
Virginia's Child Outcomes Booklet

Team Engagement in the Child Outcomes Summary Process

2018



This booklet contains material adapted from the DASy Child Outcomes Summary (COS) Online Learning Module and the Universal Online Part C Curriculum.

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Introduction

An outcome is a benefit experienced as a result of services and supports provided for a child and their family. The effectiveness of any program requires knowing if children are making progress and if the services and strategies utilized are making a difference and improving outcomes for children and their families.

OSEP requires all state early intervention and preschool special education agencies to report data on three child outcomes:

- Children have positive social-emotional skills (including social relationships).
- Children acquire and use knowledge and skills (including early language/ communication and early literacy).
- Children use appropriate behaviors to meet their needs.

Although the federal government is the driving force behind the child outcomes data requirement, the data serve other important purposes as well. Understanding the child's functioning in the three child outcome areas initially and ongoing and across routines and settings allows teams to use this information for effective service planning. Local programs and state agencies need data on how children are doing to know how well programs are serving children and families and how to help programs improve. Families and other community members also need to know how programs are doing. We need to have the same information on all children in a program to form an overall picture of how all programs are doing. Thoughtful analyses of data on child outcomes are the key to making good decisions about how to improve services for children and families.



Good Teaming Leads to Great Decisions

"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." Division for Early Childhood's Recommended Practices, 2014

Determining Child Outcome Summary (COS) Ratings in Virginia

Part of an effective Child Outcomes Summary Process is effective teaming which includes engaging all members of the team including families when discussing a child's current level of functioning compared to same age peers. A Child Outcomes Summary team needs a complete picture of the child's functioning to decide on outcomes ratings. Different members of the team contribute different information to this picture. Professional team members are skilled at picking up on varying levels of typical and atypical patterns of development. Family members know what the child does in different settings and with different people. By sharing what they know about the child, each member of the team helps establish a complete picture of the child's functioning, which helps to ensure that the outcomes ratings accurately reflect what the child can and cannot do. With good teaming comes good decision-making. Good decision-making leads to objective and accurate ratings.

Virginia's Child Outcomes Booklet, Team Engagement in the Child Outcomes Summary Process identifies the required components for Virginia's Child Outcome Summary Ratings Process. Included in this booklet are the necessary resources to assist team members in being fully prepared to participate in the process. If the process outlined in this booklet is followed properly, a high measure of inter-rater reliability will be achieved.

When implemented fully the required components will lead to a consistent Child Outcome Summary Process resulting in Virginia's expected outcomes:

1. Families are included as full participants throughout the COS process;
2. Families' cultural values, beliefs and practices are taken into consideration;
3. Substantial functional information is collected that will inform the assessment for service planning, aid in the selection of IFSP outcomes, and help to determine child outcome ratings (i.e., initial, ongoing and exit ratings);
4. A high measure of inter-rater reliability is achieved.

This booklet is intended as a companion guide to the Practice Manual where you will find specific requirements for timelines, assessment, and data entry for initial, annual and exit ratings.



CHAPTER ONE

Functional Assessment

A critical characteristic of the three child outcomes is that they are functional. Functional outcomes refer to skills and behaviors that are meaningful to the child in the context of everyday living. In addition, the three outcomes are broad. They reflect how the child functions throughout the day at home and wherever the child spends time. The outcomes cross developmental domains to capture how children integrate the skills and behaviors needed to participate in everyday activities. The three child outcomes reflect this emphasis on functioning, which is consistent with recommended practice for identifying individualized outcomes.

Functional assessment helps teams understand a child's functional abilities, determine functional IFSP outcomes based upon family priorities, and inform the identification of intervention strategies and implementation. When using the three global child outcomes as a framework for summarizing assessment results, practitioners assist families in thinking about how their child brings together his or her skills across domains to function in specific situations, rather than talking about skills from a particular domain in isolation. Practitioners should ensure that conversations about these three global child outcomes focus on the child's performance in the context of the activities and routines assessed. This promotes conversations about possible IFSP outcomes to support participation and enhanced competence in the everyday activities that were prioritized by the parent.

Involving families in functional assessment is more than asking questions, going over questionnaires, or developmental profiles. To truly involve families providers must:

- Listen to the family story,
- Observe and ask about the child's everyday routines and activities related to the three child outcomes,
- Ask parents to show or describe what happens in everyday routines and activities,
- Observe parent/caregiver/child interactions, and
- Observe the child playing.



Virginia defines functional assessment as a continuous collaborative process that combines observing, asking meaningful questions, listening to family stories, and analyzing individual child skills and behaviors within naturally occurring everyday routines and activities across multiple situations and settings. To learn more about Virginia's Definition of Functional Assessment see [chapter seven](#).

To assign an accurate rating at entry, annual and exit, the team needs to (1) obtain a complete picture of the child's skills and behaviors across multiple settings and situations and (2) understand typical child development.

1. Obtaining a complete picture of the child's skills and behaviors across multiple settings and situations means that, in addition to gathering information through ongoing assessment and assessment tools, teams must have other mechanisms for getting information about the child in other places and with other people. It is especially important to get a picture of the child in places where the child spends time, including at home, in child care, and in other community settings. The team needs to know how the child interacts with adult family members, siblings, extended family, and other significant people in the child's life. This information can come from talking with those familiar with the child, such as family members, grandparents, and/or care providers, or from observations in places where the child spends time.

2. Since the child outcome ratings are based on a comparison of a child's functioning to that of same-aged peers, it is important to use a comprehensive assessment tool as an anchor to typical development. The Infant & Toddler Connection of Virginia strongly recommends the MEISR (Measure of Engagement, Independence and Social Relationships) as an anchor tool. Unlike more traditional assessment tools that focus on developmental domains and isolated skills in a testing situation, the MEISR assesses functional skills in the context of the child's everyday activities and routines and is anchored not only by developmental domains but also by the three child outcome areas. A link to the [MEISR-COSF](#) (2010) is included in **Attachment A** for informational purposes and to illustrate what functional skills fall into what child outcome area(s).



CHAPTER TWO

Understanding the 7-Point Rating Scale

The 7-point scale is used to indicate a child's status on each of the three outcomes at a given point in time. In Virginia, these points always include entry, annual and exit from early intervention. The process involves team members using the information gathered about a child to rate his or her functioning in each of the three outcome areas on a 7-point scale. Using the 7-point rating scale requires the team to compare the child's skills and behaviors with those expected for his or her age. On the 7-point scale, a 7 represents age-expected functioning and lower points represent the degree of distance from age expectations. Virginia requires the use of the Decision Tree when determining ratings for all children. It is important to note that the decision tree was not written as a script for individuals to read during the meeting. The decision tree is a guide to help teams reflect on the questions they need to answer to reach a rating and helps the team use the criteria consistently to decide between ratings.

Important Reminders:

The next area of knowledge needed by the team is the age at which children typically acquire different kinds of skills. The rating process requires an understanding of the timing and sequences of development that enable children to have positive social relationships, acquire knowledge and skills, and take action to meet their needs. For example, children typically play next to their peers before they meaningfully interact with them. In addition to child development occurring in typical sequences, we also know that children typically acquire skills within a certain time frame. For example, most children learn to walk around 12 months of age. The rating process requires that team members understand both the sequence in which children acquire skills and the age range in which they are acquired. Team members will be asked to think about how the child's functioning compares with what would be expected for a child his age.

It is important to note that each of the 7 points on the scale is defined by specific criteria. These criteria are grounded in three categories of functional levels: age-expected, immediate foundational, and foundational.

- Age-expected skills are exactly what the phrase says: They are the skills and behaviors that are seen in children of a particular chronological age. For example, if a child is 24 months old, age-expected skills are what a 24-month-old would be expected to do. We would describe a 24-month-old with 24-month-old skills as showing age-expected skills.
- Immediate foundational skills and behaviors are those that come just before age-expected skills in development. To understand immediate foundational skills, let's consider the example of walking. When we think about the skills that come just before children become proficient in walking, we see that they are cruising from one piece of furniture to another and taking a few unsteady steps on their own. These are examples of immediate foundational skills for walking. If a child is not showing age-expected skills but is showing the skills that come immediately before the skills expected for the age, we would describe the child as showing "immediate foundational skills."
- Foundational skills occur much earlier in the developmental progression of skills. They are called foundational because they form the foundation for later skill development. When considering our example of walking, we would think about the skills needed for children to eventually learn to walk— those that come even before cruising and initial wobbly steps. Examples include pulling to stand, crawling or scooting, going from a sitting position to all fours in preparation for crawling, or, in younger infant development, pushing up while in tummy time. Children who are not yet showing age-expected skills but are showing skills that come much earlier in development would be described as showing "foundational skills."

It is also important to note that in Virginia, we use the descriptor statements as reflected on the IFSP and the Decision Tree instead of numbers when discussing ratings with families. The numbers are used for data entry only.

Let's look at the definitions of each of the 7 points of the scale. In addition to the description, the corresponding descriptor statements from Virginia's IFSP and Decision Tree are included for each of the 7 points.

Rating of 7: *"Child has all the skills that we would expect in this area."*

A rating of 7 indicates that, in all or almost all everyday settings and situations, the child shows skills and behaviors that are expected for his or her age. A rating of a 7 also indicates that at this time, no one on the team has concerns about the child's development.

Rating of 6: *"Child has the skills that we would expect in this area. There are some concerns with [including documenting area of concern/ quality/ lacking skill]"*

A rating of 6 also indicates that in all or almost all everyday settings and situations, the child shows skills and behaviors that are expected for his or her age. However, a rating of 6 indicates that the team has some concerns about the child's functioning in the outcome area. These concerns are substantial enough to suggest keeping an eye on the child's development to determine the need for additional support in the future.

Examples of concerns where a rating of 6 would be appropriate are concerns about the child's development potentially not keeping pace with age-expected development in the future or a child who is showing early signs of a possible developmental problem.

On the other hand, examples of concerns where a rating of 7 would be appropriate instead of 6 might include: shyness, a 15-month-old child may be very shy, but the behavior is expected for the age; or temper tantrums, a parent may be worried about a 2-year-old's temper tantrums. The team will want to help the parent address these behaviors, but the team can also help the parent understand that tantrums are to be expected given the child's age.

Rating of 5: *"Child shows many age expected skills. He also continues to show some skills that might describe a younger child in this area"*

A rating of 5 indicates that a child shows some functioning that is expected for his or her age in some settings and situations or some of the time. This means that at other times or in some settings, the child is showing some functioning that is not age-expected. This mix of age expected and not age-expected functioning is the main differentiation between a rating of 5 and ratings of 6 or 7. Children who receive a rating of 5 have functioning that might be described as that of a slightly younger child because, developmentally, they present with some skills and behaviors that we would expect to see earlier in development.

Rating of 4: *"Child shows occasional use of some age expected skills. He has more skills of a younger child in this area"*

A rating of 4 also indicates that there is a mix of age-expected and not age-expected skills, but in the case of a rating of 4, the child shows more functioning that is not age-expected. Children who receive a rating of 4 show only occasional age-expected functioning across settings and situations; they show mostly functioning that is not age-expected. The functioning that is not age-expected could be described as immediate foundational or foundational functioning, or both.

Rating of 3: *"Child uses many skills that are necessary for development of more advanced skills; he is not yet showing skills used by other children his age in this area."*

The key feature of a rating of 3 is the lack of any age expected functioning in the outcome area. A rating of 3 means the child is showing immediate foundational skills almost all the time and across settings and situations and possibly some foundational skills, but no skills or behaviors that are age-expected in the outcome area. Children who receive a rating of 3 have functioning that might be described as that of a younger child when comparing their functioning with what is expected at their age because their skills and behaviors are those that we might see earlier in the developmental progression.

Rating of 2: “Child is beginning to show some of the early skills that are necessary for development of more advanced skills in this area”

In a rating of 2, we see fewer immediate foundational skills compared with a 3. A rating of 2 indicates that a child only occasionally uses immediate foundational skills across settings and situations and primarily has more of the foundational skills we see earlier in development.

Rating of 1: “Child has the very early skills in this area. This means that child has the skills we would expect for a much younger child”.

Finally, a rating of 1 means the child does not yet show any age-expected or immediate foundational functioning in the outcome area. A child with a rating of 1 is showing all skills at the foundational level of development.

Important Note:

Early intervention programs serve children with a wide range of abilities, including those with mild developmental delays and those with significant disabilities and regressive disorders. Some children have a delay in only one of the outcomes areas and will show age expected functioning in the other two outcomes. It’s important to remember that children with more significant developmental delays and disabilities will receive ratings at the lower end of the 7-point scale, and that’s okay. It’s an accurate picture of the child’s functioning at that point in time.

Understanding the criteria for the 7-point scale is extremely important for deriving an accurate rating. To assign an accurate rating at entry, annual and exit, the team needs to obtain a complete picture of the child’s skills and behaviors across multiple settings and situations. This means that in addition to gathering information through ongoing assessment and assessment tools, teams must have other mechanisms for getting information about the child in other places and with other people including the child’s parents and other caregivers.

Please refer to the following chart for assessment considerations and documentation to support each rating statement.

Documenting Outcome Ratings			
Rating		Outcome Ratings: Child's Development in Relation to Other Children The Same Age	Assessment Consideration and Documentation
Age Expected Skills	7	[Child's name] has all of the skills that we would expect in this area.	Provide examples of child's age expected functioning
	6	[Child's name] has the skills that we would expect in this area. There are some concerns with [area of concern/quality/lacking skill].	<ul style="list-style-type: none"> Provide examples of the child's age expected functioning Provide specific information about the concern that led to the rating of 6 If there is evidence of functioning that is not age expected, a rating of 6 or 7 should not be assigned
Decreasing Degree of Age Expected Skills	5	[Child's name] shows many age expected skills. He also continues to show some skills that might describe a younger child in this area.	<ul style="list-style-type: none"> Provide examples of child's age expected functioning Provide examples of the child's functioning that is NOT age expected
	4	[Child's name] shows occasional use of some age expected skills. He has more skills of a younger child in this area.	<ul style="list-style-type: none"> Provide examples of age expected functioning Provide examples of the child's functioning that is NOT age expected Evidence should show more functioning that is NOT age expected than functioning that is age expected
No Age Expected Skills	3	[Child's name] uses many important skills that are necessary for development of more advanced skills; he is not yet showing skills used by other children his age in this area.	<ul style="list-style-type: none"> Provide examples of the child's functional skills Provide information about functional skills expected at this age, but not yet demonstrated There should be no functioning that is age expected to receive this rating
	2	[Child's name] is beginning to show some of the early skills that are necessary for development of more advanced skills in this area.	<ul style="list-style-type: none"> Provide examples of the early functional skills the child is beginning demonstrating that are necessary for more advanced functioning Provide information about the next skills necessary for child to move toward age expected functioning There should be no functioning that is age expected to receive this rating
	1	[Child's name] has the very early skills in this area. This means that [child's name] has the skills we would expect of a much younger child.	<ul style="list-style-type: none"> Provide examples of the child's functional skills Provide information about the next skills necessary for child to move toward age expected functioning There should be no functioning that is age expected age to receive this rating



CHAPTER THREE

Determining Initial Ratings

Preparing Families:

It is important that everyone participating in the Child Outcome Summary Process not only has a thorough understanding of the required components of functional assessment and the 7-point rating scale but also understands why this information is collected. Team members including the family must be well prepared to participate in the discussion, and the Intake meeting is the ideal opportunity to first introduce families to functional assessment and the COS. It is important for the service coordinator to explain to the family that parents and caregivers are the most important members of the team since they know their child best. In fact, doing so helps families understand how invested service coordinators and early intervention providers are in learning about and understanding their child and family. The service coordinator and family may use this time to prepare by observing the child doing something that he enjoys or does often. The service coordinator should reflect her observations on the Child Outcome Guiding Questions Checklist found in Chapter Seven: Important Documents when Completing the COS Process. While this form is not “required” it is strongly recommended as a way to capture functional information in preparation for eligibility determination and assessment for service planning.

To help family members fully participate in the actual assessment and ratings discussions, it is important to give them more background information before the assessment for service planning. The service coordinator on the team should explain the three outcome areas, the purpose of the Child Outcomes Summary Process, and the Decision Tree. The preparation should also include letting the family know what to expect during the meeting and provide an opportunity for questions. Stress how important it is for family members to contribute information about what they have seen their child do. To assist in preparing families, service coordinators are expected to share the parent’s guide to “Child Outcome Summary Process”, a handout that explains the global child outcomes and the Decision Tree Process (see Chapter Seven: Important Documents when Completing the COS Process) with all families prior to the initial assessment for service planning.

Assessment Process:

The initial assessment for service planning is conducted by a multidisciplinary team and includes use of a comprehensive assessment tool as an age anchor. In addition to information from an assessment tool(s), information is gathered from multiple other sources:

- Observation;
- The family, including information about the child’s performance in relation to the three child outcomes across situations and settings and with different people; and
- Any other source (e.g., child care provider, medical records, etc.)

See Chapter 6 of the Infant & Toddler Connection of Virginia Practice Manual for more detailed requirements related to the initial assessment for service planning.

Team Collaboration & Family Engagement in Determining Ratings:

Using the Decision Tree and considering the information above and functional skills of same-aged peers, the team determines the appropriate rating statement for each of the three child outcomes. A printed or electronic copy of the Decision Tree must be used by the team, which includes the family, at the assessment for service planning or the IFSP meeting in order to make the rating determination for each of the three child outcomes. Families are fully involved as team members in using the Decision Tree. The service coordinator and service provider team members support family engagement in this process by preparing families as described above and encouraging family participation in the team discussion at each question and related decision point in the Decision Tree.



CHAPTER FOUR

Determining Annual Ratings

Preparing Families:

Similarly to the initial rating, family members need to be prepared to fully participate in the summary of the child's functional status on the three child outcomes and unique strengths and needs when the annual IFSP is developed. The service coordinator should remind the family about the three outcome areas, the purpose of the Child Outcomes Summary Process, and the Decision Tree. The preparation should also include letting the family know what to expect during the meeting and provide an opportunity for questions. Stress how important it is for family members to contribute information about what they have seen their child do. To assist in preparing families, service coordinators are expected to offer another copy of the parent's guide to "Child Outcome Summary Process"; a two page handout that explains the global child outcomes and the Decision Tree Process (see Chapter Seven: Important Documents when Completing the COS Process) to families prior to the annual assessment for service planning.

Assessment Process:

Because service providers observe the child's functioning and skills across all developmental domains and in relation to the three child outcomes as a routine part of service delivery, generally, there will be enough information from ongoing assessment to complete the summary of the child's functional status on the three child outcomes and unique strengths and needs when the annual IFSP is developed. Re-assessment at the time of the annual IFSP would only be necessary in a few circumstances, like if the child is receiving service coordination only, if there had not been an opportunity for ongoing assessment for an extended period of time, or maybe if there had been a major event (like surgery) that had recently had a significant impact on the child's development. When a re-assessment (annual assessment) is needed, the assessment must be conducted by a multidisciplinary team. See Practice Manual Chapter 8 for detail on special circumstances.

Team Collaboration & Family Engagement in Determining Ratings:

Using the Decision Tree and considering the information above and functional skills of same-aged peers, the team determines the appropriate rating statement for each of the three child outcomes. A printed or electronic copy of the Decision Tree must be used by the team, which includes the family, at the assessment for service planning or the IFSP meeting in order to make the rating determination for each of the three child outcomes. Families are fully involved as team members in using the Decision Tree. The service coordinator and service provider team members support family engagement in this process by preparing families as described above and encouraging family participation in the team discussion at each question and related decision point on the Decision Tree.



CHAPTER FIVE

Determining Exit Ratings

Preparing Families:

Explain to families that exit ratings on all three child outcomes are done prior to exit for all children who had an entry rating and who have been in the system for 6 months or longer since their initial IFSP (i.e., there have been 6 months between the initial IFSP and the exit assessment). The rating must be done no more than 6 months prior to exit from early intervention.

Similarly to the initial rating, family members need to be prepared to fully participate in the summary of the child's functional status on the three child outcomes and unique strengths and needs when the exit ratings are determined. The service coordinator should explain the three outcome areas, the purpose of the Child Outcomes Summary Process, and the Decision Tree. The preparation should also include letting the family know what to expect during the meeting and provide an opportunity for questions. Stress how important it is for family members to contribute information about what they have seen their child do. To assist in preparing families, service coordinators are expected to offer the parent's guide to "Child Outcome Summary Process", a handout that explains the global child outcomes and the Decision Tree Process (see Chapter Seven: Important Documents when Completing the COS Process) to families prior to the exit rating discussion.

Assessment Process:

Exit ratings on all three child outcomes are done prior to exit for all children who had an entry rating **AND** who have been in the system for 6 months or longer since their initial IFSP (i.e., there have been 6 months between the initial IFSP and the exit assessment). The rating must be done no more than 6 months prior to exit from early intervention. In determining the exit ratings, the team should NOT go back and look at the entry ratings. Each rating should reflect the child's current functioning. If the team members look at the entry ratings, they might unintentionally take that information into account in their decision-making. The entry ratings are not relevant pieces of information to the exit Child Outcomes Summary discussion and may bias the team's determination of the exit ratings.

A formal assessment is not required. Instead, the provider(s) determines the child's functional status on the three child outcomes through ongoing assessment (which can occur over multiple sessions). The provider must document the child's abilities by filling in an assessment instrument (such as the HELP, ELAP, MEISR, etc.). The reason for documenting what has been observed through ongoing assessment on an assessment tool is not to generate age levels but to serve as an anchor for the assessment and to provide a standard measure to be used in combination with other assessment sources for determining the child's functional status on the three child outcomes in relation to same-age peers. Completing the ASQ does not meet the requirement for using an assessment tool. It is not necessary to use the same instrument that was used for the entry assessment.

Since the ratings reflect the child's status at the time of the assessment, it is important to time the exit assessment/rating as close to exit as possible in order to capture results for the full time the child was receiving early intervention services. This may mean using ongoing assessment information to update the ratings just before exit, even if there was an annual IFSP developed within the last 6 months.

There may be situations where it is not possible to complete the ratings because there is insufficient ongoing assessment information available (e.g., the child has not been seen for an extended period of time and the family leaves the system without notice). Keep in mind that, in most situations where the child leaves early intervention unexpectedly, it will still be possible to determine the child's exit status on the three child outcomes based on ongoing assessment information from contact notes. If it is not possible to complete the exit ratings, this must be documented in a contact note.

Team Collaboration & Family Engagement:

Although exit ratings are not always determined during a formal meeting of the full IFSP team, those determining the exit ratings must refer to a paper or electronic copy of the Decision Tree and must engage families in the process of using the Decision Tree at exit whenever possible.

In addition to determining the ratings, the team will answer the progress question for each of the three outcome areas. The progress question is specific to the child outcomes process at exit.

The progress question; “Has the child shown *any* new skills or behaviors related to this outcome since entry?” This question is called “the progress question” because it tells us whether the child has made any progress compared to him or herself since the entry rating. It is a yes/no question that documents whether or not the child has acquired *any* new skill since the entry rating. The question focuses on whether the child has made progress compared to his or her own previous level of functioning. If the team is not already familiar with the kinds of gains the child has made, the team should look at earlier assessment results and progress notes to help answer this question. Any one new skill in the outcome area counts as a “yes.” So, for example at exit, if in the two years since the entry rating, the team has seen the child begin using even one more new word or gesture to get his needs met, then the team should answer “yes” to the progress question for Outcome 3.

If the child has *not* acquired any new skill related to any aspect of the outcome since the entry rating, then the answer to the progress question should be “no.”

There are common confusions related to the progress question:

- Some teams answer “no” because they think the child has to show progress across the breadth of skills represented in the outcome area. Teams should answer “yes” to the progress question even if the child has only acquired a new skill related to one aspect of the outcome. The child does not have to show progress across all aspects of the outcome for the answer to the question to be “yes.”
- Some teams may be confused about how to respond because the child’s acquisition of new skills is slower than same-aged peers. The key point to remember is that the progress question is about progress compared to self not about progress relative to same-aged peers. A child may even lose ground compared to same-aged peers, but the team should still answer “yes” if the child demonstrated any new skill.
- It can be difficult to figure out how to handle the progress question when the child demonstrates regression. The key point to remember in this situation is the progress question compares the child’s progress to self at two points in time, at entry and at exit. The child may have lost some skills gained during their time in early intervention, but the team should answer “yes” to the progress question if the child still has at least one new skill at exit that they did not have at entry. If the child has lost skills demonstrated at entry and gained no new skills since entry then the team would answer “no”. The regression would also be reflected in the rating statement demonstrated when comparing the child to same age peers.



CHAPTER SIX

Special Circumstances in Functional Assessment and the COS Process

1. The Inclusion of the Family's Cultural Values, Beliefs and Practices:

When assessing young children for early intervention, practitioners need to be sensitive to the cultural and linguistic variations that exist. A quality Child Outcomes Summary process involves using methods of assessment that look at the ways in which children are using their skills in everyday settings and situations. Most formal assessment tools are not culturally sensitive thus placing greater relevance on the use of family-centered and function-based assessment. Multiple methods and multiple sources are necessary to obtain a comprehensive picture of the child's functioning.

Assessment strategies should be tailored to each individual child taking into consideration the family's culture, beliefs and values. It is critical to obtain a non-biased picture of the child's abilities, in order to determine whether certain patterns of development and behavior are caused by a developmental delay or are simply the result of cultural and linguistic differences. Team members need to understand how cultural practices influence the age at which children develop certain skills. For example, some cultures don't expect the same level of independence in feeding, and parents may continue to assist their children with feeding into the preschool years. Another example is the child doesn't sleep through the night on his own because the family's cultural expectation is that children sleep with their parents until they are older. In working with families, culturally competent interventionists would not see this as a problem because it has no long-term impact on development and would not be counted against the child when comparing to same age peers.

For more information, a study completed out of Canada [Cross-Cultural Lessons: Early Childhood Developmental Screening and Approaches to Research and Practice](#) highlights cross-cultural lessons related to early childhood developmental screening for service providers to consider and provides a list of potential factors that can influence the outcomes of screening for immigrant and refugee children.

2. The Use of Assistive Technology:

Another important consideration is the role of assistive technology devices when considering a rating. Assistive technology includes devices that are used by individuals with disabilities, including infants and toddlers, in order for them to participate in typically occurring routines and everyday activities and to perform functions that otherwise would be difficult or impossible without the use of the technology. Assistive Technology includes both adaptations to readily available items such as spoons, sippy cups and car seats to the use of more specialized devices such as switch interfaces and power wheelchairs. Ratings should reflect the child's functioning using whatever assistive technology devices are used in his or her everyday routines and activities.

If assistive technology or special accommodations are available in the child's everyday environments, then the child's assessment for service planning and child outcome ratings should describe the child's functioning using those adaptations. However, if technology is only available in some environments or is not available for the child, rate the child's functioning with whatever assistance is usually present. The ratings should reflect the child's actual functioning across a range of settings, **not** his/her capacity to function under ideal (but not actual) circumstances. For example, teams discussing a child who wears glasses or hearing aids or who uses a walker or wheelchair should consider the child's functioning **with** the use of these items. In some cases, a child may have more access to assistive technology in particular settings than others. If so, then that variability in the child's use of the technology will probably mean he or she shows a mix of functioning across settings and situations.

3. Prematurity:

In Virginia, it is our practice to assess children born prematurely using their adjusted ages to determine eligibility and service planning; however, chronological age, **not** adjusted age, is used for Child Outcomes Summary ratings. One of the reasons we collect data on child outcomes is to examine the effectiveness of early intervention. Using the child's chronological age provides a truer picture of the effect of services on the child's development. The data will show how children born prematurely catch up, which demonstrates the impact of early intervention services.

4. Toilet Training:

It is often a struggle to know what is considered age expected toileting for a child under age three, what advice to give parents and how to score children's toileting progress in the child outcome area of using appropriate behaviors to meet needs. Further complicating the issue, cultural expectations and definitions of toilet training vary greatly. Confusion about toilet training expectations was the issue most often cited by providers during Phase I of Virginia's State Systemic Improvement Plan (SSIP) development as the reason Virginia had a lower percentage (than the national percentage) of children exiting at age level in the area of using appropriate behaviors to meet needs. Some providers believed they could not give the child an exit rating of 6 or 7 if the child was not toilet trained and the assessment tool used as the age anchor listed this as an age expected skill. Some assessment tools including the ELAP, which is commonly used across Virginia, begin scoring toileting at 18 months of age (ELAP: 18 months- uses toilet when taken by an adult).

Current guidelines on toilet training from the American Academy of Pediatrics (AAP) have essentially remained unchanged in the last 30 years. Recommendations state there is no set age at which toilet training should begin. The right time depends on the child's physical and psychological development. Children younger than 12 months have no control over bladder or bowel movements and little control for 6 months or so after that. Between 18 and 24 months, children often start to show signs of being ready, but some children may not be ready until 30 months or older. The AAP reports most children achieve bowel control and daytime urine control by 3 to 4 years of age. Even after a child is able to stay dry during the day, it may take months or years before he achieves the same success at night. In 2003, the average age to complete toilet training in the United States was 37 months.

In the interest of ensuring consistent and accurate child outcome ratings that truly reflect age-expected functional skills and in light of the recommendations and findings from the AAP, a child's toilet training status must not be factored into the child's outcome rating in the area of using appropriate behaviors to meet needs. In other words, a child's lack of toilet training interest, progress or completion must not prevent a rating of 6 or 7 in this child outcome area. Providers may complete and score toilet training items on an assessment tool in accordance with instructions for that instrument, but those items must not be considered when determining the outcome rating.

Although toilet training status must not impact the child outcome rating, toilet training may be a concern and/or priority for the child's family and that may be reflected in the IFSP outcomes and addressed during intervention.

5. Atypical Functioning:

Sometimes children display behaviors that do not represent delays in the usual progression of skills. Rather, they exhibit a pattern of consistently reoccurring behaviors that are atypical. These kinds of atypical behaviors are uncommon and are markedly different from what is observed in the child's peers. Examples include self-stimulating behaviors, perseveration on specific activities, strict adherence to daily rituals, and echolalia.

The team must consider the extent to which atypical behaviors influence the child's level of functioning in each outcome area across settings and situations. For example, if the child spends a lot of time engaged in self-stimulating behaviors, then she is not able to interact as much with people around her. If the child displays self-stimulating behaviors in response to others' actions instead of reciprocating and extending interactions with those people around her, then the self-stimulation has a functional impact on her relationships with others. The team must consider the extent of this impact on age-expected functioning across settings and situations.

Sometimes, teams focus on the atypical behaviors but overlook what the child is doing in an age-expected way. For example, a child may be overly focused on cars, have several rituals related to toy cars, and perseverate on making car sounds. All of these may be interfering with the child's interactions with children and with the child's availability to engage in learning about new things. On the other hand, the child may also have strengths in an outcome area. For example, he may interact with books appropriately, be age-appropriate with regard to doing puzzles, and be able to provide good descriptions of past events. When deciding a rating in an outcome area, the team needs to examine the entire repertoire of the child's skills and determine which are and are not age-appropriate.



CHAPTER SEVEN

Summary and Important Documents

Summary:

Virginia's Child Outcomes Booklet, Team Engagement in the Child Outcomes Process identifies the required components for Virginia's Child Outcome Summary Process. Included in this booklet are the necessary steps and resources to assist team members in being fully prepared to participate in the process. Participating in the COS Process takes skill and like all skills, it takes practice. We encourage you to continue to refine these skills by getting feedback from experienced team members, local system managers and by making use of the resources provided.

Important Documents:

The following handouts are useful in explaining the Child Outcome Summary Process to families and caregivers:

- Virginia's Definition of Functional Assessment
- Infant & Toddler Connection Child Outcomes Process
- Child Outcome Guiding Questions
- Decision Tree for Child Outcome Summary Process

Definition of Functional Assessment

Functional assessment is a continuous collaborative process that combines observing, asking meaningful questions, listening to family stories, and analyzing individual child skills and behaviors within naturally occurring everyday routines and activities across multiple situations and settings.



This professional development resource is supported by the Integrated Training Collaborative (ITC), with grant funding support from the Virginia Department of Behavioral Health and Developmental Services (DBHDS), Part C Early Intervention.

Infant & Toddler Connection of Virginia

Child Outcomes Summary Process

Families and professionals want to know that early intervention services are helping children. Early Childhood Outcomes are one way that all states measure the effectiveness of these services. Child outcomes are measured when your child begins to receive early intervention services, annually and when your child is finished receiving early intervention services.

Early Childhood Outcomes focus on skills and abilities that children use to be successful in activities, routines and future school settings.



Role of the Family in Outcome Summary Discussions

The family plays several important roles in Virginia's Child Outcome Summary Process, including team member, child information provider and decision tree participant.

Team Member:

Just as families are members of IFSP teams, they are critical to the assessment team.

Information Provider:

Child Outcome ratings rely on information about a child's functioning across situations and settings. Parent input is crucial: family members see the child in situations that professionals do not. The rest of the team will need to learn what family members know about the child- what the child does at home, at grandma's house, in the grocery store, etc.

Participant in Summary Discussions:

As members of the IFSP team, families are natural participants in the outcome summary discussion. Their role in the summary discussion is child expert, while other members of the team will know child development and the skills and behaviors expected at various age levels.

The Decision Tree:

The decision tree is a guide to help teams reflect on the questions they need to answer to reach a summary statement and helps the team use the criteria consistently to decide between summary statements.

Documenting Outcome Ratings

These questions can be used to guide the discussion with the family from the initial contact through the completion of the assessment for service planning. This is not intended to be comprehensive, and not all statements will apply to all children. Familiarity with child development is necessary in order to understand the statements and how to apply them to each child and family.

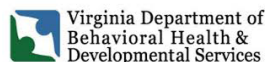
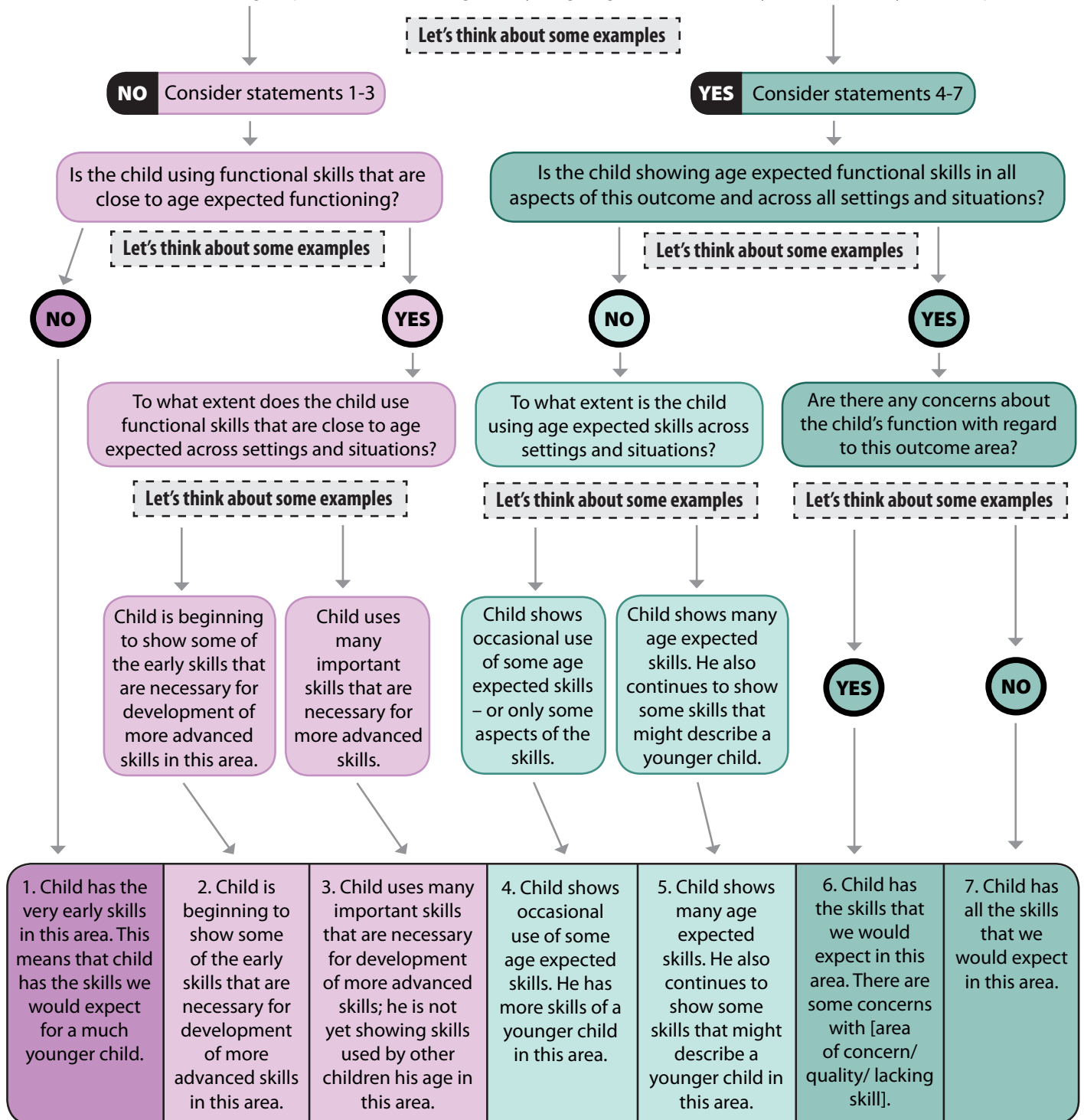
DEVELOPING POSITIVE SOCIAL-EMOTIONAL SKILLS	Tell me how (child):	Provide Functional Examples
ACQUIRING AND USING KNOWLEDGE AND SKILLS	<ul style="list-style-type: none"> • communicates his/her feelings • interacts with parents • interacts with other known adults • interacts with siblings • interacts with other children • responds to new people/strangers • uses greetings (hi/bye) • engages others in play • responds to new places <p>Does parent have any concerns in this area?</p>	
TAKING APPROPRIATE ACTION TO MEET NEEDS	<ul style="list-style-type: none"> • plays with toys (what toys and for how long) • imitates what he/she sees others do • imitates what he/she hears others say • learns new skills and uses these skills in play • responds to directions • understands language (including prepositions) • communicates (from cooing to using sentences) • solves problems/figures things out • remembers familiar play routines • interacts with books <p>Does parent have any concerns in this area?</p>	
TAKING APPROPRIATE ACTION TO MEET NEEDS	<ul style="list-style-type: none"> • moves around to get what he/she wants (toys, family, etc.) • uses hands to play with toys • uses hands to feed him/herself • participates in feeding/eating (including utensils) • participates in dressing • sleeps • uses the potty • communicates wants and needs (requests) • follows rules related to safety (holds hands, stops, understands "hot," etc.)? <p>Does parent have any concerns in this area?</p>	

Decision Tree for Child Outcomes Summary Process

Based on All Assessment Information

Does the child ever function in ways that would be considered age expected with regard to this outcome?

NOTE: Performance of an age expected skill that emerges at a younger age is not sufficient by itself to answer yes to this question.



Infant & Toddler Connection of Virginia

Child Outcomes Summary Process

Families and professionals want to know that early intervention services are helping children. Child Outcomes are one way that all states measure the effectiveness of these services. Child Outcomes are measured when your child begins to receive early intervention services, annually and when your child is finished receiving early intervention services. ITCVA uses Child Outcome statements to describe a child's functional behaviors compared to his same aged peers.

Child Outcomes focus on skills and abilities that children use to be successful in activities, routines and future school settings.

The three Child Outcomes are:



Children have positive social relationships.

This outcome measures:

- how children interact and play with family, other adults, and other children
- how children communicate feelings
- how children respond to new people and places



Children acquire and use 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 learners.
- how children play with toys, imitate and remember familiar routines



Children use 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
- how children communicate their wants and needs
- how children follow rules related to safety

You and your child's early intervention team together will share information and develop a picture of your child in each of the Child Outcomes. You are the expert on your child and know your child's strengths and needs. As an equal partner on your child's team, you provide important information about your child's skills. You can share what you see your child doing at home and in the community. You can talk to your child's team and learn more about what is expected for a child at different ages.



This professional development resource is supported by the Integrated Training Collaborative (ITC), with grant funding support from the Virginia Department of Behavioral Health and Developmental Services (DBHDS), Part C Early Intervention.



CHAPTER EIGHT

Resources

The **Early Childhood Technical Assistance Center (ECTA)** provides an array of resources on quality practices for the Child Outcomes Summary. Specific resources include checklists and a video library. <http://ectacenter.org/eco/pages/costeam.asp>

Age Anchoring Guidance for Determining Child Outcomes Summary (COS) Ratings is available from ECTA to answer commonly asked questions about age anchoring and examples of how the guidance applies in practice.

http://ectacenter.org/~pdfs/eco/COS_Age_Anchoring_Guidance.pdf

The **Measure of Engagement, Independence and Social Relationships-Child Outcome Summary Form (MEISR-COSF)** is available from ECTA. The MEISR-COSF assesses functional skills in the context of the child's everyday activities and routines and is anchored not only by developmental domains but also by the three child outcome areas.

http://ectacenter.org/~pdfs/meetings/data2014/MEISR_May-2014-DNC.pdf

Definition of Functional Assessment

https://veipd.org/main/pdf/def_of_func_assess_9.10.18.pdf

Functional Assessment: Examples of Questions to Ask Families

This handout provides examples of questions an EI practitioner might ask a parent/caregiver to gather detailed information about a child's functional abilities during different routines.

<https://drive.google.com/file/d/1rG0dI0QuV37P8sVImnNg06KkdKxMWazl/view>

Assessment for Service Planning Notes Template

This template can be used to collect information during the assessment that will assist team members when reporting the results to the family according to the global child outcomes while using a functional assessment approach.

https://veipd.org/main/doc/asp_notes_template.docx



Videos

<http://ectacenter.org/eco/pages/costeam-videolibrary.asp>

Child Outcomes Step-by-Step

<http://ectacenter.org/eco/pages/videos.asp>

This video offers a consistent way to describe the three child outcome areas for providers and parents.

Parent Reaction to Engaging in the Process

<https://www.youtube.com/watch?v=IB9hiloegCw&feature=youtu.be>


Providers' Reactions Engaging Families in the COS Process

<https://www.youtube.com/watch?v=j5pdmYTs4co&feature=youtu.be>

ATTACHMENT A: **Functional Skills by Outcome**

The ITCVA strongly recommends the MEISR as an anchor tool since it assesses functional skills in the context of the child's everyday activities and routines and is anchored not only by developmental domains but also by the three child outcome areas. The MEISR-COSF Tool is a revision of the MEISR with functional skills organized by the three child outcomes and then by routine and age ranges. The MEISR-COSF, therefore, provides an opportunity for consistency and shared understanding about what functional skills fall under each outcome area ... even if you are using a different assessment instrument. Please click on this link to review the functional skills by outcome area: [MEISR-COSF](#)

Once you click on the link, since the purpose of including the MEISR-COSF in this booklet is to consistently define the functional skills that fall into each outcome area, you can focus on the skills column and the "Age in Months" column. Please note that the ages included are beginning ages. They are not norm referenced – rather they are derived from other tools and sources.



1. Waking Up (Outcome 1)		Not yet	Some-times	Often	Past this	Age in months	Functional Domain	Dev. Domain	MEISR codes
1-1-1	Makes vocal sounds					0-2.5	S	CM	1.1
1-1-2	Enjoys being held, rocked, touched					0-6	S	S	1.2
1-1-3	Smiles, kicks, moves arms excitedly when caregiver comes to crib					2-4	S	S	
1-1-4	Seems happy to see adults					1.5-4	S	S	1.4

