How do you feel?

Write one word to describe how you feel about engaging families in the COS process.

How to Engage Families in the Child Outcome Summary (COS) Process

Early Support for Infants and Toddlers

Introductions

ESIT Staff:
Debbie De La Fuente
Tammy McCauley

Who else is in the room?
How do you engage families in the COS process?
Learning Objectives

Identify resources to share with families in preparation of the COS process.
Demonstrate the ability to explain the COS process to families.
Plan for how your team will prepare for COS meetings.
Describe methods of engaging families in meaningful discussion during the COS/IFSP meeting.
Introduction to the Child Outcome Summary Team Collaboration (COS-TC) Checklist

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Identify resources to share with families in preparation of the COS process
The components of the COS

COS

- Family Input & Caregiver Report
- Screening & Evaluation
- Professional Observation
- Medical Records
- Child & Family Assessment

Preparing the Family

- Share materials
- COS process
- What to expect
- Check for understanding

Washington Resource - COS Brochure

http://www.del.wa.gov/development/esit/training.aspx
Demonstrate the ability to explain the COS process to families
How to Explain the COS

This information will help all of us understand where Emanuel is in each of the three outcome areas. And because we collect this information for all children, it helps us know if the program is meeting the goal of helping all children improve their functioning. We’ve looked at this brochure earlier. What additional questions would you like to discuss?

How would you explain the 3 outcomes?

- Children have positive social relationships
- Children acquire and use knowledge and skills
- Children take appropriate action to meet their needs
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.
Explain the COS process to a family newly referred to early intervention

Child Outcomes Summary Team Collaboration (COS-TC) Checklist

II. Explaining the COS Process to Families

<table>
<thead>
<tr>
<th>II. Explaining the COS Process to Families</th>
<th>Quality Practice</th>
<th>Yes</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Parent describes the three child outcomes that are measured.</td>
<td>Provider should explain what the data are collected and how they are used.</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>2. Providers should have the outcome data collected.</td>
<td>Provider should have the outcome data collected.</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>3. Provider should have the outcome data collected.</td>
<td>Provider should have the outcome data collected.</td>
<td>Yes</td>
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<tr>
<td>4. Provider should have the outcome data collected.</td>
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<td>Yes</td>
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COS-TC Checklist
II. Explaining the COS Process to Families

- What did you observe?
- What quality practices did you fully or partly observe?
- Which quality practices were not observed?
- What would you do differently?
- What is the greatest barrier for you to implement these practices?
Plan for how your team will prepare for COS meetings

Team preparation
Plan ahead to have information needed for the discussion.
I. Planning for the COS - Buddy

IV. Building Consensus

What did you observe?
IV. Building Consensus

What did you observe?

What quality practices did you fully or partly observe?
What quality practices were not observed?
What would you do differently?
What is the greatest barrier for you to implement these practices?

Describe methods of engaging families in meaningful discussion during the COS/IFSP meeting

Parent Perspective
Ratings vs. Descriptor Statements

3 out of 7

VS

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.

Conversation with Family

Give options Give examples Use decision tree

For the next question, we have to consider if he demonstrates age-expected functioning in all or almost all settings and situations. Earlier, we heard that when we think of his play with others, Norton continues to do more onlooker play with familiar peers at childcare and he continues to have difficulty separating from you. These are behaviors that typically appear before his age. So in response to this question, I think we’d say no. Do you agree? Let’s go on to the next question thinking about the mix of age-expected and earlier skills we see from Norton in everyday situations....
Children Emanuel's age are typically saying more words. They also use words functionally to name things that they see. Emanuel is making sounds and starting to say things that sound like they could be words. These are skills more typical of a much younger child; we'd call these foundational skills. They are important skills, and ones we'll want to build upon to help him get closer to age-expected development.
I believe we have a good picture of Norton’s functioning in this first outcome area. Let’s now use this decision tree to help us make a decision about Norton’s use of skills in this outcome area. The first question is about age-expected functioning. We’ve discussed that Norton interacts with Jenna in a way that is expected for his age; he also follows the routine at child care and transitions easily between activities. These are abilities typical of children his age. So in regards to this first question would you all agree that he does show some age-expected functioning in this outcome?
Incorporating an Interpreter

**Service Provider’s Responsibility:**
- Introduce the interpreter and explain their role
- Speak directly to the client/family/child, not the interpreter
- Use clear and simple language to explain health/educational terms and processed, avoid acronyms and jargon
- Ask the client for feedback to demonstrate understanding
- Give client instructions and/or information in writing if appropriate

Slide credit: Sarina Munrell, M.S., CCC-SLP at ChildStrive
Building Consensus

- Use concrete examples
- Refer back to Summary of Functional Performance
- Empathize
- Determine the source of the disagreement

IV. Building Consensus

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<tr>
<td>quality-matrix</td>
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<tr>
<td>year indicates the practice is not observed; &quot;yes&quot; indicates the practice is observed some of the time or sometime; but not all; &quot;no&quot; indicates the practice is not observed</td>
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<tr>
<td>1. Item-name does key decisions about the unit's functioning on the item-page of the child's IEP and skills</td>
</tr>
<tr>
<td>2. Team members discuss the rating for each outcome in descriptive terms, not simply as a number</td>
</tr>
<tr>
<td>3. Team members reach consensus for each outcome rating</td>
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IV. Building Consensus-Lucas (outcome 3)
IV. Building Consensus

What did you observe?

Think about how your team(s) could prepare prior to the IFSP meeting
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Videos: [http://olms.cte.jhu.edu/olms2/128983](http://olms.cte.jhu.edu/olms2/128983)