, vocalizations and speech produced by an adult 	<ul style="list-style-type: none"> Responding with gesture to “come up” or “want up” Waving in response to “bye-bye” Saying “mama” or “dada” meaningfully Using a word to call a person Pushing or pulling an adult’s hand to have a behavior instigated or repeated Showing attachment to favorite toy or blanket Expressing two or more emotions (pleasure, fear, sadness) Briefly stopping behavior when told “no” 	<ul style="list-style-type: none"> “Checking-in” with familiar adults while playing Resisting change, transitions are difficult Show jealousy of attention given to others, especially own family Using vocalizations and words during pretend play Playing alone for short periods Recognizes self in photograph Uses concept “mine” to denote possessiveness 	<ul style="list-style-type: none"> Displaying understanding of how objects work together (gets the dustpan when adult is sweeping the floor) Substituting similar objects (uses boxes for blocks) Realizing that behaviors can precede events (if mom takes things out the refrigerator and turns on the stove, she is going to cook lunch) Attempting to comfort others in distress Addressing listener appropriately to get attention (uses child’s or adult’s name to get attention) 	<ul style="list-style-type: none"> Altering behavior based on a past event and builds on it (“this didn’t work, so I will try this”) Relating an experience today to one that happened in the past (i.e. when Grandma comes over the dog has to be in the crate) Saying “please” and “thank you” when reminded Stating whether they are a boy or a girl Begins to obey and respect simple rules Takes pride in achievements Resists change, may want things done the same way May be able to participate in games that involve following simple directions and taking turns (i.e. “Duck, Duck, Goose”)

Larimer County Age Anchoring Tool

Outcome 2:

Acquiring and Using Knowledge and Skills....

Children demonstrate age appropriate functioning by....

Birth – 3 Months

- Lifts head while on tummy
- Clasp hands together and hands to mouth
- Grasping finger if placed in palm
- Kicking legs while lying on back
- Begins cooing

4-6 months

- Beginning to reach for objects
- Looking to place on body where being touched
- Trying to cause things to happen such as kicking a mobile and smiling
- Dropping a ball and observing the fall
- Developing more precise imitation skills of facial movements and speech sounds
- Securing an object that is partially hidden with a cloth
- Pushing up through extended arms while on tummy

7-9 Months

- Shows desire to get to things that are not within reach
- Sitting unsupported while playing with toys
- Plays 2-3 minutes with a single toy
- Reaching for and grasping blocks or other small toys
- Reaching for objects while on tummy

10-12 months

- Pointing with index finger
- Imitating behaviors initiated by caregiver (playing peek-a-boo; smiling and laughing during turn-taking; or attempting to name pictures and objects)
- Banging blocks and other small toys together
- Repeatedly throwing or dropping objects to watch the movement
- Stirring with a spoon in a cup
- Banging a spoon on inverted cup or tabletop

13- 18 Months

- Explores the environment independent of caregiver
- Turning the pages in a book
- Looking at, pointing to, and naming pictures in a book
- Imitating scribbling motions
- Initiating familiar turn-taking routines
- Begins to imitate sounds often, in turn taking conversational way
- Pointing to two action words in pictures
- Pointing to, showing, and giving an object
- Handing a toy to an adult for assistance

19-24 months

- Identifying six body parts
- Choosing two familiar objects upon request
- Sorts objects by type (i.e. kitchen vs. animals)
- Can follow two different directions with a toy (i.e. put it in, turn it over, etc)

25 – 30 Months

- Liking to take things apart and put them together again (puzzles, toys)
- Following caregiver around the house and copying domestic activities in simultaneous play
- Identifying boy or girl in picture book
- Making doll/toy act on self as though capable of performing actions independent of child (placing brush in doll's arms, than moving the doll's arm as if doll is combing hair)
- Communicating about the actions of others
- Answering simple "what", "where" questions about familiar people or things
- Asking increasing numbers of questions ("where/what")
- Understanding negatives (no, not, can't, don't)
- Formulating negative judgments ("spoon, not fork")
- Recognizes at least one color correctly

31 – 36 Months

- Understanding concepts of "mine" and "his/hers"
- Telling gender when asked
- Sometimes labeling and talking about own drawings when asked
- Giving first and last name when asked
- Using several verb forms correctly to describe a variety of actions (i.e. ing, ed)
- Expanding use of prepositions (under, in front of, behind)
- Understanding common adjectives of color, size, and shape
- Showing interest in explanations that involve "why" and "how"
- Using 4 to 6 word phrases or sentences
- Making negative statements ("Can't open it," "Don't touch")
- Beginning to use contractions (can't, we'll, won't)
- Using some plural forms correctly in speech
- Using the past tense
- Dictating a story for adult to write out

Outcome 2:

Acquiring and Using Knowledge and Skills...

Children demonstrate age appropriate functioning by....

<u>4-6 Months (continued)</u>	<u>10-12 Months (continued)</u>	<u>19-24 Months (continued)</u>	<u>25-30 Months (continued)</u>	<u>31-36 Months (continued)</u>
<ul style="list-style-type: none"> • Repeating arm movements to keep a toy activated, keep mom singing, or causal event • Visually studies hands and objects, looks at mirror image 	<ul style="list-style-type: none"> • Demonstrates emerging problem solving skills such as (placing objects in the mouth and mouthing; pushing or pulling adult's hands to have a behavior instigated or repeated; turning a picture or mirror over to view the functional side; rotating three-dimensional objects to view the functional side; using a hammer or stick to play a xylophone • Singing along with a familiar song • Using gestures and/or vocalizing (grunts/whines) to protest • Shouting or vocalizing to gain attention • Responding to a request to "come here" • Maintaining attention to speaker • Responding with gesture to "come up" or "want up" 	<ul style="list-style-type: none"> • Asking "What's that?" • Demonstrating symbolic play, using one object as a signifier for another object • Attempting to repair broken toys • Choosing one object from a group of five upon verbal request • Stacking 5 or 6 blocks • Using two word utterance sometimes combined with gestures, to communicate • Using three-word phrases occasionally • Imitating words overheard in conversation • Naming 5 to 7 objects upon request • Using new words regularly (adding 2 to 5 words a week) • Spontaneously naming objects, person, and actions • Following novel commands • Tells about a personal experience 	<ul style="list-style-type: none"> • Understanding simple possessive forms (daddy's shirt) • Understanding complex sentences ("when we get to the store, I'll buy you an ice cream cone") • Pointing to smaller parts of the body when asked (chin, elbow) • Recognizing and identifying general family names/categories (Grandma, Uncle) • Recognizing the names and pictures of most common objects • Understanding word association through functional association ("what do you drink with?", "What do you sleep on?", "What do you brush your teeth with?") • Understanding size difference (little dog, large dog) • Following directions involving common prepositions (in, on, behind, out) • Enjoying finger plays (songs and games that use hands) 	<ul style="list-style-type: none"> • Performing multi-step tasks when playing (takes money, rings cash register, puts money in drawer) • Beginning to use inductive reasoning (if you do this, that happens) • Expressing understanding of cause and effect (it's quiet because you turned off the music) • Copying a circle • Drawing a simple face • Matching three colors • Matching objects by color, shape and size

Outcome 2:

Acquiring and Using Knowledge and Skills...

Children demonstrate age appropriate functioning by....

<u>4-6 Months (continued)</u>	<u>10-12 Months (continued)</u>	<u>19-24 Months (continued)</u>	<u>25-30 Months (continued)</u>	<u>31-36 Months (continued)</u>
	<ul style="list-style-type: none"> • Waving in response to “bye-bye” • Saying “mama” or “dada” meaningfully • Imitating consonant and vowel combinations • Imitating non-speech sounds • Vocalizing with intent frequently • Using a word to call a person • Giving objects upon verbal request • Performing a routine activity upon verbal request • Looking at familiar objects and people when named • Understanding simple questions • Identifying two body parts on self • Demonstrating intense attention to adult language 	<ul style="list-style-type: none"> • Referring to self by name • Using early pronouns occasionally • Engaging in adult-like dialogue • Uses speech understood by others 50% of the time • Using sentence-like intonation patterns • Makes a horizontal and vertical stroke with crayon 	<ul style="list-style-type: none"> • Attempting to locate objects when they are discussed by others • Speaking in 2 or 3 word sentences; jargon and speaking by imitation only are almost gone • Often using personal pronouns (I, you, he, it, me) correctly • Using regular plurals (cats, dogs, balls) • Beginning to recall parts of a previously heard story • Requesting to hear familiar stories • Changing intonation and tone to communicate meaning • Understanding “one”, “all” (“Give me one block”) • Matching an object to a picture • Matching simple shapes such as a circle, square and triangle 	

Larimer County Age Anchoring Tool

Outcome 3:

Taking Appropriate Actions to Meet Needs....

Children demonstrate age appropriate functioning by....

<u>0-3 Months</u>	<u>7-9 Months</u>	<u>13-18 Months</u>	<u>25 – 30 Months</u>	<u>31 – 36 Months</u>
<ul style="list-style-type: none"> • Hands begin to open more and rest in open position • Holds small objects or toys when placed in hand • Follows moving object in range of 30 degrees either side of midline (object 10-12" away from baby's face) • Responds to loud noise with startle or upset • Responds to human voice more readily than any other sound • Begins to produce different cries for different reasons • Turning head to either side when lying on back • Rooting-reflexive turning of mouth toward hand rubbing cheek • Lifting and rotating head when lying on tummy or when held at shoulder 	<ul style="list-style-type: none"> • Holds an object in each hand and bangs them together • Reaches for objects with either hand, one at a time, when lying on tummy • Rakes at tinier objects with fingers • Turns to look when name is called • Begins to imitate sounds, often in turn-taking, conversational way • Moves body to music • Shows desire to get to things that are not within reach • Rolling in both directions and may use sequential rolling to get somewhere • Crawling on belly using both arms and legs symmetrically to propel 3+ feet • Pulls up into standing position when helped with your hands and supports all of weight on legs 	<ul style="list-style-type: none"> • Able to pick up objects of all sorts of sizes and weights using either hand and precision with fingers • Removes objects while holding on to container • Places objects into large containers • Uses wider variety of gestures to communicate wants and needs • Begins to say words for the most familiar thing or people • Follows simple directions, i.e. "Let's go to the kitchen.", "Find your shoes." • Can correctly match sound to object, i.e. doorbell, telephone • Stands without support for brief periods • Walks independently with good quality, needs guidance to ascend/descend stairs on feet • Climbs up on couch or chair • Removes loose clothing partially or completely 	<ul style="list-style-type: none"> • Opens doors by handle/knob • Turning knobs on objects like radio or TV • Catching ball (by trapping against body) when playing with adult or peer • Knows where things are kept • Puts things away to help clean up • Uses non-verbal gestures and body language to express needs and feelings (hugs, hands on hips, etc.) • Progressively more articulate with language to express thoughts and desires • Walks up steps, alternating feet while holding rail or hand for support • Sits on riding toys and pushes with feet; may ride tricycle • Swings leg to kick stationary ball • Plays on outdoor play structures (climbing, sliding) • Attempts to jump with two feet together • Puts on socks, coat and shirt 	<ul style="list-style-type: none"> • Can problem solve and carry out a plan for getting something they need or want, i.e. while mom is distracted, gets forbidden marker out of desk drawer; prepares own simple snack like getting crackers and putting in bowl. • Follows simple rules • Separates easily from mother in familiar environment • Hops in place on one foot (either foot) three time without losing balance • Stands on one foot (either foot) for three seconds • Jumps over object, i.e. string/rope, that is two inches high • Walks upstairs alternating feet • Walks downstairs four steps without support, placing both feet on each step • Can dress and undress independently, including unbuttoning buttons, with few exceptions • Asserts food preferences and recognizes what they are and are not allowed to eat • Gets drink from fountain • Follows basic health practices when reminded (washing/drying hands, brushing teeth)

Outcome 3:

Taking Appropriate Actions to Meet Needs....

Children demonstrate age appropriate functioning by...

<p><u>Birth - 3 Months (continued)</u></p> <ul style="list-style-type: none"> • Primary Standing-moving legs into extension for weight bearing when held upright (standing height) with feet contacting surface • Walking-reflexive stepping when held upright with feet contacting surface, lifts feet alternatively in walking-like motion • Kicks feet in bicycle motion when lying on back <p><u>4-6 Months</u></p> <ul style="list-style-type: none"> • Brings hands together in midline over chest when lying on back, i.e. places hands on bottle while eating, playing with own hands held together over chest • Begins to reach and grasp or bat at objects, shakes or bangs toys on surface • Brings objects to mouth, i.e. toys, pacifier, bottle (when not so full) • Moves objects back and forth from one hand to the other 	<p><u>7-9 Months (continued)</u></p> <ul style="list-style-type: none"> • Sitting on own once placed in that position to play • Begins to participate when being dressed, pulls off socks or hat • Grabs for spoon/cup when being fed <p><u>10-12 Months</u></p> <ul style="list-style-type: none"> • Points with index finger and activates toys using one finger • Begins to develop more refined grasp using tips of finger and thumb to pick up much smaller things with precision • Learns to voluntarily let go of what is being held, may throw objects • Raises arms up when wanting to be picked up • Expresses full range of emotion including resistive behavior • Raises self to sitting position • Creeps on hands and knees to get around • Pulls up on furniture • Cruises along furniture and/or walks with hands-on help 	<p><u>13-18 Months (continued)</u></p> <ul style="list-style-type: none"> • Practices using child-sized fork and spoon to eat (non-liquids) • Tries to help with tooth brushing <p><u>19-24 Months</u></p> <ul style="list-style-type: none"> • Tries to take things apart • May enjoy marking/drawing on paper with crayons or other writing tools • Begins to place objects in containers with smaller openings • Uses two word utterances, plus gestures, to express wants and needs • Can answer questions with “yes” or “no” using head shake, gestures or words • Expresses need for independence with doing things on own or asks for help when needed • Follows 2 or 3 step directions • Likes to imitate adult actions especially to “help out” 	<p><u>25 – 30 Months (continued)</u></p> <ul style="list-style-type: none"> • Takes off own shoes, socks, and some pants as well as other unfastened garments • Uses fork to spear bite sized chunks of food • Knows which faucet is hot and cold • Washes self in bath • Interested in trying potty while still predominantly wearing diapers 	<p><u>31 – 36 Months</u></p> <ul style="list-style-type: none"> • Verbalizes toilet needs fairly consistently • Shows daytime control of toileting needs with occasional accidents
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Outcome 3:

Taking Appropriate Actions to Meet Needs....

Children demonstrate age appropriate functioning by....

<u>4-6 Months (continued)</u>	<u>10-12 Months</u>	<u>19-24 Months (continued)</u>	<u>25 – 30 Months (continued)</u>	<u>31 – 36 Months (continued)</u>
<ul style="list-style-type: none"> • Babbles with wide variety of sounds • Rolling-tummy to back (over either L/R side) often comes before back to tummy • Raises head and shoulders by resting on forearms/hands when on tummy to look around • Sits with less and less support, tries to prop forward on arms to stay sitting or tries to raise self to sitting when leaning back, as in the car seat • Reaches for and plays with feet • Holds head up well in many positions to be able to see all around • Enjoys bath-keeps eyes open and indicates pleasure when placed in warm water or plays by splashing 	<ul style="list-style-type: none"> • Tries to climb to get to higher surfaces, crawls up stairs • Fusses when uncomfortable in diaper • Feeds self with fingers/sippy cup and tries to use small utensils 	<ul style="list-style-type: none"> • Garners someone's attention or takes someone's hand to take them to something they want or want to show them • Demonstrates more advanced movement and motor skills such as running and more proficient climbing, i.e. climbing out of the crib • Attempts to jump down from step or raised surface • Positions body more automatically to help put on clothing • More developed skills with spoon and fork, less spilling • Tries to wash own hands and face, comb hair 		

ACTIVITY 5

Age-Expected Skills: 13-24 Months

Activity Purpose: The purpose of this activity is for participants to apply their knowledge of typical child development in relationship to the three Child Outcomes by organizing skills/milestones into the three Child outcome areas for children from 13-24 months.

***Note for facilitator:** use the document, *Developmental Milestones for Children 13-24 Months*, which contains the developmental milestones for children from 13-24 months from the *Larimer County Age Anchoring Tools*. Facilitator should cut out each milestone so that each one is on its own small strip of paper. There will be a total of 58 small pieces of paper (with one milestone on each) for each of the groups.

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

Estimated Time: 45-60 minutes

Materials:

- TV/Computer
- Screen
- Internet access
- Audio for video
- Handouts:
 - *Developmental Progressions and the Child Outcome Summary (COS) Process 7-Point Rating Scale*
 - *Outcome 1 Larimer County Age Anchoring Tool*
 - *Outcome 2 Larimer County Age Anchoring Tool*
 - *Outcome 3 Larimer County Age Anchoring Tool*
 - Pre-cut strips from document titled, *Developmental Milestones*

Activity Instructions:

Part 1 – The Magic of Everyday Moments

1. Watch the following video from Zero to Three to get the conversation started related to development: <https://www.zerotothree.org/resources/192-development-from-12-to-24-months-old-strong-positive-connections-and-interactions-fuel-learning>
2. Consider the following discussion prompts:
 - a. What are some of the major developmental milestones related to social relationships that happens during this time?
 - b. What are some of the major developmental milestones related to independence that occur during this time?
 - c. What are some of the major developmental milestones related to acquiring new knowledge and skills that occur during this time?

- d. What is the significance of everyday interactions with caregivers? Routines with caregivers?

Part 2 – Age-Expected Skills Sort

1. Divide the large group into smaller groups.
2. Give each of the small groups the developmental skills (cut out individually, so each group will receive several small pieces of paper) for all three of the child outcomes for children 13-24 months.
3. Instruct the participants to work together in their groups to discuss and organize the developmental milestones/skills in the order in which they think the skills progress within the context of the three child outcomes. The facilitator might advise the participants to look at each milestone as a group and decide which one of the three outcomes it can be categorized under. Once this process has been complete for each outcome, then the participants may want to consider discussing and organizing the milestone in order in which they typically develop within each outcome area.
4. Come together as a large group once the small groups have finished. Pass out the handouts titled, *Larimer County Age Anchoring Tools* for Outcomes 1, 2 & 3, for participant to compare their results with the tool.
5. Consider the following prompts:
 - a. How did this task help you think about child development? Child outcomes?
 - b. What was the most meaningful part of this task for you?
 - c. What was the most difficult aspect of this task for you and/or your group?
 - d. How are these skills similar or different from formal assessment tools that you administer?
 - e. How did this task further your understanding of the relationship between foundational, immediate foundational, and age-expected skills?
 - f. What are other important pieces of information that are missing from the milestones that would inform you about a child this age and his/her functioning?

ACTIVITY 5

Developmental Milestones for Children 13-24 Months

***Note to facilitator:** cut out each milestone, so that each one is on its own strip of paper; milestones in this document contain skills for all three child outcomes; there should be 58 small strips of paper for each group.

Pretends to talk on phone, feed a baby, comfort a doll, clean a spill

Discriminate between familiar and unfamiliar people

Show awareness of the feelings of others

Initiate familiar turn- taking routines

Request assistance from an adult

Hug & kiss parents

Demonstrate a functional use of objects such as trying to use a brush or drinking from a toy cup

Gives a toy to caregiver spontaneously & upon request

Has temper tantrums when frustrated

Sometimes doing the opposite of what is asked of them

Shows a wide variety of emotions i.e., fear, anger, sympathy, modesty, guilt, joy, etc.

“Checks-in” with familiar adults while playing

Resists change, transitions are difficult

Shows jealousy of attention given to others, especially own family

Uses vocalizations and words during pretend play

Plays alone for short periods

Recognizes self in photograph

Uses concept “mine” to denote possessiveness

Explores the environment independent of caregiver

Turns the pages in a book

Looks at, points to, and names pictures in a book

Imitates scribbling motions

Begins to imitate sounds often, in turn taking conversational way

Hands a toy to an adult for assistance

Identifies six body parts

Chooses two familiar objects upon request

Sorts objects by type (i.e. kitchen vs. animals)

Follows two different directions with a toy (i.e. put it in, turn it over, etc.)

Asks, “What’s that?”

Demonstrates symbolic play, using one object as a signifier for another object

Uses two-word utterance sometimes combined with gestures, to communicate

Uses three-word phrases occasionally

Imitates words overheard in conversation

Spontaneously names objects, person, and actions

Follows novel commands

Tells about a personal experience

Refers to self by name

Uses early pronouns occasionally

Removes objects while holding on to container

Places objects into large containers

Uses wider variety of gestures to communicate wants and needs

Correctly match sound to object, i.e. doorbell, telephone

Stands without support for brief periods

Walks independently with good quality, needs guidance to ascend/descend stairs on feet

Climbs up on couch or chair

Removes loose clothing partially or completely

Practices using child-sized fork and spoon to eat (non-liquids)

Tries to help with tooth brushing

Tries to take things apart

May enjoy marking/drawing on paper with crayons or other writing tools

Uses two word utterances, plus gestures, to express wants and needs

Can answer questions with “yes” or “no” using head shake, gestures or words

Expresses need for independence with doing things on own or asks for help when needed

Follows 2 or 3 step directions

Likes to imitate adult actions especially to “help out”

Garners someone’s attention or takes someone’s hand to take them to something they want or want to show them

Demonstrates more advanced movement and motor skills such as running and more proficient climbing, i.e. climbing out of the crib

Tries to wash own hands and face, comb hair

Developmental Progressions and the Child Outcome Summary (COS) Process 7-Point Rating Scale

The COS process uses a 7-point scale for rating a child's functioning in each of the three outcome areas. To determine a rating, the team must be familiar with the child's functioning in the outcome across a variety of situations and settings. The team needs to think about the many skills and behaviors that allow the child to function in an age-expected way in each outcome area. The team needs to understand the developmental progressions that lead to age-expected functioning, asking:

1. Are the skills and behaviors demonstrated what one would expect for a child this age?
2. If not, are they like those of a younger child? Are they the skills and behaviors that come just before the age-expected skills and behaviors?
3. If not, are they like those of a MUCH younger child? Are they farther away from age expected skills and behaviors? (much earlier or atypical skills and behaviors)

An important developmental concept for understanding how to use the COS 7-point scale is the concept of foundational skills. Some of the skills and behaviors that develop early serve as the foundation for later skills and behavior, or expressed another way; later skills build on earlier skills in predictable ways. Teachers and therapists can use the earlier skills to help children move to the next higher level of functioning developmentally. We refer to these earlier skills that serve as the base and are conceptually linked to the later skills, as “**foundational skills**.” For example, children play along side one another before they interact in play. Development in the early childhood years proceeds through several levels of foundational skills with skills and behavior becoming more complex and more proficient as children get older. All skills that lead to higher levels of functional are foundational skills, however, the set of skills and behavior that occur developmentally *just prior* to age-expected functioning can be described as the **immediate foundational skills** in that they are the most recent set of foundational skills that children master and move beyond.

A child whose functioning is like that of a younger child is probably showing **immediate foundational skills**. Her functioning does not meet age expectations, but she demonstrates skills and behaviors that occur developmentally just prior to age expected functioning and are the basis *on which to build* age-expected functioning.

A child whose functioning might be described as like that of a MUCH younger child does not meet age expectations, nor does she demonstrate skills and behaviors that immediately precede age-expected functioning. She has foundational skills, but not yet at an **immediate foundational** level.

It is important to note that some foundational skills get replaced by newer skills whereas others continue in children's (and adult's) repertoires throughout life. The nature of interacting with other children changes fundamentally as children get older. On the other hand, skills like making eye contact, turn-taking, and eating with a fork get incorporated into more sophisticated routines but never disappear. To identify whether functioning that continues throughout life constitutes an immediate foundational skill, ask yourself at what age one would first expect to see this functioning and how close is that to the child's current age. For instance, being able to make eye contact is not an **immediate** foundational skill for a three year old.

Example 1: Chrissa is 30 months (2 ½ years) old. Although she does not play with other children, she watches them with great interest. A child who is 30 months of age or so should play with other children, even taking turns. A younger child (18-24 months or so) would play alone, but would be very aware of other children, such as the toys another child is using, and may snatch a toy away from another child. A much younger child (12 months or so) would stay very close to his or her primary caregiver, showing early awareness of other children. Chrissa is more than aware of other children, she visually follows their play with enthusiasm. She has immediate foundational skills on which to build the next level of relationships with peers, which would involve playing with other children and turn taking.

Because it is a continuum, developmental expectations vary by age.

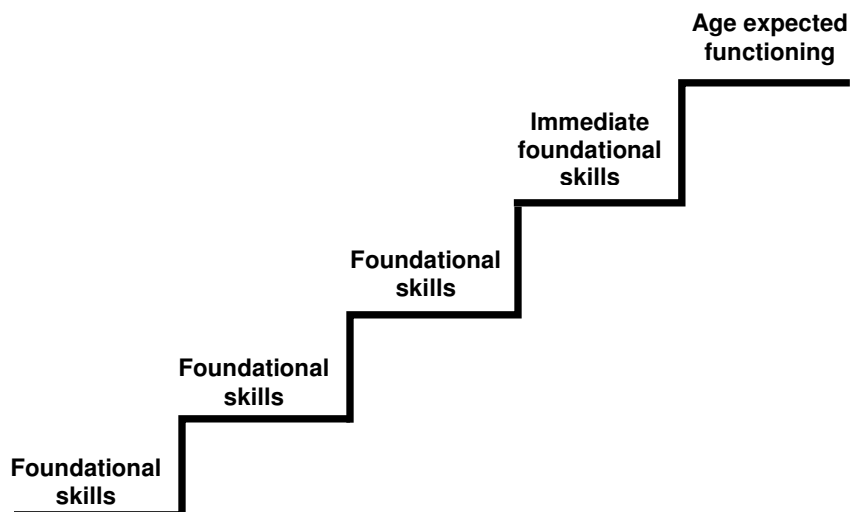
- What if Chrissa were 12 months old?
- How would you answer questions 1-3, above?
- What if Chrissa were 48 months old?

Why this is hard: child development does not progress in a neat and tidy sequence. Children spend various amounts of time in any one stage of development. Areas of development may overlap with one another. It's impossible to pin down the exact age at which every child will have achieved a specific milestone. Children manifest developmental expectations in different ways. All children follow general sequences but each child will develop in unique ways, depending upon the child's personality, context, and experiences. In determining the extent to which a child's functioning meets age expectations, the team must look at an overall pattern, rather than specific fragments, of development.

Example 2: Justin is 24 months (2 years) old. He uses a spoon, but often spills the food before it gets to his mouth. Without his mom's help he wouldn't get much to eat at mealtime. A child who is 2 should be able to meet his feeding needs without much help, using various kinds of tools, including his fingers. The younger child (toddler) experiments with tool use, but with limited success. The much younger child (infant) participates in feeding by opening his mouth, but does not attempt to feed himself.

- How would you describe Justin's skills and behaviors? Are they age-expected? Immediate foundational? Or not yet?
- What if Justin were 12 months old? How would you describe his skills and behaviors? What if he were 36 months old?

How Foundational Skills Lead to Age-Expected Functioning



Larimer County Age Anchoring Tool

Outcome 1:

Positive Social Emotional Skills....

Children demonstrate age appropriate functioning by....

<p><u>0-3 Months</u></p> <ul style="list-style-type: none"> • Fixating on the human face and maintaining gaze with caregiver • Turning their head and eyes in the direction of the parent voice • Being comforted and appearing to enjoy touch and being held by a familiar adult • Draws attention to self when in distress <p><u>4-6 Months</u></p> <ul style="list-style-type: none"> • Anticipating being lifted or fed and moving body toward adult when being approached • Smiling spontaneously to human contact, smiling in play, and smiling at self in mirror • Vocalizes to express pleasure & displeasure sounds in addition to crying/cooing • Is able to stop unexplained crying • Enjoying games with others such as “Where is your nose?” and “So Big!” 	<p><u>7-9 Months</u></p> <ul style="list-style-type: none"> • Smiling and laughing during turn-taking • Participating in simple games (pat-a-cake, peek-a-boo) • Demonstrating anticipation of play activities • Exhibiting anxious behavior around unfamiliar adults • Using gestures and vocalizing to protest • Shouting or vocalizing to gain attention • Shows anxiety over separation from parents • Repeating a behavior (shows off) to maintain adult attention <p><u>10-12 Months</u></p> <ul style="list-style-type: none"> • Imitating familiar words in turn-taking • Showing sensitivity to the mood of others • Performing for social attention • Responding to a request of “come here” • Stopping when name is called • Maintaining attention to speaker 	<p><u>13-18 Months</u></p> <ul style="list-style-type: none"> • Pretending to talk on phone, feed a baby, comfort a doll, clean a spill • Discriminating between familiar and unfamiliar people • Showing awareness of the feelings of others • Initiating familiar turn-taking routines • Requesting assistance from an adult • Hugs & kisses parents • Demonstrating a functional use of objects such as trying to use a brush or drinking from a toy cup • Gives a toy to caregiver spontaneously & upon request • Having temper tantrums when frustrated • Sometimes doing the opposite of what is asked of them <p><u>19-24 Months</u></p> <ul style="list-style-type: none"> • Shows a wide variety of emotions i.e., fear, anger, sympathy, modesty, guilt, joy 	<p><u>25 – 30 Months</u></p> <ul style="list-style-type: none"> • Being apt to snatch, push, kick, rather than give and take in polite fashion • Throwing tantrums when frustrated • Showing facial expression and behavior indicating pity, shame and modesty • Being restless, rebellious and very active at times • Becoming resistant and dawdling at times • Separates easily in familiar surroundings • Wanting to do favorite activities over and over again • Continuing to try a difficult task for a brief period of time (building with blocks for 3 to 5 minutes) • Insisting on some choices (food, clothing, appearance) • Seeking and accepting assistance when encountering difficulties • Inventing new uses for everyday materials with assistance (using a box for a house) • May develop sudden fears (i.e. large animals) 	<p><u>31 – 36 Months</u></p> <ul style="list-style-type: none"> • Observing other children at play; may join in for a few minutes • Playing well with two or three children in group • Having difficulty sharing • Showing facial expressions and behaviors indicating pity, shame, modesty • Sometimes being restless, rebellious, very active • Becoming resistant, dawdles • Throwing tantrums when thwarted or unable to express urgent needs • Objecting to major changes in routines • Verbalizing play plan for assigned role (“I am mother” “You be baby” “I cook” “You watch TV”) • Verbalizing play plan and using pretend props which are identified for benefit of adult (“This is our house (box)”) • Following simple rules • Taking turns in games • Listening and participating in group activities with adult supervision • Enjoying opportunities for pretend play and creating things (crafts, art)
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Outcome 1:

Positive Social Emotional Skills....

Children demonstrate age appropriate functioning by...

<u>4-6 Months (continued)</u>	<u>10-12 Months (continued)</u>	<u>19-24 Months (continued)</u>	<u>25-30 Months (continued)</u>	<u>31-36 Months (continued)</u>
<ul style="list-style-type: none"> Vocalizing in response to babbling behavior, vocalizations and speech produced by an adult 	<ul style="list-style-type: none"> Responding with gesture to “come up” or “want up” Waving in response to “bye-bye” Saying “mama” or “dada” meaningfully Using a word to call a person Pushing or pulling an adult’s hand to have a behavior instigated or repeated Showing attachment to favorite toy or blanket Expressing two or more emotions (pleasure, fear, sadness) Briefly stopping behavior when told “no” 	<ul style="list-style-type: none"> “Checking-in” with familiar adults while playing Resisting change, transitions are difficult Show jealousy of attention given to others, especially own family Using vocalizations and words during pretend play Playing alone for short periods Recognizes self in photograph Uses concept “mine” to denote possessiveness 	<ul style="list-style-type: none"> Displaying understanding of how objects work together (gets the dustpan when adult is sweeping the floor) Substituting similar objects (uses boxes for blocks) Realizing that behaviors can precede events (if mom takes things out the refrigerator and turns on the stove, she is going to cook lunch) Attempting to comfort others in distress Addressing listener appropriately to get attention (uses child’s or adult’s name to get attention) 	<ul style="list-style-type: none"> Altering behavior based on a past event and builds on it (“this didn’t work, so I will try this”) Relating an experience today to one that happened in the past (i.e. when Grandma comes over the dog has to be in the crate) Saying “please” and “thank you” when reminded Stating whether they are a boy or a girl Begins to obey and respect simple rules Takes pride in achievements Resists change, may want things done the same way May be able to participate in games that involve following simple directions and taking turns (i.e. “Duck, Duck, Goose”)

Larimer County Age Anchoring Tool

Outcome 2:

Acquiring and Using Knowledge and Skills....

Children demonstrate age appropriate functioning by....

<u>Birth – 3 Months</u>	<u>7-9 Months</u>	<u>13- 18 Months</u>	<u>25 – 30 Months</u>	<u>31 – 36 Months</u>
<ul style="list-style-type: none"> Lifts head while on tummy Clasping hands together and hands to mouth Grasping finger if placed in palm Kicking legs while lying on back Begins cooing <p><u>4-6 months</u></p> <ul style="list-style-type: none"> Beginning to reach for objects Looking to place on body where being touched Trying to cause things to happen such as kicking a mobile and smiling Dropping a ball and observing the fall Developing more precise imitation skills of facial movements and speech sounds Securing an object that is partially hidden with a cloth Pushing up through extended arms while on tummy 	<ul style="list-style-type: none"> Shows desire to get to things that are not within reach Sitting unsupported while playing with toys Plays 2-3 minutes with a single toy Reaching for and grasping blocks or other small toys Reaching for objects while on tummy <p><u>10-12 months</u></p> <ul style="list-style-type: none"> Pointing with index finger Imitating behaviors initiated by caregiver (playing peek-a-boo; smiling and laughing during turn-taking; or attempting to name pictures and objects) Banging blocks and other small toys together Repeatedly throwing or dropping objects to watch the movement Stirring with a spoon in a cup Banging a spoon on inverted cup or tabletop 	<ul style="list-style-type: none"> Explores the environment independent of caregiver Turning the pages in a book Looking at, pointing to, and naming pictures in a book Imitating scribbling motions Initiating familiar turn-taking routines Begins to imitate sounds often, in turn taking conversational way Pointing to two action words in pictures Pointing to, showing, and giving an object Handing a toy to an adult for assistance <p><u>19-24 months</u></p> <ul style="list-style-type: none"> Identifying six body parts Choosing two familiar objects upon request Sorts objects by type (i.e. kitchen vs. animals) Can follow two different directions with a toy (i.e. put it in, turn it over, etc) 	<ul style="list-style-type: none"> Liking to take things apart and put them together again (puzzles, toys) Following caregiver around the house and copying domestic activities in simultaneous play Identifying boy or girl in picture book Making doll/toy act on self as though capable of performing actions independent of child (placing brush in doll's arms, than moving the doll's arm as if doll is combing hair) Communicating about the actions of others Answering simple "what", "where" questions about familiar people or things Asking increasing numbers of questions ("where/what") Understanding negatives (no, not, can't, don't) Formulating negative judgments ("spoon, not fork") Recognizes at least one color correctly 	<ul style="list-style-type: none"> Understanding concepts of "mine" and "his/hers" Telling gender when asked Sometimes labeling and talking about own drawings when asked Giving first and last name when asked Using several verb forms correctly to describe a variety of actions (i.e. ing, ed) Expanding use of prepositions (under, in front of, behind) Understanding common adjectives of color, size, and shape Showing interest in explanations that involve "why" and "how" Using 4 to 6 word phrases or sentences Making negative statements ("Can't open it," "Don't touch") Beginning to use contractions (can't, we'll, won't) Using some plural forms correctly in speech Using the past tense Dictating a story for adult to write out

Outcome 2:

Acquiring and Using Knowledge and Skills...

Children demonstrate age appropriate functioning by....

<u>4-6 Months (continued)</u>	<u>10-12 Months (continued)</u>	<u>19-24 Months (continued)</u>	<u>25-30 Months (continued)</u>	<u>31-36 Months (continued)</u>
<ul style="list-style-type: none"> • Repeating arm movements to keep a toy activated, keep mom singing, or causal event • Visually studies hands and objects, looks at mirror image 	<ul style="list-style-type: none"> • Demonstrates emerging problem solving skills such as (placing objects in the mouth and mouthing; pushing or pulling adult's hands to have a behavior instigated or repeated; turning a picture or mirror over to view the functional side; rotating three-dimensional objects to view the functional side; using a hammer or stick to play a xylophone • Singing along with a familiar song • Using gestures and/or vocalizing (grunts/whines) to protest • Shouting or vocalizing to gain attention • Responding to a request to "come here" • Maintaining attention to speaker • Responding with gesture to "come up" or "want up" 	<ul style="list-style-type: none"> • Asking "What's that?" • Demonstrating symbolic play, using one object as a signifier for another object • Attempting to repair broken toys • Choosing one object from a group of five upon verbal request • Stacking 5 or 6 blocks • Using two word utterance sometimes combined with gestures, to communicate • Using three-word phrases occasionally • Imitating words overheard in conversation • Naming 5 to 7 objects upon request • Using new words regularly (adding 2 to 5 words a week) • Spontaneously naming objects, person, and actions • Following novel commands • Tells about a personal experience 	<ul style="list-style-type: none"> • Understanding simple possessive forms (daddy's shirt) • Understanding complex sentences ("when we get to the store, I'll buy you an ice cream cone") • Pointing to smaller parts of the body when asked (chin, elbow) • Recognizing and identifying general family names/categories (Grandma, Uncle) • Recognizing the names and pictures of most common objects • Understanding word association through functional association ("what do you drink with?", "What do you sleep on?", "What do you brush your teeth with?") • Understanding size difference (little dog, large dog) • Following directions involving common prepositions (in, on, behind, out) • Enjoying finger plays (songs and games that use hands) 	<ul style="list-style-type: none"> • Performing multi-step tasks when playing (takes money, rings cash register, puts money in drawer) • Beginning to use inductive reasoning (if you do this, that happens) • Expressing understanding of cause and effect (it's quiet because you turned off the music) • Copying a circle • Drawing a simple face • Matching three colors • Matching objects by color, shape and size

Outcome 2:

Acquiring and Using Knowledge and Skills...

Children demonstrate age appropriate functioning by....

<u>4-6 Months (continued)</u>	<u>10-12 Months (continued)</u>	<u>19-24 Months (continued)</u>	<u>25-30 Months (continued)</u>	<u>31-36 Months (continued)</u>
	<ul style="list-style-type: none"> • Waving in response to “bye-bye” • Saying “mama” or “dada” meaningfully • Imitating consonant and vowel combinations • Imitating non-speech sounds • Vocalizing with intent frequently • Using a word to call a person • Giving objects upon verbal request • Performing a routine activity upon verbal request • Looking at familiar objects and people when named • Understanding simple questions • Identifying two body parts on self • Demonstrating intense attention to adult language 	<ul style="list-style-type: none"> • Referring to self by name • Using early pronouns occasionally • Engaging in adult-like dialogue • Uses speech understood by others 50% of the time • Using sentence-like intonation patterns • Makes a horizontal and vertical stroke with crayon 	<ul style="list-style-type: none"> • Attempting to locate objects when they are discussed by others • Speaking in 2 or 3 word sentences; jargon and speaking by imitation only are almost gone • Often using personal pronouns (I, you, he, it, me) correctly • Using regular plurals (cats, dogs, balls) • Beginning to recall parts of a previously heard story • Requesting to hear familiar stories • Changing intonation and tone to communicate meaning • Understanding “one”, “all” (“Give me one block”) • Matching an object to a picture • Matching simple shapes such as a circle, square and triangle 	

Larimer County Age Anchoring Tool

Outcome 3:

Taking Appropriate Actions to Meet Needs....

Children demonstrate age appropriate functioning by....

<u>0-3 Months</u>	<u>7-9 Months</u>	<u>13-18 Months</u>	<u>25 – 30 Months</u>	<u>31 – 36 Months</u>
<ul style="list-style-type: none"> • Hands begin to open more and rest in open position • Holds small objects or toys when placed in hand • Follows moving object in range of 30 degrees either side of midline (object 10-12" away from baby's face) • Responds to loud noise with startle or upset • Responds to human voice more readily than any other sound • Begins to produce different cries for different reasons • Turning head to either side when lying on back • Rooting-reflexive turning of mouth toward hand rubbing cheek • Lifting and rotating head when lying on tummy or when held at shoulder 	<ul style="list-style-type: none"> • Holds an object in each hand and bangs them together • Reaches for objects with either hand, one at a time, when lying on tummy • Rakes at tinier objects with fingers • Turns to look when name is called • Begins to imitate sounds, often in turn-taking, conversational way • Moves body to music • Shows desire to get to things that are not within reach • Rolling in both directions and may use sequential rolling to get somewhere • Crawling on belly using both arms and legs symmetrically to propel 3+ feet • Pulls up into standing position when helped with your hands and supports all of weight on legs 	<ul style="list-style-type: none"> • Able to pick up objects of all sorts of sizes and weights using either hand and precision with fingers • Removes objects while holding on to container • Places objects into large containers • Uses wider variety of gestures to communicate wants and needs • Begins to say words for the most familiar thing or people • Follows simple directions, i.e. "Let's go to the kitchen.", "Find your shoes." • Can correctly match sound to object, i.e. doorbell, telephone • Stands without support for brief periods • Walks independently with good quality, needs guidance to ascend/descend stairs on feet • Climbs up on couch or chair • Removes loose clothing partially or completely 	<ul style="list-style-type: none"> • Opens doors by handle/knob • Turning knobs on objects like radio or TV • Catching ball (by trapping against body) when playing with adult or peer • Knows where things are kept • Puts things away to help clean up • Uses non-verbal gestures and body language to express needs and feelings (hugs, hands on hips, etc.) • Progressively more articulate with language to express thoughts and desires • Walks up steps, alternating feet while holding rail or hand for support • Sits on riding toys and pushes with feet; may ride tricycle • Swings leg to kick stationary ball • Plays on outdoor play structures (climbing, sliding) • Attempts to jump with two feet together • Puts on socks, coat and shirt 	<ul style="list-style-type: none"> • Can problem solve and carry out a plan for getting something they need or want, i.e. while mom is distracted, gets forbidden marker out of desk drawer; prepares own simple snack like getting crackers and putting in bowl. • Follows simple rules • Separates easily from mother in familiar environment • Hops in place on one foot (either foot) three time without losing balance • Stands on one foot (either foot) for three seconds • Jumps over object, i.e. string/rope, that is two inches high • Walks upstairs alternating feet • Walks downstairs four steps without support, placing both feet on each step • Can dress and undress independently, including unbuttoning buttons, with few exceptions • Asserts food preferences and recognizes what they are and are not allowed to eat • Gets drink from fountain • Follows basic health practices when reminded (washing/drying hands, brushing teeth)

Outcome 3:

Taking Appropriate Actions to Meet Needs....

Children demonstrate age appropriate functioning by...

<p><u>Birth - 3 Months (continued)</u></p> <ul style="list-style-type: none"> • Primary Standing-moving legs into extension for weight bearing when held upright (standing height) with feet contacting surface • Walking-reflexive stepping when held upright with feet contacting surface, lifts feet alternatively in walking-like motion • Kicks feet in bicycle motion when lying on back <p><u>4-6 Months</u></p> <ul style="list-style-type: none"> • Brings hands together in midline over chest when lying on back, i.e. places hands on bottle while eating, playing with own hands held together over chest • Begins to reach and grasp or bat at objects, shakes or bangs toys on surface • Brings objects to mouth, i.e. toys, pacifier, bottle (when not so full) • Moves objects back and forth from one hand to the other 	<p><u>7-9 Months (continued)</u></p> <ul style="list-style-type: none"> • Sitting on own once placed in that position to play • Begins to participate when being dressed, pulls off socks or hat • Grabs for spoon/cup when being fed <p><u>10-12 Months</u></p> <ul style="list-style-type: none"> • Points with index finger and activates toys using one finger • Begins to develop more refined grasp using tips of finger and thumb to pick up much smaller things with precision • Learns to voluntarily let go of what is being held, may throw objects • Raises arms up when wanting to be picked up • Expresses full range of emotion including resistive behavior • Raises self to sitting position • Creeps on hands and knees to get around • Pulls up on furniture • Cruises along furniture and/or walks with hands-on help 	<p><u>13-18 Months (continued)</u></p> <ul style="list-style-type: none"> • Practices using child-sized fork and spoon to eat (non-liquids) • Tries to help with tooth brushing <p><u>19-24 Months</u></p> <ul style="list-style-type: none"> • Tries to take things apart • May enjoy marking/drawing on paper with crayons or other writing tools • Begins to place objects in containers with smaller openings • Uses two word utterances, plus gestures, to express wants and needs • Can answer questions with “yes” or “no” using head shake, gestures or words • Expresses need for independence with doing things on own or asks for help when needed • Follows 2 or 3 step directions • Likes to imitate adult actions especially to “help out” 	<p><u>25 – 30 Months (continued)</u></p> <ul style="list-style-type: none"> • Takes off own shoes, socks, and some pants as well as other unfastened garments • Uses fork to spear bite sized chunks of food • Knows which faucet is hot and cold • Washes self in bath • Interested in trying potty while still predominantly wearing diapers 	<p><u>31 – 36 Months</u></p> <ul style="list-style-type: none"> • Verbalizes toilet needs fairly consistently • Shows daytime control of toileting needs with occasional accidents
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Outcome 3:

Taking Appropriate Actions to Meet Needs....

Children demonstrate age appropriate functioning by....

<u>4-6 Months (continued)</u>	<u>10-12 Months</u>	<u>19-24 Months (continued)</u>	<u>25 – 30 Months (continued)</u>	<u>31 – 36 Months (continued)</u>
<ul style="list-style-type: none"> • Babbles with wide variety of sounds • Rolling-tummy to back (over either L/R side) often comes before back to tummy • Raises head and shoulders by resting on forearms/hands when on tummy to look around • Sits with less and less support, tries to prop forward on arms to stay sitting or tries to raise self to sitting when leaning back, as in the car seat • Reaches for and plays with feet • Holds head up well in many positions to be able to see all around • Enjoys bath-keeps eyes open and indicates pleasure when placed in warm water or plays by splashing 	<ul style="list-style-type: none"> • Tries to climb to get to higher surfaces, crawls up stairs • Fusses when uncomfortable in diaper • Feeds self with fingers/sippy cup and tries to use small utensils 	<ul style="list-style-type: none"> • Garners someone's attention or takes someone's hand to take them to something they want or want to show them • Demonstrates more advanced movement and motor skills such as running and more proficient climbing, i.e. climbing out of the crib • Attempts to jump down from step or raised surface • Positions body more automatically to help put on clothing • More developed skills with spoon and fork, less spilling • Tries to wash own hands and face, comb hair 		

ACTIVITY 6

Age-Expected Skills: 25-36 Months

Activity Purpose: The purpose of this activity is for participants to continue to apply their knowledge of typical child development in relationship to the three Child Outcomes for a child between the ages of 25-36 months. Furthermore, this activity will promote and/or refine the participants' understanding of how to use the Age Anchoring Tools to support the process of determining a rating.

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

Estimated Time: 30-45 minutes

Materials:

- Handouts:
 - *Case Study – Kayla*
 - *Developmental Progressions and the Child Outcome Summary (COS) Process 7-Point Rating Scale*
 - *Outcome 1 Larimer County Age Anchoring Tool*
 - *Outcome 2 Larimer County Age Anchoring Tool*
 - *Outcome 3 Larimer County Age Anchoring Tool*
 - *Understanding Child Functioning Reflection*

Activity Instructions:

Part 1 – Kayla

1. Pass out the following handouts to the participants:
 - a. *Case Study – Kayla*
 - b. *Developmental Progressions and the Child Outcome Summary (COS) Process 7-Point Rating Scale*
 - c. *Larimer County Age Anchoring Tools* for Outcomes 1, 2 & 3
2. Instruct the participants to read over the case study and then get into pairs.
3. Ask each pair to complete the application questions within the case study document.
4. Reconvene as a large group and consider asking the following questions:
 - a. What questions might you want to ask the caregiver and early intervention professionals?
 - b. What conclusions did you come to for each of the three Child Outcomes?
 - c. Walk us through the process that led you to your conclusion for each of the outcomes.
 - d. How were the resources helpful?

***Note to facilitator:** save the group's consensus (foundational, immediate foundational or age-expected) for each of the three outcomes as you will revisit this case study in a future session.

Part 2 – Reflection

1. Pass out the corresponding reflection handout titled, *Understanding Child Functioning Reflection*.
2. Encourage participants to individually reflect on their understanding of the importance of child functioning, terminology, such as foundational, immediate foundational and age-expected, as well as the three Child Outcomes.
3. The results of these reflections will inform how the facilitator/s adjust future sessions to provide individualized support for their specific provider group.

ACTIVITY 6

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. Based on the information above, what other questions might you have for Kayla's family and early intervention team?
2. Using the anchoring tools, how would you classify Kayla's functional skills for Child Outcomes 1, 2 and 3 (foundational, immediate foundational and age-expected)? Explain the rationale for your decisions.
3. Identify the skills that came before Kayla's current skills/behaviors for each outcome area and the skills/behaviors that will come after.

ACTIVITY 6

Understanding Child Functioning Reflection

Participant's Name: _____ Date: _____

1. Why is it important to discuss and support child functioning in early intervention?
2. What's the most important resource/strategy/piece of information/practice, etc. that you've added to your 'set of tools' related to child functioning?
3. How has your understanding and application of language associated with the COS process (foundational, immediate foundational and age-expected) changed over the last several sessions?

Developmental Progressions and the Child Outcome Summary (COS) Process 7-Point Rating Scale

The COS process uses a 7-point scale for rating a child's functioning in each of the three outcome areas. To determine a rating, the team must be familiar with the child's functioning in the outcome across a variety of situations and settings. The team needs to think about the many skills and behaviors that allow the child to function in an age-expected way in each outcome area. The team needs to understand the developmental progressions that lead to age-expected functioning, asking:

1. Are the skills and behaviors demonstrated what one would expect for a child this age?
2. If not, are they like those of a younger child? Are they the skills and behaviors that come just before the age-expected skills and behaviors?
3. If not, are they like those of a MUCH younger child? Are they farther away from age expected skills and behaviors? (much earlier or atypical skills and behaviors)

An important developmental concept for understanding how to use the COS 7-point scale is the concept of foundational skills. Some of the skills and behaviors that develop early serve as the foundation for later skills and behavior, or expressed another way; later skills build on earlier skills in predictable ways. Teachers and therapists can use the earlier skills to help children move to the next higher level of functioning developmentally. We refer to these earlier skills that serve as the base and are conceptually linked to the later skills, as “**foundational skills**.” For example, children play along side one another before they interact in play. Development in the early childhood years proceeds through several levels of foundational skills with skills and behavior becoming more complex and more proficient as children get older. All skills that lead to higher levels of functional are foundational skills, however, the set of skills and behavior that occur developmentally *just prior* to age-expected functioning can be described as the **immediate foundational skills** in that they are the most recent set of foundational skills that children master and move beyond.

A child whose functioning is like that of a younger child is probably showing **immediate foundational skills**. Her functioning does not meet age expectations, but she demonstrates skills and behaviors that occur developmentally just prior to age expected functioning and are the basis *on which to build* age-expected functioning.

A child whose functioning might be described as like that of a MUCH younger child does not meet age expectations, nor does she demonstrate skills and behaviors that immediately precede age-expected functioning. She has foundational skills, but not yet at an **immediate foundational** level.

It is important to note that some foundational skills get replaced by newer skills whereas others continue in children's (and adult's) repertoires throughout life. The nature of interacting with other children changes fundamentally as children get older. On the other hand, skills like making eye contact, turn-taking, and eating with a fork get incorporated into more sophisticated routines but never disappear. To identify whether functioning that continues throughout life constitutes an immediate foundational skill, ask yourself at what age one would first expect to see this functioning and how close is that to the child's current age. For instance, being able to make eye contact is not an **immediate** foundational skill for a three year old.

Example 1: Chrissa is 30 months (2 ½ years) old. Although she does not play with other children, she watches them with great interest. A child who is 30 months of age or so should play with other children, even taking turns. A younger child (18-24 months or so) would play alone, but would be very aware of other children, such as the toys another child is using, and may snatch a toy away from another child. A much younger child (12 months or so) would stay very close to his or her primary caregiver, showing early awareness of other children. Chrissa is more than aware of other children, she visually follows their play with enthusiasm. She has immediate foundational skills on which to build the next level of relationships with peers, which would involve playing with other children and turn taking.

Because it is a continuum, developmental expectations vary by age.

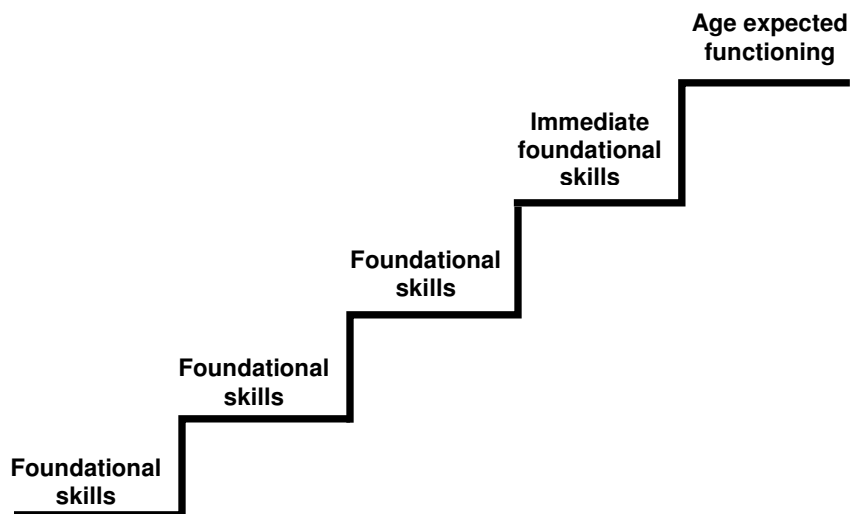
- What if Chrissa were 12 months old?
- How would you answer questions 1-3, above?
- What if Chrissa were 48 months old?

Why this is hard: child development does not progress in a neat and tidy sequence. Children spend various amounts of time in any one stage of development. Areas of development may overlap with one another. It's impossible to pin down the exact age at which every child will have achieved a specific milestone. Children manifest developmental expectations in different ways. All children follow general sequences but each child will develop in unique ways, depending upon the child's personality, context, and experiences. In determining the extent to which a child's functioning meets age expectations, the team must look at an overall pattern, rather than specific fragments, of development.

Example 2: Justin is 24 months (2 years) old. He uses a spoon, but often spills the food before it gets to his mouth. Without his mom's help he wouldn't get much to eat at mealtime. A child who is 2 should be able to meet his feeding needs without much help, using various kinds of tools, including his fingers. The younger child (toddler) experiments with tool use, but with limited success. The much younger child (infant) participates in feeding by opening his mouth, but does not attempt to feed himself.

- How would you describe Justin's skills and behaviors? Are they age-expected? Immediate foundational? Or not yet?
- What if Justin were 12 months old? How would you describe his skills and behaviors? What if he were 36 months old?

How Foundational Skills Lead to Age-Expected Functioning



Larimer County Age Anchoring Tool

Outcome 1:

Positive Social Emotional Skills....

Children demonstrate age appropriate functioning by....

<p><u>0-3 Months</u></p> <ul style="list-style-type: none"> • Fixating on the human face and maintaining gaze with caregiver • Turning their head and eyes in the direction of the parent voice • Being comforted and appearing to enjoy touch and being held by a familiar adult • Draws attention to self when in distress <p><u>4-6 Months</u></p> <ul style="list-style-type: none"> • Anticipating being lifted or fed and moving body toward adult when being approached • Smiling spontaneously to human contact, smiling in play, and smiling at self in mirror • Vocalizes to express pleasure & displeasure sounds in addition to crying/cooing • Is able to stop unexplained crying • Enjoying games with others such as “Where is your nose?” and “So Big!” 	<p><u>7-9 Months</u></p> <ul style="list-style-type: none"> • Smiling and laughing during turn-taking • Participating in simple games (pat-a-cake, peek-a-boo) • Demonstrating anticipation of play activities • Exhibiting anxious behavior around unfamiliar adults • Using gestures and vocalizing to protest • Shouting or vocalizing to gain attention • Shows anxiety over separation from parents • Repeating a behavior (shows off) to maintain adult attention <p><u>10-12 Months</u></p> <ul style="list-style-type: none"> • Imitating familiar words in turn-taking • Showing sensitivity to the mood of others • Performing for social attention • Responding to a request of “come here” • Stopping when name is called • Maintaining attention to speaker 	<p><u>13-18 Months</u></p> <ul style="list-style-type: none"> • Pretending to talk on phone, feed a baby, comfort a doll, clean a spill • Discriminating between familiar and unfamiliar people • Showing awareness of the feelings of others • Initiating familiar turn-taking routines • Requesting assistance from an adult • Hugs & kisses parents • Demonstrating a functional use of objects such as trying to use a brush or drinking from a toy cup • Gives a toy to caregiver spontaneously & upon request • Having temper tantrums when frustrated • Sometimes doing the opposite of what is asked of them <p><u>19-24 Months</u></p> <ul style="list-style-type: none"> • Shows a wide variety of emotions i.e., fear, anger, sympathy, modesty, guilt, joy 	<p><u>25 – 30 Months</u></p> <ul style="list-style-type: none"> • Being apt to snatch, push, kick, rather than give and take in polite fashion • Throwing tantrums when frustrated • Showing facial expression and behavior indicating pity, shame and modesty • Being restless, rebellious and very active at times • Becoming resistant and dawdling at times • Separates easily in familiar surroundings • Wanting to do favorite activities over and over again • Continuing to try a difficult task for a brief period of time (building with blocks for 3 to 5 minutes) • Insisting on some choices (food, clothing, appearance) • Seeking and accepting assistance when encountering difficulties • Inventing new uses for everyday materials with assistance (using a box for a house) • May develop sudden fears (i.e. large animals) 	<p><u>31 – 36 Months</u></p> <ul style="list-style-type: none"> • Observing other children at play; may join in for a few minutes • Playing well with two or three children in group • Having difficulty sharing • Showing facial expressions and behaviors indicating pity, shame, modesty • Sometimes being restless, rebellious, very active • Becoming resistant, dawdles • Throwing tantrums when thwarted or unable to express urgent needs • Objecting to major changes in routines • Verbalizing play plan for assigned role (“I am mother” “You be baby” “I cook” “You watch TV”) • Verbalizing play plan and using pretend props which are identified for benefit of adult (“This is our house (box)”) • Following simple rules • Taking turns in games • Listening and participating in group activities with adult supervision • Enjoying opportunities for pretend play and creating things (crafts, art)
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Outcome 1:

Positive Social Emotional Skills....

Children demonstrate age appropriate functioning by...

<u>4-6 Months (continued)</u>	<u>10-12 Months (continued)</u>	<u>19-24 Months (continued)</u>	<u>25-30 Months (continued)</u>	<u>31-36 Months (continued)</u>
<ul style="list-style-type: none"> Vocalizing in response to babbling behavior, vocalizations and speech produced by an adult 	<ul style="list-style-type: none"> Responding with gesture to “come up” or “want up” Waving in response to “bye-bye” Saying “mama” or “dada” meaningfully Using a word to call a person Pushing or pulling an adult’s hand to have a behavior instigated or repeated Showing attachment to favorite toy or blanket Expressing two or more emotions (pleasure, fear, sadness) Briefly stopping behavior when told “no” 	<ul style="list-style-type: none"> “Checking-in” with familiar adults while playing Resisting change, transitions are difficult Show jealousy of attention given to others, especially own family Using vocalizations and words during pretend play Playing alone for short periods Recognizes self in photograph Uses concept “mine” to denote possessiveness 	<ul style="list-style-type: none"> Displaying understanding of how objects work together (gets the dustpan when adult is sweeping the floor) Substituting similar objects (uses boxes for blocks) Realizing that behaviors can precede events (if mom takes things out the refrigerator and turns on the stove, she is going to cook lunch) Attempting to comfort others in distress Addressing listener appropriately to get attention (uses child’s or adult’s name to get attention) 	<ul style="list-style-type: none"> Altering behavior based on a past event and builds on it (“this didn’t work, so I will try this”) Relating an experience today to one that happened in the past (i.e. when Grandma comes over the dog has to be in the crate) Saying “please” and “thank you” when reminded Stating whether they are a boy or a girl Begins to obey and respect simple rules Takes pride in achievements Resists change, may want things done the same way May be able to participate in games that involve following simple directions and taking turns (i.e. “Duck, Duck, Goose”)

Larimer County Age Anchoring Tool

Outcome 2:

Acquiring and Using Knowledge and Skills....

Children demonstrate age appropriate functioning by....

Birth – 3 Months

- Lifts head while on tummy
- Clasp hands together and hands to mouth
- Grasping finger if placed in palm
- Kicking legs while lying on back
- Begins cooing

4-6 months

- Beginning to reach for objects
- Looking to place on body where being touched
- Trying to cause things to happen such as kicking a mobile and smiling
- Dropping a ball and observing the fall
- Developing more precise imitation skills of facial movements and speech sounds
- Securing an object that is partially hidden with a cloth
- Pushing up through extended arms while on tummy

7-9 Months

- Shows desire to get to things that are not within reach
- Sitting unsupported while playing with toys
- Plays 2-3 minutes with a single toy
- Reaching for and grasping blocks or other small toys
- Reaching for objects while on tummy

10-12 months

- Pointing with index finger
- Imitating behaviors initiated by caregiver (playing peek-a-boo; smiling and laughing during turn-taking; or attempting to name pictures and objects)
- Banging blocks and other small toys together
- Repeatedly throwing or dropping objects to watch the movement
- Stirring with a spoon in a cup
- Banging a spoon on inverted cup or tabletop

13- 18 Months

- Explores the environment independent of caregiver
- Turning the pages in a book
- Looking at, pointing to, and naming pictures in a book
- Imitating scribbling motions
- Initiating familiar turn-taking routines
- Begins to imitate sounds often, in turn taking conversational way
- Pointing to two action words in pictures
- Pointing to, showing, and giving an object
- Handing a toy to an adult for assistance

19-24 months

- Identifying six body parts
- Choosing two familiar objects upon request
- Sorts objects by type (i.e. kitchen vs. animals)
- Can follow two different directions with a toy (i.e. put it in, turn it over, etc)

25 – 30 Months

- Liking to take things apart and put them together again (puzzles, toys)
- Following caregiver around the house and copying domestic activities in simultaneous play
- Identifying boy or girl in picture book
- Making doll/toy act on self as though capable of performing actions independent of child (placing brush in doll's arms, than moving the doll's arm as if doll is combing hair)
- Communicating about the actions of others
- Answering simple "what", "where" questions about familiar people or things
- Asking increasing numbers of questions ("where/what")
- Understanding negatives (no, not, can't, don't)
- Formulating negative judgments ("spoon, not fork")
- Recognizes at least one color correctly

31 – 36 Months

- Understanding concepts of "mine" and "his/hers"
- Telling gender when asked
- Sometimes labeling and talking about own drawings when asked
- Giving first and last name when asked
- Using several verb forms correctly to describe a variety of actions (i.e. ing, ed)
- Expanding use of prepositions (under, in front of, behind)
- Understanding common adjectives of color, size, and shape
- Showing interest in explanations that involve "why" and "how"
- Using 4 to 6 word phrases or sentences
- Making negative statements ("Can't open it," "Don't touch")
- Beginning to use contractions (can't, we'll, won't)
- Using some plural forms correctly in speech
- Using the past tense
- Dictating a story for adult to write out

Outcome 2:

Acquiring and Using Knowledge and Skills...

Children demonstrate age appropriate functioning by....

<u>4-6 Months (continued)</u>	<u>10-12 Months (continued)</u>	<u>19-24 Months (continued)</u>	<u>25-30 Months (continued)</u>	<u>31-36 Months (continued)</u>
<ul style="list-style-type: none"> • Repeating arm movements to keep a toy activated, keep mom singing, or causal event • Visually studies hands and objects, looks at mirror image 	<ul style="list-style-type: none"> • Demonstrates emerging problem solving skills such as (placing objects in the mouth and mouthing; pushing or pulling adult's hands to have a behavior instigated or repeated; turning a picture or mirror over to view the functional side; rotating three-dimensional objects to view the functional side; using a hammer or stick to play a xylophone • Singing along with a familiar song • Using gestures and/or vocalizing (grunts/whines) to protest • Shouting or vocalizing to gain attention • Responding to a request to "come here" • Maintaining attention to speaker • Responding with gesture to "come up" or "want up" 	<ul style="list-style-type: none"> • Asking "What's that?" • Demonstrating symbolic play, using one object as a signifier for another object • Attempting to repair broken toys • Choosing one object from a group of five upon verbal request • Stacking 5 or 6 blocks • Using two word utterance sometimes combined with gestures, to communicate • Using three-word phrases occasionally • Imitating words overheard in conversation • Naming 5 to 7 objects upon request • Using new words regularly (adding 2 to 5 words a week) • Spontaneously naming objects, person, and actions • Following novel commands • Tells about a personal experience 	<ul style="list-style-type: none"> • Understanding simple possessive forms (daddy's shirt) • Understanding complex sentences ("when we get to the store, I'll buy you an ice cream cone") • Pointing to smaller parts of the body when asked (chin, elbow) • Recognizing and identifying general family names/categories (Grandma, Uncle) • Recognizing the names and pictures of most common objects • Understanding word association through functional association ("what do you drink with?", "What do you sleep on?", "What do you brush your teeth with?") • Understanding size difference (little dog, large dog) • Following directions involving common prepositions (in, on, behind, out) • Enjoying finger plays (songs and games that use hands) 	<ul style="list-style-type: none"> • Performing multi-step tasks when playing (takes money, rings cash register, puts money in drawer) • Beginning to use inductive reasoning (if you do this, that happens) • Expressing understanding of cause and effect (it's quiet because you turned off the music) • Copying a circle • Drawing a simple face • Matching three colors • Matching objects by color, shape and size

Outcome 2:

Acquiring and Using Knowledge and Skills...

Children demonstrate age appropriate functioning by....

<u>4-6 Months (continued)</u>	<u>10-12 Months (continued)</u>	<u>19-24 Months (continued)</u>	<u>25-30 Months (continued)</u>	<u>31-36 Months (continued)</u>
	<ul style="list-style-type: none"> • Waving in response to “bye-bye” • Saying “mama” or “dada” meaningfully • Imitating consonant and vowel combinations • Imitating non-speech sounds • Vocalizing with intent frequently • Using a word to call a person • Giving objects upon verbal request • Performing a routine activity upon verbal request • Looking at familiar objects and people when named • Understanding simple questions • Identifying two body parts on self • Demonstrating intense attention to adult language 	<ul style="list-style-type: none"> • Referring to self by name • Using early pronouns occasionally • Engaging in adult-like dialogue • Uses speech understood by others 50% of the time • Using sentence-like intonation patterns • Makes a horizontal and vertical stroke with crayon 	<ul style="list-style-type: none"> • Attempting to locate objects when they are discussed by others • Speaking in 2 or 3 word sentences; jargon and speaking by imitation only are almost gone • Often using personal pronouns (I, you, he, it, me) correctly • Using regular plurals (cats, dogs, balls) • Beginning to recall parts of a previously heard story • Requesting to hear familiar stories • Changing intonation and tone to communicate meaning • Understanding “one”, “all” (“Give me one block”) • Matching an object to a picture • Matching simple shapes such as a circle, square and triangle 	

Larimer County Age Anchoring Tool

Outcome 3:

Taking Appropriate Actions to Meet Needs....

Children demonstrate age appropriate functioning by....

<u>0-3 Months</u>	<u>7-9 Months</u>	<u>13-18 Months</u>	<u>25 – 30 Months</u>	<u>31 – 36 Months</u>
<ul style="list-style-type: none"> • Hands begin to open more and rest in open position • Holds small objects or toys when placed in hand • Follows moving object in range of 30 degrees either side of midline (object 10-12" away from baby's face) • Responds to loud noise with startle or upset • Responds to human voice more readily than any other sound • Begins to produce different cries for different reasons • Turning head to either side when lying on back • Rooting-reflexive turning of mouth toward hand rubbing cheek • Lifting and rotating head when lying on tummy or when held at shoulder 	<ul style="list-style-type: none"> • Holds an object in each hand and bangs them together • Reaches for objects with either hand, one at a time, when lying on tummy • Rakes at tinier objects with fingers • Turns to look when name is called • Begins to imitate sounds, often in turn-taking, conversational way • Moves body to music • Shows desire to get to things that are not within reach • Rolling in both directions and may use sequential rolling to get somewhere • Crawling on belly using both arms and legs symmetrically to propel 3+ feet • Pulls up into standing position when helped with your hands and supports all of weight on legs 	<ul style="list-style-type: none"> • Able to pick up objects of all sorts of sizes and weights using either hand and precision with fingers • Removes objects while holding on to container • Places objects into large containers • Uses wider variety of gestures to communicate wants and needs • Begins to say words for the most familiar thing or people • Follows simple directions, i.e. "Let's go to the kitchen.", "Find your shoes." • Can correctly match sound to object, i.e. doorbell, telephone • Stands without support for brief periods • Walks independently with good quality, needs guidance to ascend/descend stairs on feet • Climbs up on couch or chair • Removes loose clothing partially or completely 	<ul style="list-style-type: none"> • Opens doors by handle/knob • Turning knobs on objects like radio or TV • Catching ball (by trapping against body) when playing with adult or peer • Knows where things are kept • Puts things away to help clean up • Uses non-verbal gestures and body language to express needs and feelings (hugs, hands on hips, etc.) • Progressively more articulate with language to express thoughts and desires • Walks up steps, alternating feet while holding rail or hand for support • Sits on riding toys and pushes with feet; may ride tricycle • Swings leg to kick stationary ball • Plays on outdoor play structures (climbing, sliding) • Attempts to jump with two feet together • Puts on socks, coat and shirt 	<ul style="list-style-type: none"> • Can problem solve and carry out a plan for getting something they need or want, i.e. while mom is distracted, gets forbidden marker out of desk drawer; prepares own simple snack like getting crackers and putting in bowl. • Follows simple rules • Separates easily from mother in familiar environment • Hops in place on one foot (either foot) three time without losing balance • Stands on one foot (either foot) for three seconds • Jumps over object, i.e. string/rope, that is two inches high • Walks upstairs alternating feet • Walks downstairs four steps without support, placing both feet on each step • Can dress and undress independently, including unbuttoning buttons, with few exceptions • Asserts food preferences and recognizes what they are and are not allowed to eat • Gets drink from fountain • Follows basic health practices when reminded (washing/drying hands, brushing teeth)

Outcome 3:

Taking Appropriate Actions to Meet Needs....

Children demonstrate age appropriate functioning by...

<p><u>Birth - 3 Months (continued)</u></p> <ul style="list-style-type: none"> • Primary Standing-moving legs into extension for weight bearing when held upright (standing height) with feet contacting surface • Walking-reflexive stepping when held upright with feet contacting surface, lifts feet alternatively in walking-like motion • Kicks feet in bicycle motion when lying on back <p><u>4-6 Months</u></p> <ul style="list-style-type: none"> • Brings hands together in midline over chest when lying on back, i.e. places hands on bottle while eating, playing with own hands held together over chest • Begins to reach and grasp or bat at objects, shakes or bangs toys on surface • Brings objects to mouth, i.e. toys, pacifier, bottle (when not so full) • Moves objects back and forth from one hand to the other 	<p><u>7-9 Months (continued)</u></p> <ul style="list-style-type: none"> • Sitting on own once placed in that position to play • Begins to participate when being dressed, pulls off socks or hat • Grabs for spoon/cup when being fed <p><u>10-12 Months</u></p> <ul style="list-style-type: none"> • Points with index finger and activates toys using one finger • Begins to develop more refined grasp using tips of finger and thumb to pick up much smaller things with precision • Learns to voluntarily let go of what is being held, may throw objects • Raises arms up when wanting to be picked up • Expresses full range of emotion including resistive behavior • Raises self to sitting position • Creeps on hands and knees to get around • Pulls up on furniture • Cruises along furniture and/or walks with hands-on help 	<p><u>13-18 Months (continued)</u></p> <ul style="list-style-type: none"> • Practices using child-sized fork and spoon to eat (non-liquids) • Tries to help with tooth brushing <p><u>19-24 Months</u></p> <ul style="list-style-type: none"> • Tries to take things apart • May enjoy marking/drawing on paper with crayons or other writing tools • Begins to place objects in containers with smaller openings • Uses two word utterances, plus gestures, to express wants and needs • Can answer questions with “yes” or “no” using head shake, gestures or words • Expresses need for independence with doing things on own or asks for help when needed • Follows 2 or 3 step directions • Likes to imitate adult actions especially to “help out” 	<p><u>25 – 30 Months (continued)</u></p> <ul style="list-style-type: none"> • Takes off own shoes, socks, and some pants as well as other unfastened garments • Uses fork to spear bite sized chunks of food • Knows which faucet is hot and cold • Washes self in bath • Interested in trying potty while still predominantly wearing diapers 	<p><u>31 – 36 Months</u></p> <ul style="list-style-type: none"> • Verbalizes toilet needs fairly consistently • Shows daytime control of toileting needs with occasional accidents
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Outcome 3:

Taking Appropriate Actions to Meet Needs....

Children demonstrate age appropriate functioning by....

<u>4-6 Months (continued)</u>	<u>10-12 Months</u>	<u>19-24 Months (continued)</u>	<u>25 – 30 Months (continued)</u>	<u>31 – 36 Months (continued)</u>
<ul style="list-style-type: none"> • Babbles with wide variety of sounds • Rolling-tummy to back (over either L/R side) often comes before back to tummy • Raises head and shoulders by resting on forearms/hands when on tummy to look around • Sits with less and less support, tries to prop forward on arms to stay sitting or tries to raise self to sitting when leaning back, as in the car seat • Reaches for and plays with feet • Holds head up well in many positions to be able to see all around • Enjoys bath-keeps eyes open and indicates pleasure when placed in warm water or plays by splashing 	<ul style="list-style-type: none"> • Tries to climb to get to higher surfaces, crawls up stairs • Fusses when uncomfortable in diaper • Feeds self with fingers/sippy cup and tries to use small utensils 	<ul style="list-style-type: none"> • Garners someone's attention or takes someone's hand to take them to something they want or want to show them • Demonstrates more advanced movement and motor skills such as running and more proficient climbing, i.e. climbing out of the crib • Attempts to jump down from step or raised surface • Positions body more automatically to help put on clothing • More developed skills with spoon and fork, less spilling • Tries to wash own hands and face, comb hair 		

ACTIVITY 7

Foundational, Immediate Foundational or Age-Expected?

Activity Purpose: The purpose of this activity is to give participants the opportunity to apply their understanding of foundational, immediate foundational and age-expected skills for outcomes 1, 2, and 3 given various scenarios. This activity can provide participants with additional practice if needed.

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

Estimated Time: 30-45 minutes

Materials:

- TV/Computer screen
- Internet & Audio Access
- Video Downloaded Titled, *Mom Playing with Toddler*
- Handouts:
 - *Outcome 1 Larimer County Age Anchoring Tool*
 - *Outcome 2 Larimer County Age Anchoring Tool*
 - *Outcome 3 Larimer County Age Anchoring Tool*

Activity Instructions:

Part 1 – Foundational, Immediate Foundational or Age-Expected?

1. View one or all the following videos:
 - a. Profit: https://www.youtube.com/watch?time_continue=23&v=YIEPrVTkSs
 - b. Owen: <https://www.youtube.com/watch?v=PYrq2QBITPI>
 - c. Mom playing with toddler
2. After viewing each video, ask the participants to individually reflect and consider what kind of skills and behaviors each child is demonstrating for each of the three child outcomes.
3. After each participant has had the opportunity to individually complete the task, come together as a large group. Consider asking the following questions:
 - a. Based on the video clips and the kinds of skills and behaviors you observed, which outcome/s were you able to consider?
 - b. Would you consider the skills and behaviors foundational, immediate foundational or age-expected for outcome 1? Outcome 2? Outcome 3? Why? What was your rationale?
 - c. What additional questions might you have for the caregiver/s about this child's functioning?
 - d. What did you notice about this child's personality/temperament?

- e. How did your perspective, experiences and/or background/discipline impact what you observed and how you might have considered the child's skills and behaviors?

Part 2 – Discussing Child Functioning

1. In preparation for section four regarding reaching consensus, watch the following video -- *Lucas – Outcome 3*: <http://olms.cte.jhu.edu//olms2/COSTC/SectionIII>
2. After watching the video, consider the following discussion prompts to review all the content up until this point:
 - a. How did the professional explain outcome 3 to this mother?
 - b. How did the professional include the mother in this COS discussion?
 - c. What did you notice about the relationships the caregiver has with the professionals?
 - d. What skills and behaviors did you hear mom explain regarding his functional skills?
 - e. What skills did you see that you think were foundational? Immediate foundational? Age-expected?
 - f. How long did this conversation take?
 - g. Who do you think did most of the talking?
 - h. What are your thoughts about the breadth of this outcome? Do you feel as though the team went deep enough with this outcome?
 - i. How did the team talk about his strengths, abilities, etc.?
 - j. What are the sources of information the team is using to gain an understanding of his functioning?
 - k. How does the team discuss the skills that he has not yet mastered?
 - l. Do you think the skills they are discussing are functional or discrete?
 - m. Are there any other thoughts or observations about this video that you would like to share?

Part 3 – Group Reflection

1. As the participant to get into small groups. Encourage the groups to reflect by answering the following question:
 - a. How does the child functioning discussion related to the child outcomes we just watched compare with how you typically engage in discussions with families?
 - b. How might you align your discussions with child functioning (versus discrete skills) in the future? What steps do you need to take?

Larimer County Age Anchoring Tool

Outcome 1:

Positive Social Emotional Skills....

Children demonstrate age appropriate functioning by....

<p><u>0-3 Months</u></p> <ul style="list-style-type: none"> • Fixating on the human face and maintaining gaze with caregiver • Turning their head and eyes in the direction of the parent voice • Being comforted and appearing to enjoy touch and being held by a familiar adult • Draws attention to self when in distress <p><u>4-6 Months</u></p> <ul style="list-style-type: none"> • Anticipating being lifted or fed and moving body toward adult when being approached • Smiling spontaneously to human contact, smiling in play, and smiling at self in mirror • Vocalizes to express pleasure & displeasure sounds in addition to crying/cooing • Is able to stop unexplained crying • Enjoying games with others such as “Where is your nose?” and “So Big!” 	<p><u>7-9 Months</u></p> <ul style="list-style-type: none"> • Smiling and laughing during turn-taking • Participating in simple games (pat-a-cake, peek-a-boo) • Demonstrating anticipation of play activities • Exhibiting anxious behavior around unfamiliar adults • Using gestures and vocalizing to protest • Shouting or vocalizing to gain attention • Shows anxiety over separation from parents • Repeating a behavior (shows off) to maintain adult attention <p><u>10-12 Months</u></p> <ul style="list-style-type: none"> • Imitating familiar words in turn-taking • Showing sensitivity to the mood of others • Performing for social attention • Responding to a request of “come here” • Stopping when name is called • Maintaining attention to speaker 	<p><u>13-18 Months</u></p> <ul style="list-style-type: none"> • Pretending to talk on phone, feed a baby, comfort a doll, clean a spill • Discriminating between familiar and unfamiliar people • Showing awareness of the feelings of others • Initiating familiar turn-taking routines • Requesting assistance from an adult • Hugs & kisses parents • Demonstrating a functional use of objects such as trying to use a brush or drinking from a toy cup • Gives a toy to caregiver spontaneously & upon request • Having temper tantrums when frustrated • Sometimes doing the opposite of what is asked of them <p><u>19-24 Months</u></p> <ul style="list-style-type: none"> • Shows a wide variety of emotions i.e., fear, anger, sympathy, modesty, guilt, joy 	<p><u>25 – 30 Months</u></p> <ul style="list-style-type: none"> • Being apt to snatch, push, kick, rather than give and take in polite fashion • Throwing tantrums when frustrated • Showing facial expression and behavior indicating pity, shame and modesty • Being restless, rebellious and very active at times • Becoming resistant and dawdling at times • Separates easily in familiar surroundings • Wanting to do favorite activities over and over again • Continuing to try a difficult task for a brief period of time (building with blocks for 3 to 5 minutes) • Insisting on some choices (food, clothing, appearance) • Seeking and accepting assistance when encountering difficulties • Inventing new uses for everyday materials with assistance (using a box for a house) • May develop sudden fears (i.e. large animals) 	<p><u>31 – 36 Months</u></p> <ul style="list-style-type: none"> • Observing other children at play; may join in for a few minutes • Playing well with two or three children in group • Having difficulty sharing • Showing facial expressions and behaviors indicating pity, shame, modesty • Sometimes being restless, rebellious, very active • Becoming resistant, dawdles • Throwing tantrums when thwarted or unable to express urgent needs • Objecting to major changes in routines • Verbalizing play plan for assigned role (“I am mother” “You be baby” “I cook” “You watch TV”) • Verbalizing play plan and using pretend props which are identified for benefit of adult (“This is our house (box)”) • Following simple rules • Taking turns in games • Listening and participating in group activities with adult supervision • Enjoying opportunities for pretend play and creating things (crafts, art)
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Outcome 1:

Positive Social Emotional Skills....

Children demonstrate age appropriate functioning by...

<u>4-6 Months (continued)</u>	<u>10-12 Months (continued)</u>	<u>19-24 Months (continued)</u>	<u>25-30 Months (continued)</u>	<u>31-36 Months (continued)</u>
<ul style="list-style-type: none"> Vocalizing in response to babbling behavior, vocalizations and speech produced by an adult 	<ul style="list-style-type: none"> Responding with gesture to “come up” or “want up” Waving in response to “bye-bye” Saying “mama” or “dada” meaningfully Using a word to call a person Pushing or pulling an adult’s hand to have a behavior instigated or repeated Showing attachment to favorite toy or blanket Expressing two or more emotions (pleasure, fear, sadness) Briefly stopping behavior when told “no” 	<ul style="list-style-type: none"> “Checking-in” with familiar adults while playing Resisting change, transitions are difficult Show jealousy of attention given to others, especially own family Using vocalizations and words during pretend play Playing alone for short periods Recognizes self in photograph Uses concept “mine” to denote possessiveness 	<ul style="list-style-type: none"> Displaying understanding of how objects work together (gets the dustpan when adult is sweeping the floor) Substituting similar objects (uses boxes for blocks) Realizing that behaviors can precede events (if mom takes things out the refrigerator and turns on the stove, she is going to cook lunch) Attempting to comfort others in distress Addressing listener appropriately to get attention (uses child’s or adult’s name to get attention) 	<ul style="list-style-type: none"> Altering behavior based on a past event and builds on it (“this didn’t work, so I will try this”) Relating an experience today to one that happened in the past (i.e. when Grandma comes over the dog has to be in the crate) Saying “please” and “thank you” when reminded Stating whether they are a boy or a girl Begins to obey and respect simple rules Takes pride in achievements Resists change, may want things done the same way May be able to participate in games that involve following simple directions and taking turns (i.e. “Duck, Duck, Goose”)

Larimer County Age Anchoring Tool

Outcome 2:

Acquiring and Using Knowledge and Skills....

Children demonstrate age appropriate functioning by....

Birth – 3 Months

- Lifts head while on tummy
- Clasp hands together and hands to mouth
- Grasping finger if placed in palm
- Kicking legs while lying on back
- Begins cooing

4-6 months

- Beginning to reach for objects
- Looking to place on body where being touched
- Trying to cause things to happen such as kicking a mobile and smiling
- Dropping a ball and observing the fall
- Developing more precise imitation skills of facial movements and speech sounds
- Securing an object that is partially hidden with a cloth
- Pushing up through extended arms while on tummy

7-9 Months

- Shows desire to get to things that are not within reach
- Sitting unsupported while playing with toys
- Plays 2-3 minutes with a single toy
- Reaching for and grasping blocks or other small toys
- Reaching for objects while on tummy

10-12 months

- Pointing with index finger
- Imitating behaviors initiated by caregiver (playing peek-a-boo; smiling and laughing during turn-taking; or attempting to name pictures and objects)
- Banging blocks and other small toys together
- Repeatedly throwing or dropping objects to watch the movement
- Stirring with a spoon in a cup
- Banging a spoon on inverted cup or tabletop

13- 18 Months

- Explores the environment independent of caregiver
- Turning the pages in a book
- Looking at, pointing to, and naming pictures in a book
- Imitating scribbling motions
- Initiating familiar turn-taking routines
- Begins to imitate sounds often, in turn taking conversational way
- Pointing to two action words in pictures
- Pointing to, showing, and giving an object
- Handing a toy to an adult for assistance

19-24 months

- Identifying six body parts
- Choosing two familiar objects upon request
- Sorts objects by type (i.e. kitchen vs. animals)
- Can follow two different directions with a toy (i.e. put it in, turn it over, etc)

25 – 30 Months

- Liking to take things apart and put them together again (puzzles, toys)
- Following caregiver around the house and copying domestic activities in simultaneous play
- Identifying boy or girl in picture book
- Making doll/toy act on self as though capable of performing actions independent of child (placing brush in doll's arms, than moving the doll's arm as if doll is combing hair)
- Communicating about the actions of others
- Answering simple "what", "where" questions about familiar people or things
- Asking increasing numbers of questions ("where/what")
- Understanding negatives (no, not, can't, don't)
- Formulating negative judgments ("spoon, not fork")
- Recognizes at least one color correctly

31 – 36 Months

- Understanding concepts of "mine" and "his/hers"
- Telling gender when asked
- Sometimes labeling and talking about own drawings when asked
- Giving first and last name when asked
- Using several verb forms correctly to describe a variety of actions (i.e. ing, ed)
- Expanding use of prepositions (under, in front of, behind)
- Understanding common adjectives of color, size, and shape
- Showing interest in explanations that involve "why" and "how"
- Using 4 to 6 word phrases or sentences
- Making negative statements ("Can't open it," "Don't touch")
- Beginning to use contractions (can't, we'll, won't)
- Using some plural forms correctly in speech
- Using the past tense
- Dictating a story for adult to write out

Outcome 2:

Acquiring and Using Knowledge and Skills...

Children demonstrate age appropriate functioning by....

<u>4-6 Months (continued)</u>	<u>10-12 Months (continued)</u>	<u>19-24 Months (continued)</u>	<u>25-30 Months (continued)</u>	<u>31-36 Months (continued)</u>
<ul style="list-style-type: none"> • Repeating arm movements to keep a toy activated, keep mom singing, or causal event • Visually studies hands and objects, looks at mirror image 	<ul style="list-style-type: none"> • Demonstrates emerging problem solving skills such as (placing objects in the mouth and mouthing; pushing or pulling adult's hands to have a behavior instigated or repeated; turning a picture or mirror over to view the functional side; rotating three-dimensional objects to view the functional side; using a hammer or stick to play a xylophone • Singing along with a familiar song • Using gestures and/or vocalizing (grunts/whines) to protest • Shouting or vocalizing to gain attention • Responding to a request to "come here" • Maintaining attention to speaker • Responding with gesture to "come up" or "want up" 	<ul style="list-style-type: none"> • Asking "What's that?" • Demonstrating symbolic play, using one object as a signifier for another object • Attempting to repair broken toys • Choosing one object from a group of five upon verbal request • Stacking 5 or 6 blocks • Using two word utterance sometimes combined with gestures, to communicate • Using three-word phrases occasionally • Imitating words overheard in conversation • Naming 5 to 7 objects upon request • Using new words regularly (adding 2 to 5 words a week) • Spontaneously naming objects, person, and actions • Following novel commands • Tells about a personal experience 	<ul style="list-style-type: none"> • Understanding simple possessive forms (daddy's shirt) • Understanding complex sentences ("when we get to the store, I'll buy you an ice cream cone") • Pointing to smaller parts of the body when asked (chin, elbow) • Recognizing and identifying general family names/categories (Grandma, Uncle) • Recognizing the names and pictures of most common objects • Understanding word association through functional association ("what do you drink with?", "What do you sleep on?", "What do you brush your teeth with?") • Understanding size difference (little dog, large dog) • Following directions involving common prepositions (in, on, behind, out) • Enjoying finger plays (songs and games that use hands) 	<ul style="list-style-type: none"> • Performing multi-step tasks when playing (takes money, rings cash register, puts money in drawer) • Beginning to use inductive reasoning (if you do this, that happens) • Expressing understanding of cause and effect (it's quiet because you turned off the music) • Copying a circle • Drawing a simple face • Matching three colors • Matching objects by color, shape and size

Outcome 2:

Acquiring and Using Knowledge and Skills...

Children demonstrate age appropriate functioning by....

<u>4-6 Months (continued)</u>	<u>10-12 Months (continued)</u>	<u>19-24 Months (continued)</u>	<u>25-30 Months (continued)</u>	<u>31-36 Months (continued)</u>
	<ul style="list-style-type: none"> • Waving in response to “bye-bye” • Saying “mama” or “dada” meaningfully • Imitating consonant and vowel combinations • Imitating non-speech sounds • Vocalizing with intent frequently • Using a word to call a person • Giving objects upon verbal request • Performing a routine activity upon verbal request • Looking at familiar objects and people when named • Understanding simple questions • Identifying two body parts on self • Demonstrating intense attention to adult language 	<ul style="list-style-type: none"> • Referring to self by name • Using early pronouns occasionally • Engaging in adult-like dialogue • Uses speech understood by others 50% of the time • Using sentence-like intonation patterns • Makes a horizontal and vertical stroke with crayon 	<ul style="list-style-type: none"> • Attempting to locate objects when they are discussed by others • Speaking in 2 or 3 word sentences; jargon and speaking by imitation only are almost gone • Often using personal pronouns (I, you, he, it, me) correctly • Using regular plurals (cats, dogs, balls) • Beginning to recall parts of a previously heard story • Requesting to hear familiar stories • Changing intonation and tone to communicate meaning • Understanding “one”, “all” (“Give me one block”) • Matching an object to a picture • Matching simple shapes such as a circle, square and triangle 	

Larimer County Age Anchoring Tool

Outcome 3:

Taking Appropriate Actions to Meet Needs....

Children demonstrate age appropriate functioning by....

<u>0-3 Months</u>	<u>7-9 Months</u>	<u>13-18 Months</u>	<u>25 – 30 Months</u>	<u>31 – 36 Months</u>
<ul style="list-style-type: none"> • Hands begin to open more and rest in open position • Holds small objects or toys when placed in hand • Follows moving object in range of 30 degrees either side of midline (object 10-12" away from baby's face) • Responds to loud noise with startle or upset • Responds to human voice more readily than any other sound • Begins to produce different cries for different reasons • Turning head to either side when lying on back • Rooting-reflexive turning of mouth toward hand rubbing cheek • Lifting and rotating head when lying on tummy or when held at shoulder 	<ul style="list-style-type: none"> • Holds an object in each hand and bangs them together • Reaches for objects with either hand, one at a time, when lying on tummy • Rakes at tinier objects with fingers • Turns to look when name is called • Begins to imitate sounds, often in turn-taking, conversational way • Moves body to music • Shows desire to get to things that are not within reach • Rolling in both directions and may use sequential rolling to get somewhere • Crawling on belly using both arms and legs symmetrically to propel 3+ feet • Pulls up into standing position when helped with your hands and supports all of weight on legs 	<ul style="list-style-type: none"> • Able to pick up objects of all sorts of sizes and weights using either hand and precision with fingers • Removes objects while holding on to container • Places objects into large containers • Uses wider variety of gestures to communicate wants and needs • Begins to say words for the most familiar thing or people • Follows simple directions, i.e. "Let's go to the kitchen.", "Find your shoes." • Can correctly match sound to object, i.e. doorbell, telephone • Stands without support for brief periods • Walks independently with good quality, needs guidance to ascend/descend stairs on feet • Climbs up on couch or chair • Removes loose clothing partially or completely 	<ul style="list-style-type: none"> • Opens doors by handle/knob • Turning knobs on objects like radio or TV • Catching ball (by trapping against body) when playing with adult or peer • Knows where things are kept • Puts things away to help clean up • Uses non-verbal gestures and body language to express needs and feelings (hugs, hands on hips, etc.) • Progressively more articulate with language to express thoughts and desires • Walks up steps, alternating feet while holding rail or hand for support • Sits on riding toys and pushes with feet; may ride tricycle • Swings leg to kick stationary ball • Plays on outdoor play structures (climbing, sliding) • Attempts to jump with two feet together • Puts on socks, coat and shirt 	<ul style="list-style-type: none"> • Can problem solve and carry out a plan for getting something they need or want, i.e. while mom is distracted, gets forbidden marker out of desk drawer; prepares own simple snack like getting crackers and putting in bowl. • Follows simple rules • Separates easily from mother in familiar environment • Hops in place on one foot (either foot) three time without losing balance • Stands on one foot (either foot) for three seconds • Jumps over object, i.e. string/rope, that is two inches high • Walks upstairs alternating feet • Walks downstairs four steps without support, placing both feet on each step • Can dress and undress independently, including unbuttoning buttons, with few exceptions • Asserts food preferences and recognizes what they are and are not allowed to eat • Gets drink from fountain • Follows basic health practices when reminded (washing/drying hands, brushing teeth)

Outcome 3:

Taking Appropriate Actions to Meet Needs....

Children demonstrate age appropriate functioning by...

<p><u>Birth - 3 Months (continued)</u></p> <ul style="list-style-type: none"> • Primary Standing-moving legs into extension for weight bearing when held upright (standing height) with feet contacting surface • Walking-reflexive stepping when held upright with feet contacting surface, lifts feet alternatively in walking-like motion • Kicks feet in bicycle motion when lying on back <p><u>4-6 Months</u></p> <ul style="list-style-type: none"> • Brings hands together in midline over chest when lying on back, i.e. places hands on bottle while eating, playing with own hands held together over chest • Begins to reach and grasp or bat at objects, shakes or bangs toys on surface • Brings objects to mouth, i.e. toys, pacifier, bottle (when not so full) • Moves objects back and forth from one hand to the other 	<p><u>7-9 Months (continued)</u></p> <ul style="list-style-type: none"> • Sitting on own once placed in that position to play • Begins to participate when being dressed, pulls off socks or hat • Grabs for spoon/cup when being fed <p><u>10-12 Months</u></p> <ul style="list-style-type: none"> • Points with index finger and activates toys using one finger • Begins to develop more refined grasp using tips of finger and thumb to pick up much smaller things with precision • Learns to voluntarily let go of what is being held, may throw objects • Raises arms up when wanting to be picked up • Expresses full range of emotion including resistive behavior • Raises self to sitting position • Creeps on hands and knees to get around • Pulls up on furniture • Cruises along furniture and/or walks with hands-on help 	<p><u>13-18 Months (continued)</u></p> <ul style="list-style-type: none"> • Practices using child-sized fork and spoon to eat (non-liquids) • Tries to help with tooth brushing <p><u>19-24 Months</u></p> <ul style="list-style-type: none"> • Tries to take things apart • May enjoy marking/drawing on paper with crayons or other writing tools • Begins to place objects in containers with smaller openings • Uses two word utterances, plus gestures, to express wants and needs • Can answer questions with “yes” or “no” using head shake, gestures or words • Expresses need for independence with doing things on own or asks for help when needed • Follows 2 or 3 step directions • Likes to imitate adult actions especially to “help out” 	<p><u>25 – 30 Months (continued)</u></p> <ul style="list-style-type: none"> • Takes off own shoes, socks, and some pants as well as other unfastened garments • Uses fork to spear bite sized chunks of food • Knows which faucet is hot and cold • Washes self in bath • Interested in trying potty while still predominantly wearing diapers 	<p><u>31 – 36 Months</u></p> <ul style="list-style-type: none"> • Verbalizes toilet needs fairly consistently • Shows daytime control of toileting needs with occasional accidents
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Outcome 3:

Taking Appropriate Actions to Meet Needs....

Children demonstrate age appropriate functioning by....

<u>4-6 Months (continued)</u>	<u>10-12 Months</u>	<u>19-24 Months (continued)</u>	<u>25 – 30 Months (continued)</u>	<u>31 – 36 Months (continued)</u>
<ul style="list-style-type: none"> • Babbles with wide variety of sounds • Rolling-tummy to back (over either L/R side) often comes before back to tummy • Raises head and shoulders by resting on forearms/hands when on tummy to look around • Sits with less and less support, tries to prop forward on arms to stay sitting or tries to raise self to sitting when leaning back, as in the car seat • Reaches for and plays with feet • Holds head up well in many positions to be able to see all around • Enjoys bath-keeps eyes open and indicates pleasure when placed in warm water or plays by splashing 	<ul style="list-style-type: none"> • Tries to climb to get to higher surfaces, crawls up stairs • Fusses when uncomfortable in diaper • Feeds self with fingers/sippy cup and tries to use small utensils 	<ul style="list-style-type: none"> • Garners someone's attention or takes someone's hand to take them to something they want or want to show them • Demonstrates more advanced movement and motor skills such as running and more proficient climbing, i.e. climbing out of the crib • Attempts to jump down from step or raised surface • Positions body more automatically to help put on clothing • More developed skills with spoon and fork, less spilling • Tries to wash own hands and face, comb hair 		

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 	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.
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?



Δ 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.

- Δ 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)?
 - Δ 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?
 - Δ What concepts does the child understand? Does the child incorporate these into strategies that he/she uses to accomplish something meaningful? How?
 - Δ How does the child understand and respond to directions and requests from others?
 - Δ How does the child imitate others' actions (e.g., peers, adults) across settings to learn or try new things?
 - Δ 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)?
 - Δ 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)?
 - Δ Can the child answer questions of interest in meaningful ways?
 - Δ Does the child use something learned at one time at a later time or in another situation?
 - Δ Does the child display an awareness of the distinctions between things (e.g., object characteristics, size differences, differences in object functions)?
 - Δ 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.)
 - Δ How does the child demonstrate her/his understanding of symbols into concepts, communication, and play?
 - Δ How does the child interact with books, pictures, and print?
 - Δ 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?
 - Δ Does the child's play show attempts to modify strategies/approaches and to try new things? How?
 - Δ 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?
- Δ 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



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.

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



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.

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

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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 <i>means:</i></p> 	7	<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>
		6	<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 <i>means:</i></p>  	5	<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>
	 	4	<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 <i>means:</i></p>  	3	<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>
	 	2	<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 <i>means:</i></p> 	1	<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)

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	

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.

ACTIVITY 4

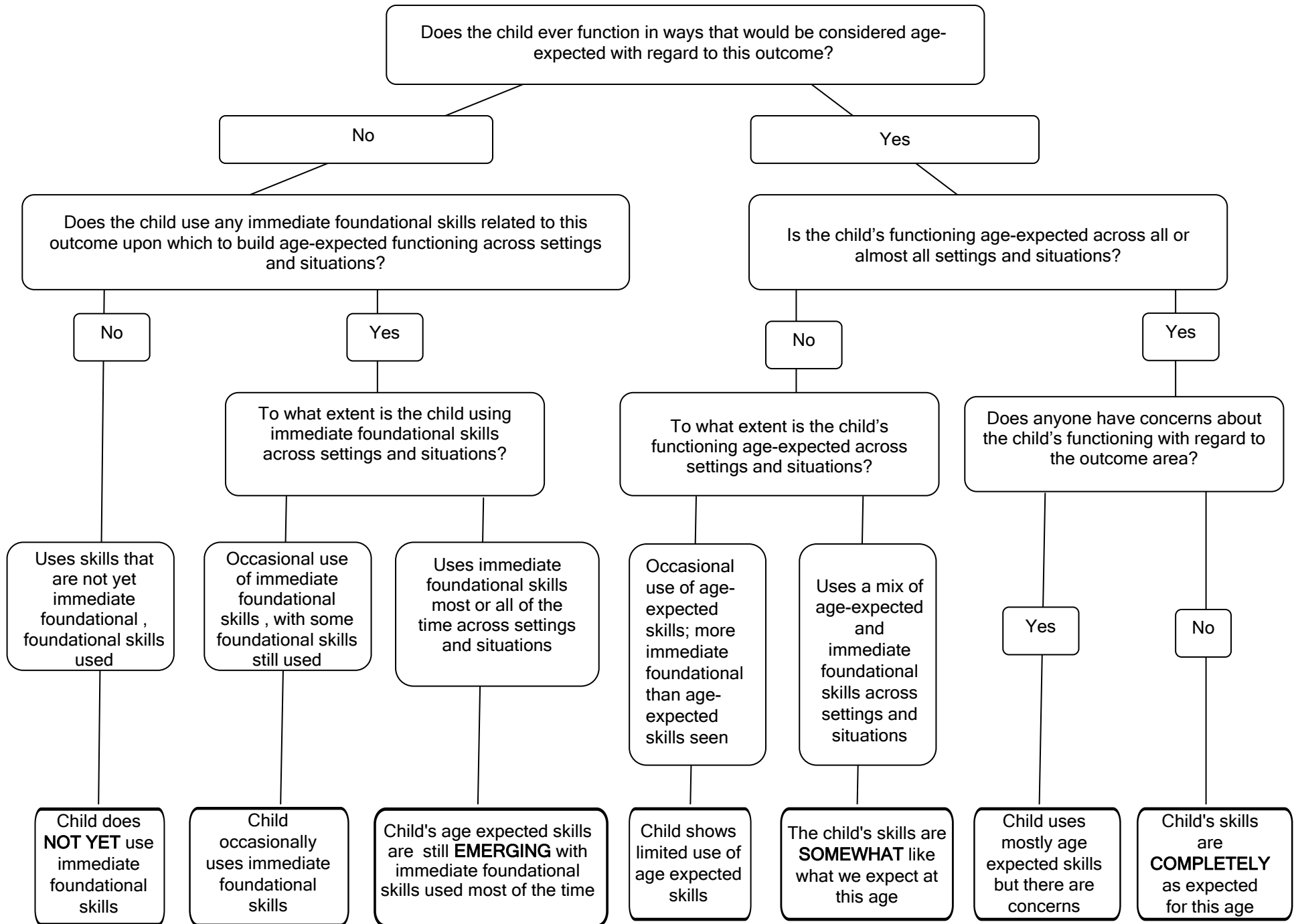
Individual Reflection & Action Plan



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

1. Moving forward, how might you incorporate the decision tree and/or the COS descriptors into your practice with IFSP/EI teams?
2. What new practices do you want to incorporate into your conversations with families? How will you do this?
3. What questions do you still have about the COS process?

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		

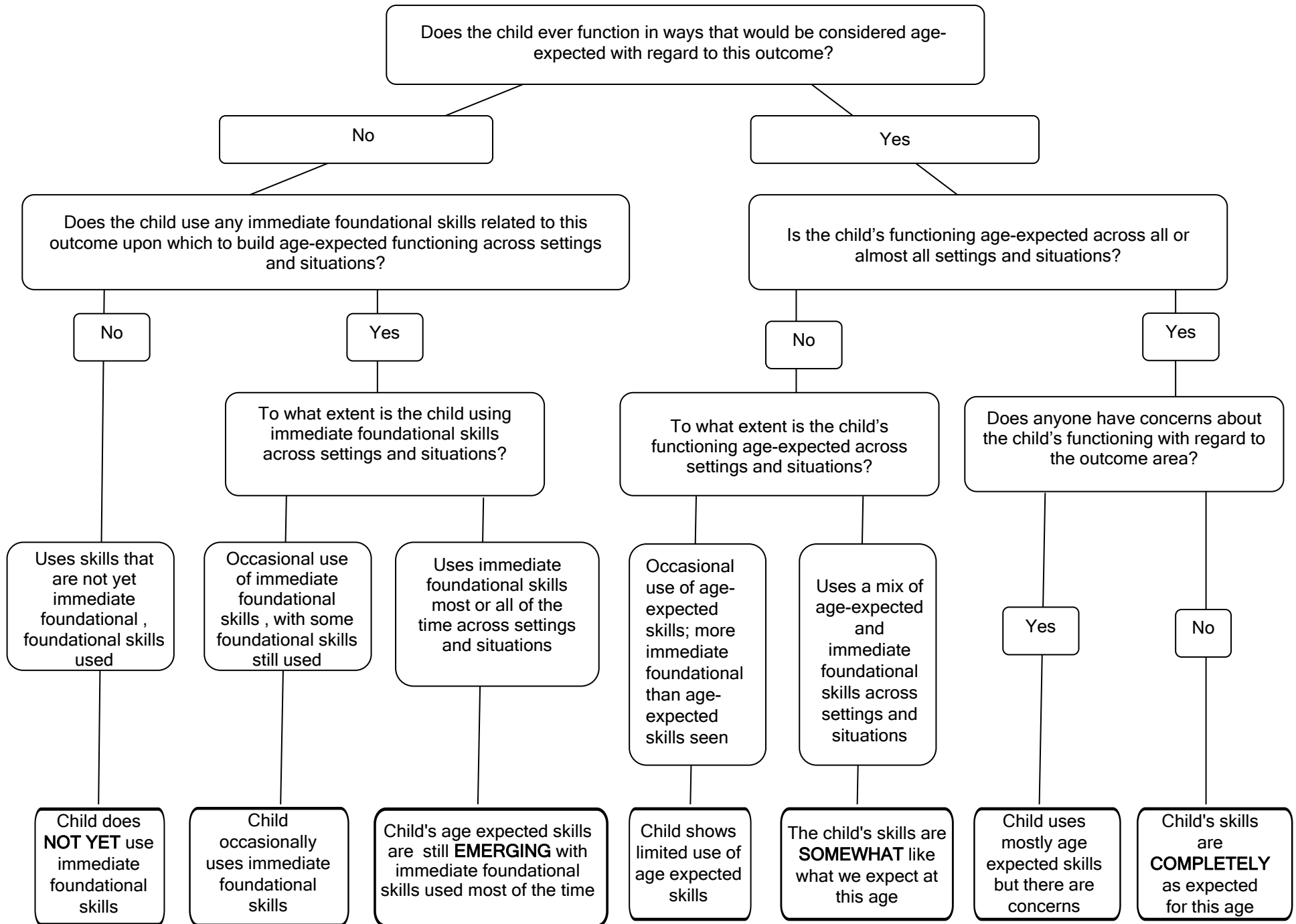


CHILD OUTCOME SUMMARY PROCESS

Section 4: Building Consensus for High Quality COS Rating

Activity
5

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...

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?

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.

- 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?

ACTIVITY 5

What Would You Do...

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?

ACTIVITY 1

Interactive Practices for COS Conversations

Activity Purpose: Actively engaging all team members, including the family, in the COS process requires careful application of active listening and full engagement of all involved. Team members should consider cultural backgrounds and preferences of those involved, however, in most cases these interactive practices will support effective teaming. This activity will allow professionals to engage in thinking about their own strengths and areas where they can enhance their practices. Additionally, participants will have the opportunity to apply their understanding of teaming and decision-making practices.

***Note for facilitator:** consider sharing the following information (from the COS-TC Toolkit, p.21) with the participants:

"Information should be shared in an easy-to-understand manner while actively engaging team members and ensuring appropriate wait time for processing and understanding information and inviting team input. While some team members may be more interactive and participatory than others, it is essential that all team members are included and acknowledged. Allowing time for members to complete their thoughts and asking clarification questions are important when facilitating the discussion and ensuring that the team has a rich understanding about the child's functioning. Checking for understanding by using recapping techniques helps all participants gain a shared understanding. Tuning into others' body language, being sensitive to others' responses, and acknowledging the demands that family members may need to attend to also will help encourage a positive conversational flow to the discussion. It is important to convey that active participation by all team members in the COS decision-making process adds to the team's shared understanding. By encouraging input from all participants, the team is able to engage in a shared COS decision-making process and reach accurate COS ratings."

Difficulty Level: Introductory Level – Awareness

Estimated Time: 60-75 minutes

Materials:

- Internet access & TV/computer
- Handouts:
 - *Quality Practices Self-Reflection Survey*
 - *Quality Practices Rating Tool*
 - *Final Reflection & Action Plan – Section 5; Activity 1*

Activity Instructions:

Part 1 – Self-Reflection

1. Provide the participants with the handout titled, *Quality Practices Self- Reflection Survey*. Give the participants several minutes to complete the survey, identifying strengths and areas of potential support as it relates to interactive skills and practices.
2. Explore the experience with the participants by asking:
 1. What were some of your self-identified strengths?
 2. What were some of the practices/skills that you might need more practice with or support to strengthen?
 3. What surprised you about this activity?

Part 2 – Using the Tool

1. Provide participants with the handout titled, *Quality Practices Rating Tool*. Ask the participants to individually fill out the rating tool as they watch the following video.
2. View the same COS video from **Section 1 -- Planning for the COS; Activity 2 – Previewing the Process: Bri IFSP Video Chapter 3.1 – Child Outcomes & (2) Bri IFSP Video-Chapter 3.2 Child Outcomes 1 & 2 and (3) Bri IFSP Video-Chapter 3.3 Child Outcomes #3** (which is approximately 30 minutes in total), which can be found by clicking on the following link: <https://www.youtube.com/watch?v=cSX52lnYT7s&index=5&list=PL9DC2069DAD870262>
3. As a group, review each interactive practice and discuss the evidence identified for each one.
4. Then ask the group:
 1. How might this interaction/discussion be improved?
 2. What would you do differently?

Part 3 – Final Reflection & Action Plan



1. End the session by asking the participants to individually complete the handout titled, *Final Reflection & Action Plan – Section 5; Activity 1*.
2. After everyone has had an opportunity to complete their own reflection and action plan, reflect as a group by asking the following questions:
 - a. What are your thoughts/impressions of the items on the tool and using it?
 - b. What other interactive practices might be important to consider that were not listed on the tool?
 - c. What practices might you use in future COS conversations with teams?

ACTIVITY 1

Quality Practices Rating Tool

As you observe the COS conversation, identify each practice as: No, Party & Yes.		No	Partly	Yes
<ul style="list-style-type: none"> 'No' indicates that the practice is not observed. 'Partly' indicates that the practice is observed some of the time or that some, but not all, of the practice is observed. 'Yes' indicates the practice is fully observed most or all the time. 				
a.	...share and/or synthesize information clearly and concisely .			
Notes				
b.	... display good affect (e.g., tone, facial expressions, responsiveness).			
Notes				
c.	...give eye contact appropriately.			
Notes				
d.	... do not use jargon and clearly explain technical terms .			
Notes				
e.	... actively include all team members in the discussions.			
Notes				
f.	... show responsive behaviors that illustrate active listening and responding.			
Notes				
g.	... let team members finish their thought before replying or moving on.			
Notes				
h.	... ask good follow-up questions to check for understanding or collect rich detail.			
Notes				

i. ... use descriptive examples , paraphrasing, and summarizing to check understanding.			
Notes			
j. ... listen empathetically , being sensitive to emotions and environmental demands (<i>e.g., phone ringing, child fussing</i>).			
Notes			
k. ... acknowledge and respect family input about the child's functioning.			
Notes			

ACTIVITY 1

Quality Practices for Teaming & Decision-Making Self-Reflection

** Please rate your own practices as they relate to teaming and decision-making by circling **S** indicating one of your strengths or **N** for need more support. Then indicate why this practice is important.*

...share and/or synthesize information clearly and concisely .	S	N
Why is this important?		
... display good affect (e.g., tone, facial expressions, responsiveness).	S	N
Why is this important?		
...give eye contact appropriately.	S	N
Why is this important?		
... do not use jargon and clearly explain technical terms .	S	N
Why is this important?		
... actively include all team members in the discussions.	S	N
Why is this important?		
... show responsive behaviors that illustrate active listening and responding.	S	N
Why is this important?		
... let team members finish their thought before replying or moving on.	S	N
Why is this important?		
... ask good follow-up questions to check for understanding or collect rich detail.	S	N
Why is this important?		

... use descriptive examples , paraphrasing, and summarizing to check understanding.	S	N
Why is this important?		
... listen empathetically , being sensitive to emotions and environmental demands (<i>e.g., phone ringing, child fussing</i>).	S	N
Why is this important?		
... acknowledge and respect family input about the child's functioning.	S	N
Why is this important?		

ACTIVITY 1

Final Reflection & Action Plan



Things you've learned throughout the entire series that are most meaningful to you.



Strategies you'll try out tomorrow.



Thing you want to know more about related to the COS process.