The overarching goals of early intervention are:

- To enable young children to be active and successful participants during the early childhood years and in the future in a variety of settings - in their homes with their families, in child care, community programs, and their natural learning routines.

Children receiving early intervention services move toward this goal by demonstrating improvement in functional skills in the following outcome areas:

1. Positive social-emotional skills (including positive social relationships),
2. Acquisition and use of knowledge and skills (including early language/communication), and
3. Use of appropriate behaviors to meet their needs.

- To support parents/family members with information and skills to ensure they are supported in their roles as the most critical influence on their child's early and ongoing development.

Families receiving early intervention are able to support their children and participate in family and community activities. Families will:

1. Know their rights,
2. Effectively communicate their children's needs, and
3. Help their children develop and learn.

The Early Support for Infants and Toddlers (ESIT) program contracts with early intervention providers throughout Washington to provide services locally.

ESIT program staff can be reached:

- by phone at 360.725.3500
- by fax at 360.413.3482
- on the web at: www.del.wa.gov/esit

Information for parents, families and caregivers about measuring early intervention child and family outcomes
How do we know early intervention helps?
The U.S. Department of Education requires each state to report information about whether early intervention services have positive results for children and families served. This is part of the national push for accountability - the U.S. Department of Education needs to show that money spent on early intervention makes a difference. Parents and families and their early intervention team members work together to determine how the child is developing and progressing.

What information about my child is required?
Developmental assessment information about each child is needed to determine if progress has been made. The information includes three early childhood outcomes: 1) Children have positive social relationships, 2) Children acquire and use knowledge and skills (such as early communication skills), and 3) Children take appropriate action to meet their needs.

Where will the information about my child's development come from?
Summary information about the three outcomes will be gathered at the time of your entry and exit from Individualized Family Service Plan (IFSP) activities. Some of this information is gathered from formal child assessments, observations, and interviews. Information is gathered from talking with you, any other caregivers who are involved in your child's life (family members), and professionals (teachers, therapists, physicians) who work with you and your child regularly.

How is this information used?
- It tells us how early intervention services make a difference for infants, toddlers and families.
- It gives us information that we can use to improve services.
- It provides data to be used in the state Annual Performance Report (APR), which shows the government that the money spent on early intervention makes a difference. The APR is available to the general public and published annually.

What other information is collected about early intervention services?
The Annual Performance Report contains information about many areas including:
- How services have helped families (in addition to the child).
- How effectively the state locates infants and toddlers who are eligible for services.
- How services are provided.
- How children transition when moving out of early supports and services when a child becomes 3 years old.

Will my child need to have any additional assessments?
No, the assessment information needed will come from the assessment information used to develop your IFSP. This information should include examples of skills that your child currently demonstrates.

Is other information collected about early intervention services?
Yes. At some point during each year, families will receive a survey. The survey will ask about how helpful early intervention services have been in supporting your family related to your child's growth and learning.

When the information about my child is compiled, will our names be attached?
No, only the summary data will be reported. Your name or your child's name will not be attached to the aggregated information that is reported.

How can I be involved as a parent/family member?
Early intervention services recognize that parents and other key caregivers are the primary teachers of young children. Parents are always encouraged to be involved at all levels. You know your child best, and we need your input. Ask your IFSP team and Family Resources Coordinator for ways you can get involved.

Where can I get additional information?
- Talk to your Family Resources Coordinator and members of your IFSP team.
- Visit the ESIT website at www.dol.wa.gov/esit
- Contact the ESIT program at the numbers on the other side of this brochure.
Family Worksheet: A Look At My Child’s Development

This worksheet is provided to help you think about your child’s strengths and needs. Early intervention service providers will use evaluation and assessment tools and practices to determine how your child’s development compares to other children his or her age. For children to be active and successful participants at home, in the community, and in places like child care or preschool programs, they need to develop skills in three areas: 1) developing positive social-emotional skills; 2) acquiring and using knowledge and skills; and 3) taking appropriate action to meet needs. As you complete the following chart, document what you have observed with your child in these three functional areas of development. Consider the skills your child currently has, and the skills you feel are important for your child to learn. It is important that what you know and believe about your child is included in the assessment information and the IFSP team discussion.

<table>
<thead>
<tr>
<th>HOW DOES MY CHILD...</th>
<th>MY CHILD’S STRENGTHS</th>
<th>MY CHILD’S NEEDS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>What are some of the things my child enjoys? What skills does my child demonstrate or is beginning to demonstrate?</td>
<td>What are some skills or behaviors that my child does not do or are difficult for my child? In what activities or skill areas does my child need considerable support and/or practice?</td>
</tr>
<tr>
<td>DEVELOPING POSITIVE SOCIAL-EMOTIONAL SKILLS</td>
<td>• Attend to people? • Relate with family members? • Relate with other adults? • Relate with other children? • Display emotion? • Respond to touch?</td>
<td></td>
</tr>
<tr>
<td>ACQUIRING AND USING KNOWLEDGE AND SKILLS</td>
<td>• Understand and respond to directions and/or requests from others? • Think, remember, reason, and problem solve? • Interact with books, pictures, and print? • Understand basic concepts, such as big, hot, etc.?</td>
<td></td>
</tr>
<tr>
<td>TAKING APPROPRIATE ACTION TO MEET NEEDS</td>
<td>• Take care of his/her basic needs, such as feeding and dressing? • Move his/her body from place to place? • User his/her hands to play with toys and use crayons? • Communicate his/her wants and needs? • Contribute to his/her own health and safety?</td>
<td></td>
</tr>
<tr>
<td>ADDITIONAL QUESTIONS TO CONSIDER:</td>
<td>• What activities or people does my child enjoy? • How does my child let me know what he/she likes? • When is my child most cooperative? • What calms my child?</td>
<td>• What activities or people does my child dislike? • How does my child let me know what he/she dislikes? • What frightens my child? • What frustrates my child?</td>
</tr>
</tbody>
</table>
Effective Teaming for Determining COS Ratings

Principles of Effective Teaming

Teaming is an essential component of the COS process and there are at least two opportunities for effective teaming; together as providers and again with the family to finalize the rating decision. There are many strategies that can enhance the way a team collaborates and works together. These principles apply whenever teams convene in early intervention, including when determining a child outcomes rating.

Here are some key things to remember when you meet as a team to determine a child outcomes rating.

- An effective team involves the active participation of all team members including the family.
- The team leader sets the tone that the input each individual member contributes to the team discussion is valued and respected.
  - Everyone on the team knows the child, but their perspectives and what they have to share may differ and even appear contradictory at times. If there are conflicting observations, it is important for the leader to emphasize the value of those observations and encourage discussion about the circumstances under which different behaviors occur.
- Remember to avoid using acronyms and jargon and to explain professional terms when they are used to ensure everyone understands what they mean.
- Looking at the speaker conveys that the ideas being shared are important.
- Responsive body language and appropriate facial expressions from listeners also support team members’ contributions and quality interactions between team members.
- Provide time for speakers to reflect on and finish their thoughts before commenting or moving on.
- Team members should check their understanding about what was said. One way to do that is by summarizing or paraphrasing any parts of the discussion that might be misunderstood. Likewise, all team members should feel comfortable to ask for specific examples and ask follow-up questions.

Involving families in the conversation

The strategies listed above are especially important in order to ensure that the family is able to participate in the conversation. Information from the family is critical to a summary rating that reflects all the settings and situations that make up the child’s natural environment. Asking open ended questions that invite conversation is an important way to gather that information.

- Open ended questions: “Tell me how Anthony eats.” allows the family to tell you what they have seen and will provide a lot of rich information you may not have learned using your planned questions.
- Yes or No questions: “Does Anthony finger feed himself?” might only elicit a “yes” response, but not tell you anything else about Anthony’s skills and abilities. Asking yes or no questions can cut a conversation short and does not encourage much sharing.
Components of a rich discussion

The team leader should make sure that the full content of each outcome is discussed. For example, for Positive Social Relationships:
- How does the child interact with familiar adults? With unfamiliar adults?
- How does the child interact with peers?
- How well does the child follow rules and routines when at child care?
- How does the child express himself when he is frustrated? Excited? (other emotions)
- How does the child handle transitions between activities?

Another important part of a rich COS discussion is comparing the child’s current skills and behaviors with age expectations.
- Discuss how the child’s functioning relates to age expectations;
- Draw on child development resources to determine if they are age expected; and
- Consider such factors as
  - What is expected in the child’s culture, and
  - Availability and use of assistive technology devices.

Once the team has a rich picture of the child’s functioning in an outcome area and how the child’s functioning compares with age expectations, the team is ready to apply the criteria to decide on a rating. The decision tree can be helpful in doing this.

Reaching Consensus

On rare occasions, teams have difficulty reaching consensus. If this is the case, it is important for the person leading the discussion to work with the group to figure out the source of the problem. Make sure team members...
- Share the same understanding of the three outcomes;
- Have the opportunity to thoroughly describe the child’s functioning;
- Agree on whether a skill is age expected; and
- Revisit/review the definitions or criteria for the ratings being considered.

When a decision has been reached, the team leader should restate the decision, possibly as a descriptor statement rather than a number, and summarize the rationale. For example, the team leader could say, “With regard to positive social relationships, Bella interacts in age-expected ways with adults but is not yet interacting with peers. We are seeing a mix of age-expected and not age-expected skills. Does everyone agree?”
What if We Can’t Reach Consensus?

Suggestions for Reaching Consensus
- Team disagreement is a common concern, but this doesn’t happen often.
- Structure the discussion to minimize the likelihood of reaching an impasse.
- Adopt a policy/procedure for dealing with these situations. Possible options:
  - Majority rules
  - Supervisor decides
  - No rating is given (ECO doesn’t recommend!)
- Focus most of the discussion on the child’s skills related to the outcome; don’t go to selecting a rating number too quickly.
- Discuss the rationales for the differing ratings; focus on concrete descriptions and explore how these support a rating.
- Include more discussion on what skills and behaviors you would see in a typically developing child this age to provide more background for the discussion of this child.
- If unresolvable differences are occurring fairly frequently, revisit how the rating is being decided.

Possible Conversation Prompts for Groups Having Difficulty Reaching Consensus
Suggest that they re-visit documents that give examples of the breadth of content covered in each outcome. Have they discussed the child’s skills regarding those aspects of the outcomes? Are the comments being considered relevant to the outcome up for rating discussion? Conversation prompts may include the following:

“I hear you describing the child’s skills with regard to [insert content], what information do you have about the child’s skills in [insert another relevant setting or situation or outcome component that hasn’t yet been discussed]?”

“Tell me about the kinds of evidence that suggest to you this child has [insert modifier] age-expected behavior or has [insert modifier] immediate foundational skills?
  - When have you observed or documented those skills?
  - In what situations?
  - How frequently does that occur?
  - Were the accommodations/supports available in that setting those that are usually available to the child? What were they?
  - You identified this as an immediate foundational skill. Are there other steps in the sequence of development that need to occur between developing this skill and the age-expected skills in this area?
  - Is there other information you need or want to be better equipped to make this decision?”
o Has everyone on the team had a chance to talk about the skills they have observed and the evidence they are considering in reaching a rating? (Is any one person dominating conversation and that is part of the problem?)

“What do most [insert child’s age] year olds do with regard to this skill [or this outcome area]?”

“How does the child’s disability/the child’s delay/the change in the child’s approach to these skills impact his/her ability to function in achieving this outcome RIGHT NOW?”

“Ratings are based on the child’s functioning RIGHT NOW at one point in time. Thinking about the child’s skills that have been discussed…
  o Right now is the child showing skills that are expected for his/her age?
  o Right now, is the child showing skills that are immediate foundations for the skills that other peers his/her age are showing?
  o How often? Can you describe what they are and when and where they occur?”

“What is the key difference between a X vs a X [insert numbers of ratings that are sources of disagreement]? What skills (or lack of skills) stand out in making you choose that number [or insert differentiating language associated with number]?”

“I hear a lot of discussion about wanting ratings to agree with eligibility. With some kids and in some states there is a lot of overlap between achievement of functional outcomes and eligibility; with other kids and in other states, there is not. Eligibility may focus a lot on testing done in contexts that differ substantially from those common in everyday functioning. Eligibility may or may not allow certain kinds of accommodations or supports; to the extent that these are available to the child in everyday situations, then they would be allowed in considering outcomes ratings. Eligibility usually is organized around specific domains whereas the functional outcomes are organized in a different way that could lead to different conclusions. Eligibility may assume corrections for prematurity; while this is a state decision, in many places outcomes ratings are based on a true chronological comparison. Taking all this into account, let’s set eligibility decisions aside for a moment (though not necessarily the data you got to help make them), what do the child’s skills and actions suggest about the child’s functioning right now with regard to the outcome?”

Was this handout useful? Please share comments, suggestions, or questions with us at staff@the-eco-center.org.
Engaging families in the Child Outcome Summary (COS) process: Action Plan

**What action steps can our team take moving forward?**

- How will we prepare families for the COS process?

- How can we schedule IFSP meetings so most of the team can attend?

- How can we meet as a team prior to IFSP meetings to pull together assessment and evaluation information and decide on potential descriptor statements to discuss with families?

- What strategies will we use for engaging families in meaningful discussion during the IFSP meeting?

- Include other information for consideration (assistive technology or accommodation needs, cultural considerations, specialists, other providers involved e.g. Early Head Start, Daycare):

- What resources or supports are needed to make this work?