The background of the entire page is a chalkboard with faint white chalk drawings of a triangle, a square, and a circle. In the foreground, three wooden alphabet blocks are stacked. The top block is yellow with the letter 'B', the middle block is red with the letter 'A', and the bottom block is blue with the letter 'C'.

# **DELAWARE BUILDING BLOCKS**

**BETTER LASTING OUTCOMES  
FOR CHILDREN—  
KEYS TO SUCCESS**

**Guidelines for Infants and Toddlers**

**Birth to Three Early Intervention System  
Division of Management Services  
Delaware Health and Social Services  
1901 N Dupont Hwy New Castle Delaware 19720  
302-255-9134 fax 302-255-4407**

<http://www.dhss.delaware.gov/dhss/dms/epqc/birth3/directry.html>



## Introduction to BUILDING BLOCKS

The State of Delaware is committed to supporting early education for all young children. The Office of Early Care and Education was established in 2002 to support the development of a quality early care and education system. Considerable effort has taken place to bring together the many distinct elements that make a good system.

Curriculum and instruction is one important aspect to a quality education system. The *Delaware Early Learning Foundations* for preschoolers and the *Infant Toddler Early Learning Foundations* were developed as curriculum guides for programs. The Foundations are meant to provide a structure and guide for planning instructional experiences that are essential to facilitate children's development. Assessment and ongoing monitoring is also another important aspect to a quality education system. Assessment serves the purposes of monitoring the effectiveness of instruction, making sure developmental growth is being made, and ensuring that the outcomes targeted for instruction are being met. Assessment can and should be a positive component to any educational process.



Linking assessment and instruction is a critical component to an effective system. Identifying specific outcomes and using assessment and instruction as a basis for determining effectiveness are essential to current educational practice. Bringing together these elements will further support effective instructional practices.

The Office of Special Education Programs (OSEP) has established three functionally-stated outcomes for programs providing early intervention services to children with IFSPs and IEPs. Part C (infants and toddlers up to age three) requires early intervention providers to collect assessment data at each child's entry (eligibility determination) and exit (transition) from the program. Analysis of this data provides a measurement indicating the extent to which children are making or not making progress as a result of receiving early intervention.

The three child outcomes include:

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

Delaware Building BLOCKS was established as the early childhood outcomes (accountability) system. The system is intended to:

1. be a process for the ongoing monitoring of children's development to support effective instruction; and
2. serve as the statewide mechanism for reporting the OSEP outcome data.

## **Background Information on the Outcomes Initiative**

In September 2004, the Delaware Child Outcomes Work Group (COWG) was established to work on the development of Delaware's early childhood outcomes/accountability system. Participants included representatives from early childhood agencies, child care centers, school district programs, families of children with special needs, and advocacy groups. For over two years, the Work Group proceeded with an extensive research and development process which resulted in the following recommendations:



- The Delaware outcome system needs to be linked to the state's Early Learning Foundations (preschool) and the Infant Toddler Early Learning Foundations.
- Assessments must be aligned with the Delaware Early Learning Foundations and the Infant Toddler Early Learning Foundations. The results will provide information about how children are developing in relation to the state's early learning guidelines and the three OSEP Child Outcomes.
- Federal and state reports will disclose aggregated information on the progress demonstrated by each child for each of the three outcomes using the following categories:
  - a Children who did not improve functioning
  - b Children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers
  - c Children who improved functioning to a level nearer to same-aged peers but did not reach it
  - d Children who improved functioning to reach a level comparable to same-aged peers
  - e Children who maintained functioning at a level comparable to same-aged peers
- Part C data will be entered into DHSS CARES by Child Development Watch; likewise, school districts will enter Part B/619 data into E-School Plus.

- Confidentiality issues of sharing information between Part C and Part B programs resulted in a Confidentiality Policy. This policy stipulates that parents will be asked to provide written consent to share information across programs.

## Special Project Activities

### **Validity Analysis**

In 2005, a team of early childhood education teachers and interventionists examined the validity of the state's Child Outcomes Framework using nationally recognized early childhood assessments as the foundation. The analysis confirmed the validity of the state early learning guidelines and highlighted where there were high levels of correlation between specific assessments and the framework. From that data, the state piloted a set of assessments to explore the best instruments to use within the Outcomes system.

### **Pilot Project**

During the 2005–2006 school year, early childhood programs throughout Delaware participated in a pilot project to implement the newly proposed child outcomes system. The purpose was to determine the appropriateness of the assessment instruments and to explore effective processes to complete the assessment and reporting system. Teachers, early intervention service providers, and CDW assessors participated by using one of nine different criterion-referenced assessment instruments designed to measure progress. Pilot project information guided decisions for the selection of assessments and procedures for Delaware's child outcomes system, BUILDING BLOCKS (**B**etter **L**asting **O**utcomes for **C**hildren—**K**ey to **S**uccess).



### **Implementation**

Delaware fully implemented the Child Outcome System on September 1, 2006. This guidebook is intended to document policies and procedures governing those children eligible under Part C of IDEA. An electronic version of this document is available at:

<http://dhss.delaware.gov/dhss/dms/birth3pubs.html> Hardcopies are also available by contacting the Birth to Three office.

# Key Elements in Reporting Child Outcomes

## Child Outcome Indicators

- Outcome 1** Children have positive social–emotional skills (including social relationships)
- Outcome 2** Children acquire and use knowledge and skills (including early language/ communication)
- Outcome 3** Children use appropriate behaviors to meet their needs

## Child Outcome Summary Form (COSF) Ratings

Overall Age Appropriate	<b>Completely</b> means:	<b>7</b>	<i>Child shows functioning expected for his or her age in <b>all or almost all everyday situations</b> that are part of the child’s life. Functioning is considered <b>appropriate</b> for his or her age. No one has any concerns about the child’s functioning in this outcome area.</i>
		<b>6</b>	<i>Between Completely and Somewhat. Child’s functioning generally is considered <b>appropriate</b> for his or her age but there are <b>some concerns</b> about the child’s functioning in this outcome area.</i>
Overall Not Age Appropriate	<b>Somewhat</b> means:	<b>5</b>	<i>Child shows functioning expected for his or her age <b>some of the time and/or in some situations</b>. Child’s functioning is a <b>mix</b> of age appropriate and not appropriate functioning. Functioning might be described as like that of a <b>slightly younger child</b>.</i>
		<b>4</b>	<i>Between Somewhat and Emerging</i>
	<b>Emerging</b> means:	<b>3</b>	<i>Child does <b>not yet</b> show functioning expected of a child of his or her age in any situation. Child’s behaviors and skills include <b>immediate foundational skills</b> upon which to build age appropriate functioning. Functioning might be described as like that of a <b>younger child</b>.</i>
		<b>2</b>	<i>Between Emerging and Not Yet</i>
		<b>1</b>	<i>Child does <b>not yet</b> show functioning expected of a child his or her age in any situation. Child’s skills and behaviors also <b>do not yet include any immediate foundational skills</b> upon which to build age appropriate functioning. Child’s functioning might be described as like that of a <b>much younger child</b>.</i>

## **Five categories reported annually to OSEP**

- a Children who did not improve functioning
- b Children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers
- c Children who improved functioning to a level nearer to same-aged peers but did not reach it
- d Children who improved functioning to reach a level comparable to same-aged peers
- e Children who maintained functioning at a level comparable to same-aged peers

## **Assessment Tools Approved for Determining Child Outcomes for Part C Eligible Children in Delaware**

The following tools have been correlated with the Federal Outcomes:

### **Primary Assessment Tools**

The following assessments are criterion-referenced, performance/ observation based assessment measures identified as Primary Assessment Tools for all Part C eligible children.

- **Bayley III**
- **Carolina Curriculum Assessment for Infants and Toddlers**
- **Creative Curriculum Developmental Continuum for Infants, Toddlers and Twos**
- **Teaching Strategies Gold**

### **Interview/Observational Assessment Measures**

Tools that use interviews, observations and/or surveys to collect information from parents and caregivers.

- **Vineland II** (*The Survey Information Form is preferred; however, the parent report is useful when an interview cannot be conducted.*)
- **Ounce Scale**

### **MultiSource Information**

Multiple sources of information that measure the child's progress are required. Recommended sources include, but are not limited to, observations, interviews with the child's family or caregiver, other assessment tools (such as the **PLS** or **Peabody**), and IFSP progress notes.

### **Tools that may be used with children with severe and profound disabilities**

- **Developmental Assessment for Individuals with Severe Disabilities (DASH-2)**
- **Callier-Azusa Scale**

## **Delaware's Policy on Using Other Assessment Tools Not Previously Listed**

The Birth to Three office is receptive to using other valid assessments. The provider will need to obtain formal approval to use assessments not on the approved list. Four essential procedures are necessary:

1. The provider will need to determine the alignment of the measurement tool to the Delaware Infant Toddler Early Learning Foundations.
2. The assessment tool needs to be linked to all three child outcomes.
3. The assessment tool should look at child's development holistically and be designed for repeated use and ongoing monitoring of child's development. This information should be useful for informing intervention plans and IFSP goals.
4. The assessment should have age anchors that allow assessment teams to compare children with typical peers.

## **Approval Process for Using Other Assessment Tools**

The provider should submit a formal request to use the assessment. Included in the request should be:

1. A letter requesting the use of an assessment tool
2. A copy of the assessment instrument
3. A completed Validity Alignment Document to align the assessment with the Delaware Infant Toddler Early Learning Foundations

*"The overarching purposes of assessment for early intervention are the design and evaluation of the effectiveness of individual plans for instruction and therapy."*

*Bricker, et al., 2000; Sandall, et al., 2000; Bagnato & Neisworth, 1997*

# Determining Which Children to Include in the Child Outcomes Process

The children participating in the accountability outcomes process will:

1. be Part C eligible
2. have an IFSP (even if service coordination is the only service)
3. have been in the program for at least six (6) months. The timeline starts at the assignment of initial service coordinator.

Children who temporarily withdraw from services are included in the analysis if they return and continue services within ninety (90) days of the date they withdrew.

## **Children who transfer between early intervention providers**

Outcome assessment information from the former provider should be shared with the new provider. The preference is to have the same tool completed each time, but it is understandable why this may not be possible in all cases.

## Reporting Child Outcome Ratings

All members of the IFSP team who interact with the child have opportunities to collect and report information on the progress the child makes on each of the three outcomes.

In addition to family members and caregivers, these Multidisciplinary Teams include, but are not limited to:

### **Child Development Watch (CDW) Assessors:**

For those children eligible for Part C services, CDW Assessors are responsible for completion of the initial COSF.

Ratings are entered into DHSS CARES and all child outcome documents are provided to the service coordinator prior to the initial IFSP visit.

### **Service Coordinators:**

Service Coordinators are responsible for assuring that child outcomes are completed for each Part C eligible child on their caseload. All results from child outcome assessments are expected to be maintained in the child's chart.

Service Coordinators are responsible for assuring this information is provided to data entry for entry into DHSS CARES. The Service Coordinator will share results for discussion at IFSP meetings.

**Early Intervention Providers:**

Early intervention providers who work with infants and toddlers, birth to age three, receiving early intervention services are responsible for participating in the accountability process.

The “Child Outcome Part C Process” (see page 14) was created to delineate the responsibilities of reporting child outcomes. Refer to this document when determining party responsible for submitting child outcome ratings.

**Recommendations for Teaming with Parents and Child Care Teachers****Child Care Teachers/Caregivers:**

Children who are enrolled in child care have caregivers or teachers who should be part of the child’s Multidisciplinary Team for the child outcomes system.

Many child care providers, including Early Head Start Programs, are beginning to use criterion-referenced assessment tools such as the Creative Curriculum Developmental Continuum or the Carolina Curriculum to document and report children’s ongoing progress.

It is recommended that interventionists collaborate with child care staff to collect and compare information on the child’s current level of performance in a variety of settings.

Information can be collected informally through discussions or meetings, or formally using standardized assessment tools.

**Parents:**

Parents can provide valuable information on their child’s skill development. Interventionists, assessors and service coordinators are encouraged to involve parents in either informal formats for collecting information or more formal methods such as family interviews, family reporting and family observations of their child.

# Timeline for Assessments

## **Initial Outcome Assessment**

Initial outcome assessments are the responsibility of CDW Assessors. Information gathered for eligibility determination is used to inform the outcome assessments.

A completed Child Outcome Summary Form (COSF) will accompany the assessment tool (Bayley III) and both documents are expected to be shared with the child's service coordinator prior to the initial IFSP visit date. This initial outcome assessment becomes an important part of the IFSP process and discussion. COSFs and all supporting documentation is expected to be maintained in the child's chart. The initial outcome will be shared with service providers in order to better inform COSFs.

In addition, results from the Bayley III are entered into DHSS CARES. Specific procedures and data entry responsibilities vary by location. DHSS CARES automatically generates COSF ratings when scores from the Bayley III are entered.

If the DHSS CARES-generated ratings differ from the ratings submitted by the assessors, data entry will inform the assessor of the differences. If the assessor remains firm on their COSF ratings, the DHSS CARES-generated ratings can be overwritten to reflect the assessor's ratings.

## **Final Outcome Assessment**

The exit COSF will be completed no more than thirty (30) days before and no later than thirty (30) days after the child exits from Part C.

In those instances where CDW and the provider have lost contact with the family, the exit COSF will be completed by the provider using all available progress notes and assessments to develop the rating and establish if progress has been made since the initial COSF was completed.

The protocols from the last assessment will be shared as part of transition to the local school district. The OSEP Outcome Reporting Categories will be calculated in DHSS CARES using both the initial and the final COSF ratings.

# Authentic Assessment

Authentic assessment provides information on children's developing skills.

- Occurs in the context that is familiar and comfortable to the child.
- Provides an accurate picture of the child as a learner.
- Provides repeated opportunities to witness children practicing skills, demonstrating knowledge and exhibiting behaviors in real learning activities.
- Occurs when teachers, parents and support staff observe children "in" and "out" of the action.
- In the action refers to teachers observing while interacting with children
- Out of the action refers to observing children without interactions
- Includes multi sources of information including:
  - ⇒ Interviews with parents
  - ⇒ Interviews with child care staff
  - ⇒ Work Samples
  - ⇒ Other assessments

## Observing Children

Observation is defined as watching or regarding with attention or purpose in order to see or learn something.

The following are ways that you can observe as you interact with children to determine their current level of performance on particular skills:

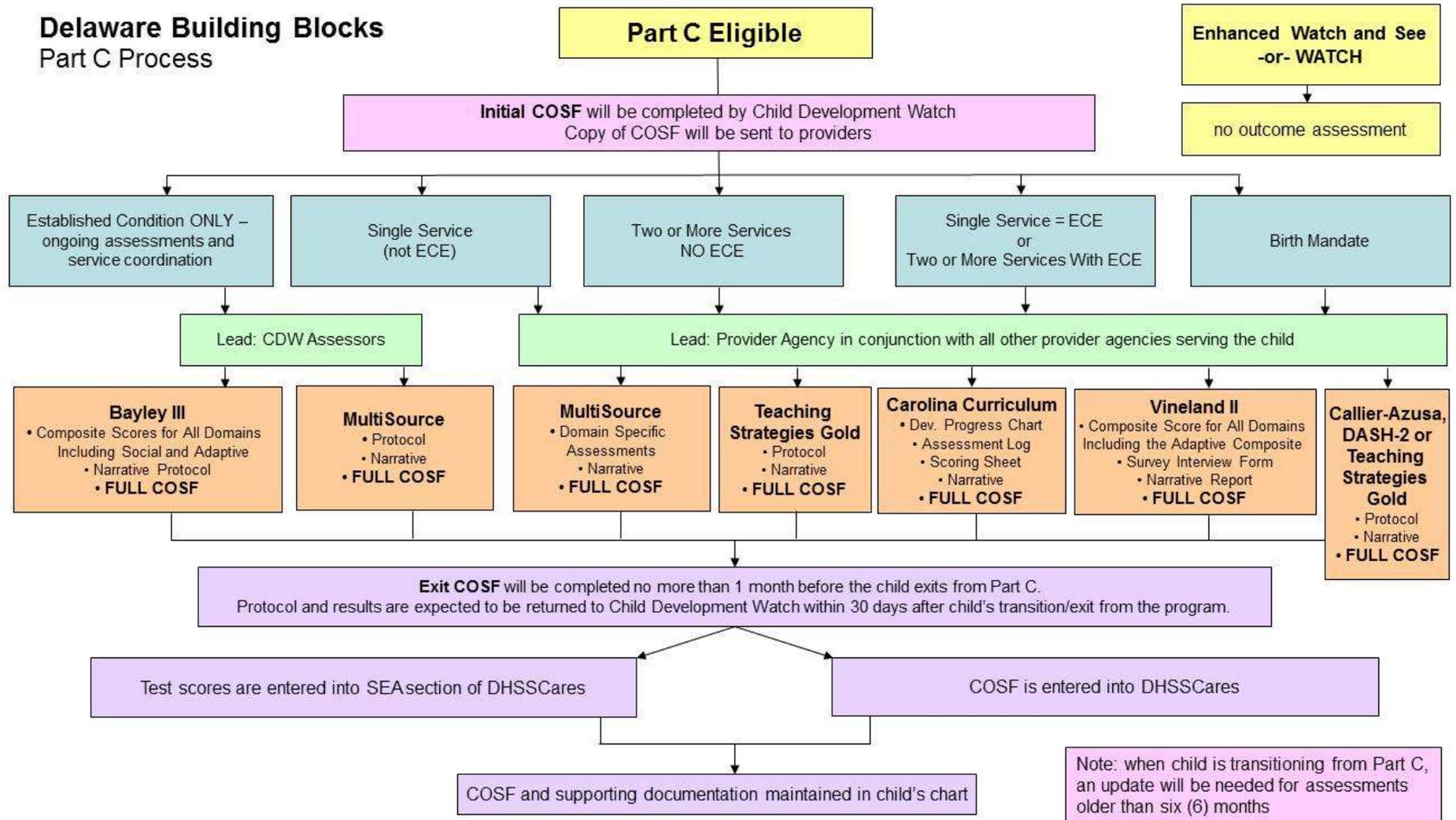
- Ask questions that encourage them to talk about what they are doing
- Watch them as they play and work with materials and other children
- Listen to them as they describe how they made decisions and solved problems
- Listen as they talk with others both informally in play and formally in Circle Time discussions
- Study their work

# Guidelines for Including an Ongoing Assessment Process in Early Childhood Programs

To prepare for the ongoing assessment process:

- Plan for observations
- Watch/listen objectively in and out of the action
- Observe children in a variety of settings
- Record observations in a brief, factual manner
- Document observations on paper such as sticky notes or mailing labels
- Organize documentations in notebook or file
- Reflect on observations
- Analyze information from multiple sources
  - ⇒ Observations
  - ⇒ Interviews with families
  - ⇒ Conversations with other teachers and therapists
  - ⇒ Work Samples
- Use multi sources of information as a part of the ongoing assessment process
- Use information for planning interventions for child and/or curriculum for class

**Delaware Building Blocks**  
Part C Process



Additional details available in the Delaware Building Blocks Guide: <http://www.dhss.delaware.gov/dhss/dms/epqc/birth3/directry.html>

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# **DELAWARE CHILD OUTCOMES FRAMEWORK**

The Child Outcomes Work Group made the recommendation that the Delaware Building Blocks accountability system needs to be aligned with both the “Delaware Early Learning Foundations” and the “Delaware Infant/Toddler Early Learning Foundations.” To support this link the Child Indicators Subcommittee, a working group of the Child Outcomes Work Group completed a process aligning each of the respective Learning Foundations to the three OSEP outcome statements.

Alignments from the “Infant and Toddler Foundations” to the three OSEP outcome statements have been provided in the following section. In these alignments, the Foundations are grouped according to outcome and age group. For children 0-9 months, the listing includes skills that characterize children having positive social and emotional skills according to the developmental domains contained within the Infant Toddler Foundations. This structure is repeated for the other two age groups (10-18 months and 19-35 months).

Following the Infant Toddler Foundations is a section containing a brief summary of skills by outcome. The Child Indicators Subcommittee was of the opinion that the full alignment section might be too cumbersome for some assessors or interventionists to use, and also wanted a structure that would be user-friendly for parents.

Full copies of the “Delaware Infant/Toddler Early Learning Foundations: A Curriculum Framework” can be found on both the Birth to Three Early Intervention System’s website:

<http://www.dhss.delaware.gov/dhss/dms/epqc/birth3/directry.html>

Copies of the both the “Delaware Infant/Toddler Early Learning Foundations: A Curriculum Framework” and the “Delaware Early Learning Foundations for School Success” (for professionals working with preschoolers age 3 to 5) can be found on the Delaware Department of Education’s website:

[http://www.doe.k12.de.us/infosuites/Students\\_family/earlychildhood/default.shtml](http://www.doe.k12.de.us/infosuites/Students_family/earlychildhood/default.shtml)

# Infant Toddler Foundations

## BABY (0–9 months)



**Outcome One**  
**Children have positive social-emotional skills**  
**(including social relationships)**

**BABY (0-9 MONTHS)**

**Social Emotional Development**

- Express a variety of emotions and feelings to communicate basic needs
- Cry, smile, coo
- Make eye contact while interacting with caregiver in daily routines
- Learn to comfort self
- Maintain eye contact and mutual gazing with caregiver
- Signal for caregiver's assistance by crying and squealing
- Show a preference for interactions with familiar adults
- Initiate interactions with caregiver through eye contact and smiling
- Take part in a back and forth interactions with caregiver
- Be aware of familiar adults as they move around room
- Show awareness of unfamiliar adults
- Initiate interactions with caregiver
- Imitate actions and sounds of caregiver and peers
- Respond to own name (smiles, eye contact, turns head)
- Be comforted by familiar routines and environment
- Recognize and express a range of emotions and show interest in others

**Language Development**

- Turn head toward a voice to search for the speaker
- Respond with facial and or body movements
- Communicate with facial and or body movements
- Communicate interest or excitement through facial /body movement to bottle/breast/spoon/diaper changing
- Cry to communicate needs
- Coo, babble, and laugh to self and others
- Demonstrate enjoyment through facial/body movements to the sounds of words in books
- Demonstrate enjoyment through facial/body movements to songs and music

**Cognitive Development**

- Respond to touch, smells, light and voices, and focus on contrasts, black/white, red/white, faces
- Tell the difference between familiar and unfamiliar people
- Apply previous knowledge to new situations

**Motor Development**

- Begin to reach for and hold own bottle
- Clap hands together for play

**Outcome Two**  
**Children acquire and use knowledge and skills**  
**(including early language/communication and early literacy)**

**BABY (0-9 MONTHS)**

**Social Emotional Development**

- Initiate interactions with caregiver through eye contact and smiling
- Imitate actions and sounds of caregiver and peers
- Entertain self for short periods of time
- Recognize and express a range of emotions

**Language Development**

- Turn head toward a voice to search for the speaker
- Respond with facial and or body movements
- Communicate with facial and or body movements
- Communicate interest or excitement through facial /body movement to bottle/breast/spoon/diaper changing
- Coo, babble, and laugh to self and others
- Demonstrate enjoyment through facial/body movements to the sounds of words in books
- Demonstrate enjoyment through facial/body movements to songs and music

**Cognitive Development**

- Respond to touch, smells, light and voices, and focus on contrasts, black/white, red/white, faces
- Gather information through mouthing, grasping and reaching
- Follow moving objects with eyes
- Tell the difference between familiar and unfamiliar people
- Realize ability to make things happen (e.g. hits or kicks mobile and makes it move)
- Apply previous knowledge to new situations
- Use play to explore and build increased understanding of objects and materials in the environment
- Uncover toy that is hidden

**Motor Development**

- Follow or find stationary or moving object
- Begin to look at own hand(s), toys, or objects while playing with them
- Roll back and forth
- Begin to scoot, roll, inchworm or crawl
- Begin to pull up on sturdy objects

## **Outcome Three**

### **Children use appropriate behaviors to meet their needs**

#### **BABY (0-9 MONTHS)**

##### **Social Emotional Development**

- Express a variety of emotions and feelings to communicate basic needs
- Learn to comfort self
- Signal for caregiver's assistance by crying and squealing
- Show a preference for interactions with familiar adults
- Initiate interactions with caregiver through eye contact and smiling
- Take part in a back and forth interactions with caregiver
- Initiate interactions with caregiver
- Entertain self for short periods of time

##### **Language Development**

- Communicate with facial and or body movements
- Communicate interest or excitement through facial /body movement to bottle/breast/spoon/diaper changing
- Cry to communicate needs

##### **Cognitive Development**

- Realize ability to make things happen (e.g. hits or kicks mobile and makes it move)

##### **Motor Development**

- Control own body beginning with the head and back and progressing to the arms and legs
- Begin to reach for and hold own bottle
- Transfer object from one hand to another
- Roll back and forth

# Infant Toddler Foundations

## TODDLER I (10–18 months)



**Outcome One**  
**Children have positive social-emotional skills**  
**(including social relationships)**

**TODDLER I (10-18 MONTHS)**

**Social Emotional Development**

- Show anxiety when around unfamiliar people
- Demonstrate separation anxiety
- Check in with caregiver while exploring
- Anticipate and follow routines
- Demonstrate a sense of accomplishment
- Understand the connection between own behavior and the reaction of others
- Play side by side with others
- Initiate social relationships with others

**Language Development**

- Demonstrate understanding of familiar words
- Follow one step directions in play
- Demonstrate understanding of “no” by stopping what he is doing some of the time
- Use physical movements and gestures to express wants and needs
- Use simple sounds to express thoughts, wants and needs
- Use the same “words” consistently to express wants, needs and thoughts

**Cognitive Development**

- Use people to make things happen
- Show increased short and long-term memory and increased attention
- Anticipate familiar routines

**Motor Development**

- Climb into adult lap, or on furniture and up and down stairs

<p style="text-align: center;"><b>Outcome Two</b> <b>Children acquire and use knowledge and skills</b> <b>(including early language/communication and early literacy)</b></p>
---

**TODDLER I (10-18 MONTHS)**

**Social Emotional Development**

- Anticipate and follow routines
- Demonstrate a sense of accomplishment

**Language Development**

- Demonstrate understanding of familiar words
- Follow one step directions in play
- Demonstrate understanding of “no” by stopping what he is doing some of the time
- Point to body parts
- Use simple sounds to express thoughts, wants and needs
- Touch or identify pictures in a book when asked
- Become an active reading partner by listening to books for a short period of time
- Touch or identify familiar items when asked
- Find familiar items not in sight
- Use the same “words” consistently to express wants, needs and thoughts
- Use animal and other familiar sounds in play

**Cognitive Development**

- Gain an understanding of basic concepts such as color, size and shape
- Show how objects fit in space
- Use objects as tools to make things happen
- Use people to make things happen
- Show increased short and long-term memory and increased attention
- Use play to explore things that go together
- Anticipate familiar routines
- Use readily available materials as a substitute for actual objects

**Motor Development**

- Begin to take steps sideways while holding onto something (cruising)
- Begin to explore textures with hands
- Begin to turn pages in sturdy (board) book
- Begin to hold crayon in palm of hand and make dots on paper
- Begin to add and empty objects from containers
- Begin to stack a few large objects

<p style="text-align: center;"><b>Outcome Three</b> <b>Children use appropriate behaviors to meet their needs</b></p>
---

**TODDLER I (10-18 MONTHS)**

**Language Development**

- Use physical movements and gestures to express wants and needs
- Use simple sounds to express thoughts, wants and needs
- Use the same “words” consistently to express wants, needs and thoughts

**Cognitive Development**

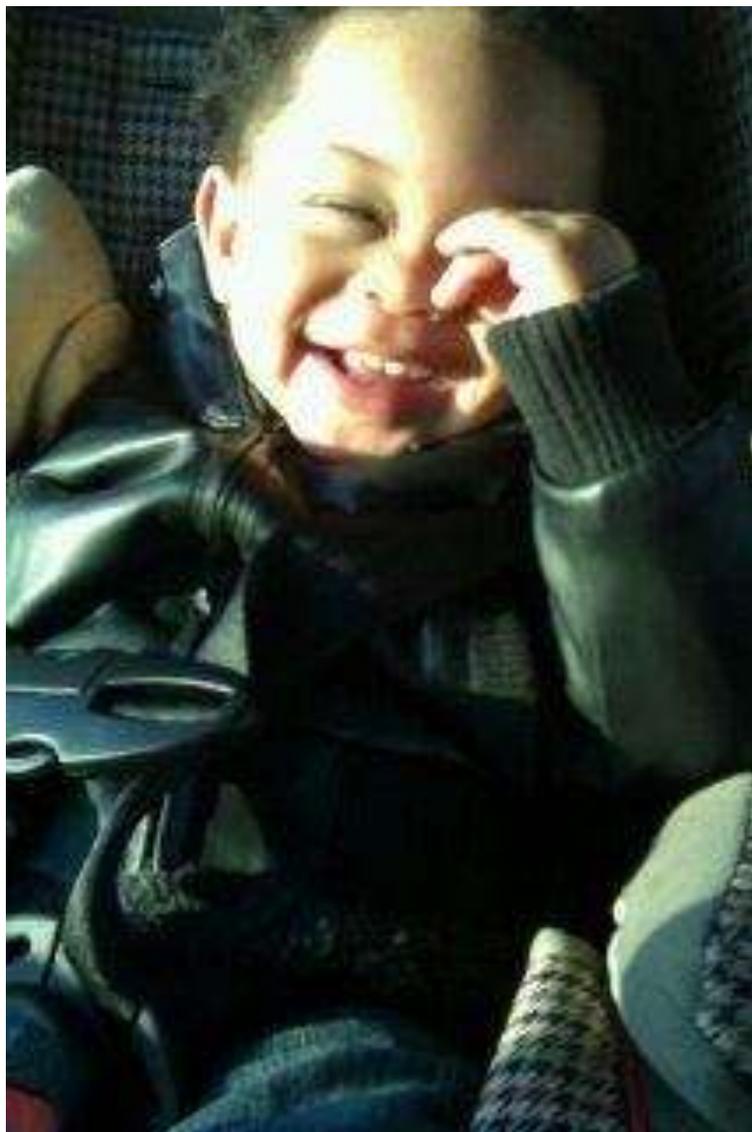
- Use objects as tools to make things happen
- Use people to make things happen

**Motor Development**

- Begin to take steps sideways while holding onto something (cruising)
- Begin to feed finger foods to self
- Begin to hold onto a cup with a lid
- Begin to pinch thumb and finger
- Begin to turn pages in sturdy (board) book
- Walk by self
- Begin to feed self with spoon
- Climb into an adult lap, or on furniture and up and down stairs
- Begin to remove loose clothing and shoes
- Begin to run awkwardly and has frequent stopping

# Infant Toddler Foundations

## TODDLER II (18 – 35 months)



**Outcome One**  
**Children have positive social-emotional skills**  
**(including social relationships)**

**TODDLER II (19 – 35 MONTHS)**

**Social Emotional Development**

- Demonstrate self control and assert independence
- Recognize and react to others' feelings
- Seek praise from familiar adults
- Form attachments to one or two children in peer group
- Explore with others
- Enjoy interacting with others
- Express awareness of similarities and differences between self and others

**Language Development**

- Ask simple questions using words or change in voice
- Refer to self by name
- Respond to simple questions
- Demonstrate understanding of an increasing number of words and phrases
- Answer questions with "yes" and "no"
- State first and last name
- Use words to communicate feelings that describe physical experience
- Increasingly use language understood by others

<p style="text-align: center;"><b>Outcome Two</b> <b>Children acquire and use knowledge and skills</b> <b>(including early language/communication and early literacy)</b></p>
---

**TODDLER II (19- 35 MONTHS)**

**Social Emotional Development**

- Express awareness of similarities and differences between self and others

**Language Development**

- Ask simple questions using words or change in voice
- Use words beginning with a variety of sounds
- Choose familiar objects upon request
- Follow a two-step direction
- Imitate and use two and three word phrases
- Refer to self by name
- Use pronouns occasionally
- Respond to simple questions
- Identify familiar objects and their use
- Demonstrate understanding of an increasing number of words and phrases
- Use action words
- Use more words in phrases/sentences
- Use words that describe objects and actions
- Answer questions with “yes” and “no”
- Use plurals
- State first and last name
- Use words to communicate feelings that describe physical experience
- Increasingly use language understood by others
- Recite phrases from familiar stories, rhymes and songs
- Recall and talk about familiar characters and events
- Recognize that words and symbols have meaning
- Ask “why” and other questions

**Cognitive Development**

- Use play and daily routines to explore sorting, classifying, and understanding the concept of numbers
- Use skills already mastered in new, imaginative ways

**Motor Development**

- Begin to throw balls with aim
- Begin to use mature finger grasp with thumb and two fingers
- Attempt to snip paper with scissors
- Begin to complete simple puzzles and blocks

<p style="text-align: center;"><b>Outcome Three</b> <b>Children use appropriate behaviors to meet their needs</b></p>
---

**TODDLER II (19-35 MONTHS)**

**Language Development**

- Ask simple questions using words or change in voice
- Use words to communicate feelings that describe physical experience
- Ask “why” and other questions

**Motor Development**

- Begin to use mature finger grasp with thumb and two fingers
- Hold an object stable with one hand while using the other to perform a task
- Use a fork
- Use a cup
- Begin to put on own shirt, pants, shoes and jacket

# **Infant Toddler Foundations**

## **Skills Summary Birth through 60 months**



# Outcome 1

## Children have positive social-emotional skills (including social relationships)

### **Baby may...      0-9 months**

- Acknowledge and/or respond to others through eye contact, vocalizations, facial or body movements or assistive technology
- Demonstrate a preference for interactions with familiar adults in some observable way
- Initiate interactions with caregivers
- Respond to own name (smiles, eye contact, turns head)
- Express a range of emotions (happy, sad)
- Participate in some form of reciprocal play

### **Toddler I may...      10-18 months**

- Interact and/or communicate with others through eye contact, vocalizations, facial or body movements or assistive technology
- Demonstrate an awareness that their behavior results in behavioral response in others
- Play side by side with others

### **Toddler II may...      19-35 months**

- Acknowledge others through increasing vocalizations, facial or body movements, or assistive technology
- Seek praise from familiar adults
- Assert independence
- Demonstrate self control
- Recognize and react to others' feelings
- Form attachments to one or two children
- Interact with others through reciprocity

### **Preschool child may...      36-60 months**

- Successfully enter a play situation with peers
- Express feelings, needs, and opinions without harming themselves, others, or property
- Begin to use compromise, negotiation, and discussion in working, playing, and resolving conflicts with peers
- Accept guidance and directions from a range of familiar adults
- Develop friendships with children
- Express empathy and care for others
- Begin to demonstrate positive social skills, i.e. please, thank you
- Treat others with respect
- Demonstrate reasonable caution in unfamiliar and/or potentially dangerous situations
- Engage in a variety of pretend play activities
- Begin to identify own gender, name, and age

## **Outcome 2**

### **Children acquire and use knowledge and skills (including early language/communication and early literacy)**

#### **Baby may... 0-9 months**

- Demonstrate enjoyment through facial/body movements to the sounds of songs, music and/or words in books
- Use mouthing, grasping, and reaching to explore objects and materials in the environment
- Imitate actions and sounds of caregiver and peers
- Begin to look at own hand(s), toys, or objects while playing with them
- Transfer object from one hand to another
- Begin to scoot, roll, inchworm, or crawl and/or pull up on sturdy objects

#### **Toddler I may... 10-18 months**

- Follow a one-step direction
- Demonstrate understanding of “no” by stopping what he is doing some of the time
- Touch or identify familiar items when asked (such as body parts)
- Use the same “words” consistently to express wants, needs and thoughts
- Anticipate and follow familiar routines
- Begin to hold crayon in palm of hand and make marks on paper
- Begin to dump and fill objects from containers
- Begin to stack a few large objects
- Participate in stories through identifying pictures, turning pages, or listening for a short period of time

#### **Toddler II may... 19-35 months**

- Follow a two-step direction
- Imitate and use two or three word phrases
- Refer to self by name
- Identify familiar objects by their use
- Use action or descriptive words in phrases/sentences of increasing length
- Answer questions with “yes” and “no”
- Recite phrases from familiar stories, rhymes, or songs
- Recall and talk about familiar characters or events
- Ask simple questions using words or change in voice
- Work through simple problem such as simple puzzles or block designs

## Outcome 2

### Children acquire and use knowledge and skills (including early language/communication and early literacy) *continued*

#### Preschool child may... 36-60 months

- Communicate using multiple word phrases
- Take turns in conversations
- Begin to identify, recognize, experiment, and discriminate sounds in words
- Hold a book upright, turn pages from the front of the book to the back, and scan pages
- Uses scribbles, symbols, drawings or dictation to express experiences
- Begin to recognize familiar signs and labels
- Begin to name or identify some letters of the alphabet
- Begin to write the letters of their first name
- Begin to answer questions related to a story that has been read or told to him/her
- Count in sequence 1 to 10
- Recognize numbers 1 to 10
- Begin to make use of one-to-one correspondence when counting objects
- Develop the ability to determine quantity or “how many”
- Recognize, name, and sort, according to color, positional terms, and directionality
- Show the ability to put objects in a series according to one or two attributes such as shape or size
- Imitate, recall, and create patterns
- Begin to develop the ability to focus and complete a variety of tasks, activities, and projects

## **Outcome 3**

### **Children use appropriate behaviors to meet their needs**

#### **Baby may... 0-9 months**

- Make things happen (e.g. hits or kicks mobile and makes it move)
- Communicate basic needs
- Learn to comfort self
- Entertain self for short periods of time
- Control body movements
- Reach for and hold objects

#### **Toddler I may... 10-18 months**

- Communicate by verbal and/or non-verbal means (physical movements, signs, gestures, or assistive technology) to express thoughts, wants, and/or needs
- Use people and/or objects to make things happen
- Signal for caregiver's assistance
- Feed self
- Demonstrate intentional mobility (gets from here to there)
- Remove loose clothing and shoes

#### **Toddler II may... 19-35 months**

- Initiate action to make things happen
- Use simple strategies to meet their own wants and needs
- Begin to dress self

#### **Preschool child may... 36-60 months**

- Make independent choices
- Begin to develop a plan for play
- Develop increasing independence in a range of activities, routines, and tasks
- Use positive behavior to solve problems
- Begin to show awareness and independence in hygiene, nutrition, and personal care
- Build awareness and ability to follow basic health and safety rules

# Child Outcome Summary Form

Outcome Determination Date : \_\_\_\_\_

Child's Name : \_\_\_\_\_

DHSS CARES # : \_\_\_\_\_

Date of Birth : \_\_\_\_\_

<i>Interoffice Only</i>	
Reviewed By:	
Review Date:	
Revisions Made?	Yes No
ISIS Revision Date:	

Persons involved in deciding the summary ratings:

Name	Role

**Family information on child functioning** *(Check all that apply):*

Received in team meeting     Collected separately     Incorporated into assessment(s)     Not included

Sources of information	Date

**Outcome 1: Has the child shown any new skills or behaviors related to positive social-emotional skills (including positive social relationships) since the initial outcomes summary?**

Yes     No     Initial Assessment

Comments:

**Outcome 2: Has the child shown any new skills or behaviors related to acquiring and using knowledge and skills since the initial outcomes summary?**

Yes     No     Initial Assessment

Comments:

**Outcome 3: Has the child shown any new skills or behaviors related to taking appropriate action to meet needs since the initial outcomes summary?**

Yes     No     Initial Assessment

Comments:



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**1. POSITIVE SOCIAL-EMOTIONAL SKILLS (INCLUDING SOCIAL RELATIONSHIPS)**

To answer the questions below, think about the child's functioning in these and closely related areas (as indicated by assessments and based on observations from individuals in close contact with the child):

- *Relating with adults*
- *Relating with other children*
- *Following rules related to groups or interacting with others (if older than 18 months)*

**To what extent does this child show age-appropriate functioning, across a variety of settings and situations, on this outcome?**

Not Yet 1	2	Emerging 3	4	Somewhat 5	6	Completely 7

<b>Supporting evidence for this outcome rating. Please provide examples of:</b>
Age-appropriate functioning:
Concerns? No Yes _____ (describe)
Emerging or immediate foundational skills. Functioning that is not yet age-appropriate:
Functioning of a much younger child. Functioning that is not yet age-appropriate or immediate foundational:



**3. TAKING APPROPRIATE ACTION TO MEET NEEDS**

To answer the questions below, think about the child's functioning in these and closely related areas (as indicated by assessments and based on observations from individuals in close contact with the child):

- Taking care of basic needs (e.g., showing hunger, dressing, feeding, toileting, etc.)
- Contributing to own health and safety (e.g., follows rules, assists with hand washing, avoids inedible objects) (if older than 24 months)
- Getting from place to place (mobility) and using tools (e.g., forks, strings attached to objects)

**To what extent does this child show age-appropriate functioning, across a variety of settings and situations, on this outcome?**

Not Yet 1	2	Emerging 3	4	Somewhat 5	6	Completely 7

<b>Supporting evidence for this outcome rating. Please provide examples of:</b>
Age-appropriate functioning:
Concerns? No Yes _____ (describe)
Emerging or immediate foundational skills. Functioning that is not yet age-appropriate:
Functioning of a much younger child. Functioning that is not yet age-appropriate or immediate foundational:

## Instructions for Completing the Child Outcomes Summary Form

### Directions for Completing the Form

1. Page 1: Provide all the requested information. It is strongly recommended that the family be asked to provide information about the child’s functioning, but if the family’s information was not included, check “not included.” Indicate, for each outcome, if the assessment was the Initial Assessment or if the child had made progress since the initial assessment. Progress is defined as the acquisition of at least one new skill or behavior related to the outcome since the initial assessment. Describe the general nature of the progress in the space provided.

2. Pages 2, 3 and 4: Circle **only one** number for each outcome. Definitions for the scale points are provided at the end of the instructions.

3. Supporting evidence: Provide the evidence that supports the rating. Indicate the source of the evidence (e.g., parent, speech therapist, teacher, XYZ assessment) and the nature of the evidence from the source. For example, if a child’s functioning receives a rating of ‘5’, relevant results should provide evidence of a mix of age appropriate and not age appropriate skills and behaviors. A sample completed evidence table is provided below.

Source of information	Date	Summary of Relevant Results
Candace’s mom	4/12/14	Mom reports that when Candace eats by herself she makes a big mess. She eats finger foods but does not use a fork or spoon. She uses a “sippy” cup with two hands. Mom reports that she has not begun to toilet train Candace. Candace does not let mom know when she has a wet or soiled diaper. She pulls off her socks when getting ready for bed.
Candace’s child care provider	4/5/14	Child care provider said that Candace is learning to use a spoon, but usually uses her fingers to feed herself. Candace uses diapers and tugs on diaper after it is wet or soiled.
Carolina Curriculum for Infants and Toddlers with Special Needs	Administered 3/13/14	Self-Help: Eating – 12-15 months Self-Help: Dressing – 15-18 months Self-Help: Grooming – 18-21 months Self-Help: Toileting -- <15-18 months
Developmental specialist	Observed over a 4 week period in March 2014	Observed in her child care environment during structured activities and unstructured play time. She clapped and jumped during a group song. During free play Candace tended to sit quietly unless engaged in a play activity by her caregiver. Candace did not object to having hands washed by caregiver, but needed assistance.

### **To Help You Decide on the Summary Ratings:**

This form asks you to consider and report on what is known about how this child behaves across a variety of settings and situations. Children are with different people (for example, mother, big brother, child care provider) and in different settings (for example, home, grocery store, playground).

The summary rating provides an overall picture of how the child behaves across the variety of people and settings in his or her life at this particular time in his or her life.

In addition to summarizing across settings and situations, the rating process asks you to compare a child's skills and behaviors to those of his or her same-age peers. For each of the three summary questions, you need to decide the **extent to which the child displays behaviors and skills expected for his or her age** related to each outcome area.

The summary scale is based on a developmental framework that assumes:

1. Children develop new skills and behaviors and integrate those skills and behaviors into more complex behaviors as they get older;
2. These skills and behaviors emerge in a somewhat predictable developmental sequence in most children, thus allowing for descriptions of what 2 year olds generally do, what 3 year olds generally do, etc.;
3. The development of children with disabilities can be compared to the development of their same-age peers.
4. 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 "**immediate foundational skills.**" For example, children play along side one another before they interact in play.
5. Some children's development is characterized by delays, meaning they acquire skills and behaviors at a substantially slower pace than other children.
6. Some children's development is atypical in that their functioning is so different from that of other children their age that it is considered outside the limits of age expected behavior for children of that age.

Use the following information to help you answer each question:

- Ratings are expected to take into account the child's functioning across a full range of situations and settings. Therefore, information from many individuals in contact with the child could be considered in deciding on a rating. These may include (but are not limited to): parents and family members, caregivers or child care providers, therapists, service providers, case managers, teachers, and physicians. If there is not enough information available about a child's functioning across settings and situations, you will need to gather more information before you can decide on a rating.

- Many types of information could be considered in selecting a rating. These may include (but are not limited to): parent and clinical observation, curriculum-based assessments, norm-referenced assessments, service provider notes about performance in different situations, and progress and issues identified in the IFSP/IEP or individualized planning process.
- Depending on the assessment tool, assessment tools can be a useful source of information for reaching a summary decision but resulting information should be placed in context with other information available about a child. Many assessment tools are domain-based and were not designed to provide information about functional behaviors and functioning across a variety of situations. Knowing that a child has or has not mastered assessment items that are related to the outcome provides helpful information but the information should be used in conjunction with what else is known about the child. A high score on a set of items in a domain related to the outcome might not mean the child has achieved the outcome and, conversely, a low score might not mean the child has not achieved it.
- Ratings should reflect the child's current functioning across settings and in situations that make up his/her day. Ratings should convey the child's functioning across multiple settings and in everyday situations, *not* his/her capacity to function under unusual or ideal circumstances.
- A standardized testing situation is an unusual setting for a young child. If the child's functioning in a testing situation differs from the child's everyday functioning, the rating should reflect the child's everyday functioning.
- If the child is from a culture that has expectations that differ from published developmental milestones for when young children accomplish common developmental tasks, such as feeding themselves or dressing themselves, use the expectations for the child's culture to decide if child's functioning is at the level expected for his or her age.
- **If the child was born prematurely, use the expectations for the child's chronological age, not the corrected age.** The intent of the form is to describe the child's current functioning relevant to expectations for his or her age. Presumably over time and with support, many children born prematurely eventually will perform like same age peers.
- If assistive technology or special accommodations are available in the child's everyday environments, then the rating 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 commonly present. Ratings are to reflect the child's **actual** functioning across a range of settings, *not* his/her capacity to function under ideal circumstances if he or she had the technology.

## **Additional Information**

The outcomes reflect several beliefs about young children:

- It is important that all children be successful participants in a variety of settings both now and in the future. Achieving the three outcomes is key to being successful participants in life.
- Programs for young children and their families are working to ensure that all children will have the best possible chance of succeeding in kindergarten and later in school – even though school might be several years off for some children. Children who have achieved the outcomes at a level comparable to their same aged peers prior to kindergarten entry have a high probability of being successful in kindergarten.
- Learning and development occur continuously in the years preceding kindergarten. There is much variation in how children develop but children whose development is consistently below what is expected for their age are at risk of not being successful in kindergarten and later school years.

The ECO Center's website includes valuable information on child outcomes, including a number of frequently asked questions. The following questions and answers have been pulled directly from their website.

To view these questions and more online, visit their website:

<http://www.fpg.unc.edu/~eco/pages/faqs.cfm>

### **What are child and family outcomes?**

An outcome is a benefit experienced as a result of services and supports provided for a child or family. The fact that a service has been provided does not mean that an outcome has been achieved. Likewise, an outcome is not the same as satisfaction with the services received. The impact that those services and supports have on the functioning of children and families constitutes the outcome. Consider the example of an autistic child working with a therapist to increase his communication skills (receiving a service). If that child learns words he can use to convey his needs to others, then he has achieved an outcome. Similarly, a family may receive information about their child's disability (the service provided), but if the information enables them to assist in their child's learning and development more effectively, then the family has achieved an outcome.

### **Why are states measuring outcomes for programs serving young children with disabilities?**

In this age of accountability, policymakers are asking questions about the outcomes achieved by programs supported by public funds. Judging the effectiveness of any program requires looking at results, not simply at the process. The Office of Special Education Programs (OSEP) in the U.S. Department of Education now requires states to report outcomes data for children served through Part C and Part B Preschool of the Individuals with

Disabilities Education Act (IDEA) as part of their Annual Performance Report. Many states plan to use data on child and family outcomes to improve their programs in addition to providing the required information to the federal government.

### **What do the child outcome statements mean?**

The outcomes address three areas of child functioning necessary for each child to be an active and successful participant at home, in the community, and in other places like a child care program or preschool.

Positive social-emotional skills refer to how children get along with others, how they relate with adults and with other children. For older children, these skills also include how children follow rules related to groups and interact with others in group situations such as a child care center. The outcome includes the ways the child expresses emotions and feelings and how he or she interacts with and plays with other children.

The acquisition and use of knowledge and skills refers to children's abilities to think, reason, remember, problem solve, and use symbols and language. The outcome also encompasses children's understanding of the physical and social worlds. It includes understanding of early concepts (e.g., symbols, pictures, numbers, classification, spatial relationships), imitation, object permanence, the acquisition of language and communication skills, and early literacy and numeracy skills. The outcome also addresses the precursors that are needed so that children will experience success later in elementary school when they are taught academic subject areas (e.g., reading, mathematics).

The use of appropriate behavior to meet needs refers to the actions that children employ to take care of their basic needs, including getting from place to place, using tools (e.g., fork, toothbrush, crayon), and in older children, contributing to their own health and safety. The outcome includes how children take care of themselves (e.g., dressing, feeding, hair brushing, toileting), carry out household responsibilities, and act on the world to get what they want. This outcome addresses children's increasing capacity to become independent in interacting with the world and taking care of their needs.

### **What is a functional outcome?**

The three child outcomes are functional outcomes in the sense that they refer to behaviors, knowledge, and skills that are meaningful to children in their everyday lives. The outcomes refer to actions that children need to be able to carry out or to knowledge that they need to have in order to function successfully across a variety of settings and ultimately to be successful in kindergarten and later in school. To be successful in these settings, it is important for children to be able to, for example, get along with others, follow the rules in a group, continue to learn new things, and take care of their basic needs in an appropriate way.

### **How are the functional outcomes different from domains?**

Many assessment tools examine children's development in different domains. Domains are areas of development such as social, fine motor, gross motor, cognitive, or language. Functional outcomes refer to behaviors that are meaningful in the context of a child's everyday living. Sometimes domain areas on an assessment include items that are not meaningful or even possible for all children, such as "stacks three blocks" or "rides a tricycle," or items that assess a skill independent of how the child uses the skill, such as "knows 20 words." Functional outcomes focus on what the child can do and needs to be able to do in the context of his or her life. These are integrated behaviors that usually cross multiple domains and allow children to achieve something meaningful. Domains refer to areas of development that contribute to successful functioning but are not themselves the functioning. For example, a child might demonstrate knowledge of language but still not use language appropriately to meet his or her needs. Conversely, a child who has no spoken language may have an effective and appropriate way to express what he or she wants.

### **Doesn't all functioning require the acquisition and the use of knowledge and skills (Outcome 2)?**

It is certainly true that knowledge and skills underlie functioning in each of the three outcome areas. Outcome 2 refers to the specific set of knowledge and skills that lay the foundation for more formal learning later in school settings. The specific skills referred to in Outcome 2 relate to processes like acquiring general knowledge, thinking, reasoning, problem solving, and learning new vocabulary words. Outcome 1 encompasses the skills required to get along with others and Outcome 3 encompasses the skills needed to take care of one's own needs.

### **What information will be reported to OSEP about the three child outcome statements?**

States are required to measure and report on the progress children make between the time they enter a program and the time they exit in each of the outcome areas. Data are to be reported for all children who stay in the program at least 6 months. Specifically, for each outcome, states are to report the percentage of children who:

- a. Did not improve functioning
- b. Improved functioning, but not sufficiently to move nearer to functioning comparable to same-aged peers
- c. Improved functioning to a level nearer to same-aged peers but did not reach it
- d. Improved functioning to reach a level comparable to same-aged peers
- e. Maintained functioning at a level comparable to same-aged peers

To report data in these reporting categories, states must have information about children's functioning at two time points (entry and exit) and have a way to examine the level of improvement or progress in functioning between those time points.

The data collected will be aggregated to create an overall view of the progress made by all children in the state receiving Part C or Part B/619 services. It is this statewide progress data that will be reported to OSEP. No identifiable data on any particular child will be included in these reports.

For more information on OSEP reporting go to:

[http://www.fpg.unc.edu/~eco/pages/fed\\_req.cfm#OSEPRequirements](http://www.fpg.unc.edu/~eco/pages/fed_req.cfm#OSEPRequirements).

Note that, although only entry and exit data will be reported to the federal level, many states are obtaining this information at more frequent intervals to support statewide decision making and program planning purposes.

### **Why is the progress of children with special needs being compared to expectations for same age peers?**

States are required to compare the functioning of children in Part C and Part B Preschool programs to age expectations because age expectations provide a common standard for all young children. To merely record that children made progress between entry and exit would not provide strong evidence for the effectiveness of the program. Also, one of the goals of early childhood services is to prepare children to succeed in kindergarten and, in kindergarten, children will be expected to meet grade level standards. OSEP recognizes that not all children will be able to function comparable to same age peers at the end of early childhood services, but the system will now be tracking how many have achieved or moved closer to functioning at an age expected level.

### **Children with severe disabilities may never move toward typical development, but they often do make progress with the assistance of early intervention and preschool special education programs. How will this progress be reflected in federal reporting?**

Children who make progress but have not moved closer to functioning like same aged peers are counted in category "b" for OSEP reporting purposes. They are counted as children who made progress. Even small steps of individual progress, the very things we strive for and celebrate for children with more severe impairments, do count as progress for category "b."

### **Some disabilities become progressively more debilitating over time and some children may regress rather than make progress. Won't this negatively impact the results that states report and make programs appear as though they aren't effective?**

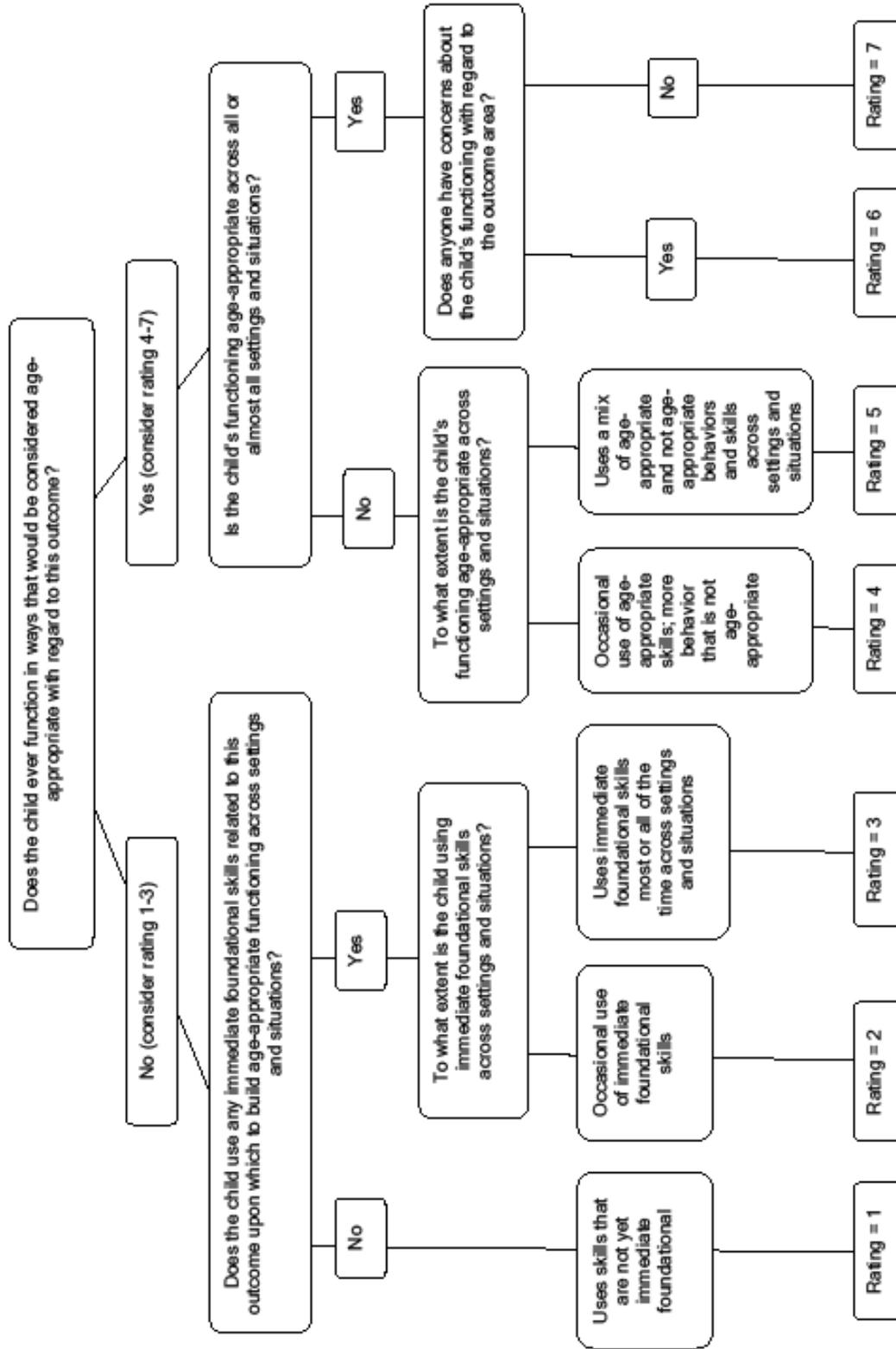
We expect that a small percentage of children receiving early intervention or preschool special education services will not make any progress during their time in the program. For state purposes, it will be helpful for states to be able to describe the types of children who are reported in each of the OSEP "a" to "e" categories, especially those in category "a," children who do not make progress. Many states are collecting additional information or linking child outcomes data to existing information collected so that they can understand more about how child and family outcomes observed are related to key child,

family, and service characteristics. OSEP acknowledges that there will be children served in Part C and Part B Preschool programs who do not make any progress, but until states report the data, we do not know the percentage of children in category "a."

**Can't we already judge the effectiveness of Part C and Part B Preschool programs through the exit data that reports the number of children who exited the program and the number of children who reached their IFSP or IEP goals?**

Using exit data, we can identify which children left Part C and Part B/619 programs because they reached their goals, but we don't know anything about the progress of those who transitioned into special education programs. A more complete picture of the effectiveness of the programs can be obtained by looking at the extent of progress made by all children who received services.

## Decision Tree for Summary Rating Discussions



## **ECO COSF 101**

### **What is a FUNCTIONAL outcome?**

#### **First – what’s an outcome?**

Outcomes are the benefits that children and families experience as a result of early intervention/early childhood special education services.

The three child outcomes, as measured for accountability purposes, are different than IFSP or IEP outcomes in that

- The three child outcomes reflect global functioning in three broad areas of development (social-emotional, knowledge and skills, getting needs met)
- IFSP or IEP outcomes are specific to an individual child, based on his or her individual needs.

Each outcome is a snapshot of:

- The whole child
- Status of the child’s current functioning
- Functioning across settings and situations

#### **But what makes it FUNCTIONAL?**

Functional outcomes:

- Refer to things that are meaningful to the child in the context of everyday living
- Refer to an integrated series of behaviors or skills that allows the child to achieve the important everyday goals

#### **How do I assess functional outcomes?**

Emphasize ‘meaning’ – ask:

- Can the child carry out meaningful behaviors in a meaningful context?

*NOT*

- Can the child perform discrete behaviors such as knowing 10 words, smiling at mom, stacking 3 blocks, pincer grasp, walking backward?

Observe a child in natural settings to learn:

- What does the child usually do?
- What is his actual performance across settings and situations?
- How does the child use his/her skills to accomplish tasks?

The assessment of functioning is NOT about:

- the child’s capacity to function under unusual or ideal circumstances, skill by skill, domain by domain
- the child’s performance in a structured testing situation, in one standardized way

### **Why isn't assessing the child's ability to perform discrete behaviors enough?**

Discrete behaviors (e.g., those described by some items on assessment instruments) may or may not be important to the child's functioning on the outcome.

- Individually, they are not especially informative.
- Summed, they may or may not be useful, depending on the functionality of the behaviors/items.

Think about isolated behaviors and what observing them tells you about the child. For example, suppose an assessment instrument asks you to observe whether or not a child can point:

- If you know that a child can point, do you know that the child can communicate her wants and needs?
- If you know that a child can't point, do you know that the she can't communicate his wants and needs?
- How does knowing about pointing help you understand how the child takes action to meet needs?

### **What about domains?**

- Functionality is not domains-based; children function across developmental domains
- Functionality can involve multiple domains and can cross domains
- Functional outcomes refer to behaviors that integrate skills across domains

### **What does functionality have to do with using the Child Outcomes Summary Form (COSF)?**

Ratings on the seven-point scale for each outcome are a snapshot of:

- The whole child
- Status of the child's current functioning
- Functioning across settings and situations

Ratings are based on the child's functioning:

- What the child does across settings and situations
- Compared with what is expected given the child's age

### **Discussion questions**

Look at the list of skills below. Which are examples of isolated skills? Which are examples of functional skills?<sup>1</sup>

- a. Knows how to imitate a gesture when prompted by others
- b. Uses finger in pointing motion
- c. Uses 2-word utterances
- d. Watches what a peer says or does and incorporates it into his/her own play
- e. Points to indicate needs or wants
- f. Engages in back and forth verbal exchanges with caregivers using 2-word utterances

<sup>1</sup> a=isolated, b=isolated, c=isolated, d=functional, e=functional, f=functional

### **Age-Expected and Immediate Foundational Skills and the Child Outcome Summary Form (COSF) 7-Point Rating Scale**

The COSF 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 continuum that leads 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 COSF 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

Age expected functioning

Immediate foundational skills

Foundational skills

Foundational skills

Foundational skills

Note: The number of steps and the length of the time frame for each step can vary for different kinds of developmental accomplishments. The equal stairs are shown only for illustration.

## **Introduction to the ECO “Crosswalks” of Birth-to-Five Assessment Instruments to Early Childhood Outcomes**

The “crosswalks” identify relationships between assessment instruments and the three child outcomes on which state Part C and 619 programs must report to the Office of Special Education Programs (OSEP). States must report children’s progress in the outcome areas of:

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

### **Understanding the Three Child Outcomes**

The three child outcomes reflect a global, overarching goal for all children: to be active and successful participants now and in the future, in a variety of settings. Accomplishments in various dimensions of each outcome area move a child toward that goal, as follows.

**Outcome 1: Positive social emotional skills** involve relating with adults, relating with other children, and, for older children, following rules related to groups or interacting with others. This outcome includes attachment/separation/autonomy, expressing emotions and feelings, learning rules and expectations, and social interactions and play.

**Outcome 2: Acquisition and use of knowledge and skills** involves thinking, reasoning, remembering, problem solving, using symbols and language, and understanding physical and social worlds. This outcome includes early concepts (symbols, pictures, numbers, classification, spatial relationships), imitation, object permanence, and language skills.

**Outcome 3. Use of appropriate behaviors to meet their needs** involves taking care of basic needs, getting from place to place, using tools and, for older children, contributing to their own health and safety. This outcome includes integrating motor skills to complete tasks, self-help skills (dressing, feeding, grooming, toileting, household responsibility), and acting on the world to get what one wants.

The three child outcomes are **functional** in that they reflect a child’s ability to take meaningful action in the context of everyday living. The outcome areas cross developmental domains, emphasizing the integration of skills and behaviors across domains for meaningful action. The presence of an isolated skill or behavior gives limited information about a child’s functioning. The outcomes address whether a child can integrate skills and put them to use across settings and situations. A child’s natural use of pointing to indicate what he needs or wants, for example, reflects functioning better than his ability to point to objects when asked to do so by a tester as part of an assessment.

### **Assessing the Three Child Outcomes**

Assessing children’s functioning in the three outcome areas requires multiple sources of information, including observation, family input, and data from one or more assessment tool. Observation and family input provide information about children’s functioning across situations and settings. Data from the administration of a commercial assessment tool can be used to compare a child’s skills and behaviors to those of his same-age peers. A limitation in the use of currently available assessment tools, however, is that they are not designed for direct measurement of the three outcomes.

Most are organized around domains, with items separated into discrete areas of development, such as expressive language, receptive language, cognitive, gross motor, and fine motor. Some call for standardized assessment items to be administered in a setting other than the child's natural environment, making it difficult to use the information to determine whether a child uses this skill in everyday life. The review of currently available assessment tools has been a primary activity for states as they consider options for measuring child outcomes. A key question is 'how much information will an assessment tool provide about the attainment of the three outcomes?' ECO developed the crosswalks to assist states and programs in making decisions about what instruments might be useful to include in an outcomes measurement system, including reporting to OSEP. The crosswalks indicate how the contents of the assessments maps to the three outcomes. The crosswalks also allow comparisons across instruments to see their various strengths and weaknesses with regard to the three outcomes.

### **Crosswalking Purposes**

The ECO crosswalks display how content on a given assessment instrument is related to each of the three child outcomes. Organized in a table format with assessment areas assigned to each outcome, they provide a visual depiction of coverage. By showing how an assessment tool covers each of the three outcome areas, the crosswalks are meant to help states, programs, and providers see the extent of information available in an outcome area from a given assessment tool. Some of the crosswalks include examples of assessment items to illustrate the types of skills and behaviors the tool targets. In addition to comparing tools, states can use the crosswalks to determine areas in which additional information will need to be collected, such as through observation and family input, to make up for any shortcomings in the data provided by an assessment tool. The crosswalks are not meant to be used as a "checklist" or "score sheet" for measuring child outcomes. ECO does not recommend the use of isolated items or areas of items from any given tool. We support the use of assessment instruments in the way in which they were designed to be used. In addition, given the functional nature of the outcomes, we support the use of assessment tools in conjunction with other sources of information about a child's functioning, such as observation and family report. Crosswalks were generated for instruments based on the frequency of informal requests from states. Priority was also given to instruments that states identified for outcomes measurement in the State Performance Plans submitted to the Office of Special Education Programs in 2005. These crosswalks are presented as a service to the field.

### **The ECO Center does not endorse the use of any specific assessment instrument.**

Thus, a completed crosswalk does not constitute the endorsement of an instrument. If a crosswalk of an instrument is not available it is because, given the reality of finite resources, it has not yet been completed. For more information about crosswalk content or specific instruments, please email a request to [staff@the-eco-center.org](mailto:staff@the-eco-center.org).

### **Crosswalking Processes**

We use the following guidelines in completing the crosswalks.

**Level at which assessment tools are crosswalked.** Criterion-referenced or curriculum-based assessment tools are typically crosswalked at the sub-area level, using the developer's headings. As appropriate, examples of items from a sub-area are included to illustrate the aspects of development that relate to the outcome. Normreferenced tests<sup>1</sup> always are crosswalked at the lowest level that the tool developers recommend valid interpretation of the data and have provided normative information. This is usually at a subscale or sub-domain level,

**Assignment of assessment area or sub-area to an outcome.** We place areas/sub-areas/items from each assessment tool under the outcome to which they are most closely linked conceptually.

<sup>1</sup> Crosswalks of norm-referenced instruments include a note providing information about the lowest appropriate threshold for crosswalking on that specific instrument.

For example, items about getting along with peers go with Outcome 1. Decisions are based on content of the area rather than the heading title because headings do not always reflect the range of behaviors and skills included.

Particularly in the sub-areas of language and learning, it is difficult to assign items to outcomes when item content lacks specificity. In such cases we assume that the item pertains to a general, overarching acquisition and use of knowledge and skills, and therefore make the assignment to Outcome 2.

**Double classification.** Although many sub-areas or items can be double classified because of the interrelated nature of development in young children, we try to minimize double classification in order to minimize redundancy. Sub-areas or items that relate to a second outcome area, but not as strongly as they relate to a primary outcome area, are only classified with the primary area. Sub-areas or items are double classified when it is felt that the information contributes equally or nearly equally toward understanding achievement of more than one outcome.

**“Precursor skills.”** Some items on assessment tools target skills that, while not functional in and of themselves, may lead to functional behaviors. For example, a child’s ability to use a pincer grasp may lead to his ability to feed himself or hold a pencil. Precursor skills that are clearly linked to one of the outcomes are placed with that outcome. We assign general or cross-cutting precursor skills to Outcome 2, as part of general acquisition and use of knowledge and skills. We also note in the crosswalks when precursor skills for functional behaviors skills, such as those associated with motor development, may not be appropriate or expected for children with sensory, motor, or other impairments.

**Inclusion of every skill in a crosswalk.** Not all skills in an assessment tool can be classified. Items/areas are left out that do not contribute to understanding the child’s functional abilities in any particular outcome area. The decision not to classify areas such as sleeping, riding a tricycle, or moving to music is not meant to imply that such experiences are not important for young children.

### **Status of the Crosswalks**

Crosswalks are available on the ECO website in draft form. On each crosswalk, a footnote indicates the date and the status of the draft. For instance, some drafts are preliminary; others have been revised based on input from assessment tool authors or publishers.

Please compare the date on any crosswalk you are using to the version on the web site to see if you have the latest version since revisions are frequently posted. Questions and comments are encouraged and should be sent to [staff@the-ecocenter.org](mailto:staff@the-ecocenter.org). Also, please contact us if you are interested in a crosswalk that is not found on our website. Additional information about measuring outcomes can be found on our website at [www.the-eco-center.org](http://www.the-eco-center.org).

## Child Outcome Summary Form (COSF) 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 COSF 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](mailto: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., grand-parents, aunts, extended kin, etc.)? Do these interactions with people differ depending on the setting the child is in with these people?
- △ How does the child interact with familiar caregivers (e.g., child care providers, babysitters)?
- △ How does the child relate to strangers? At first? After a while? In different settings and using different approaches?
- △ How does the child interact with/respond to people in community settings (e.g., park, library, church, grocery store, with neighbors on walks, at the bus stop, in restaurants, at playgroups or outings, etc.)?
- △ How does the child interact with/react to peers (e.g., at child care, in the park, in the neighborhood, in brief interactions in stores or at restaurants)?
- △ How does the child relate to his/her siblings, cousins, or kids he/she sees frequently?
- △ What is the child's eye contact with others like? Does it differ across situations or with different people?
- △ How does the child display his/her emotions?
- △ How does the child read and react to the emotions and expressions of others?
- △ How does the child respond to touch from others?
- △ How does the child maintain interactions with people?
- △ In what situations and ways does the child express delight or display affection?
- △ In the child's interactions, are there behaviors that may interfere with relationships or seem inappropriate, in interactions expected for the child's age (e.g., screaming, biting, tantrums)? How often does this occur? In what situations? In what situations does it not occur?
- △ Does the child display awareness of routines? How?
- △ How does the child respond to transitions in routines or activities? Are the child's actions different for familiar transitions versus new transitions, or different across settings or with different people?
- △ How and in what situations are interactions with others initiated?
- △ How does the child engage in mutual activity (e.g., joint attention, communicate to convey desire to engage, initiate interaction or play, follow rules for mutual games)?
- △ Does the child seek out others after an accomplishment? How?
- △ Does the child seek out others after frustration or when angry? How?
- △ Does the child participate in games (e.g., social, cooperative, rule-based, with turn-taking)? What do the child's interactions look like in these situations?
- △ Does the child display an awareness of rules and expectations? How? Does the child behave differently in different contexts (e.g., quieter in church, more active outside)?
- △ Does the child attempt to resolve his/her conflicts? How? What do these actions look like with peers, parents, etc.?
- △ How does the child respond when others are not attending to him/her?
- △ How does the child respond when someone arrives? Someone new? Someone familiar? How does the child respond when someone leaves?
- △ Talk about the child's functioning with regard to turn-taking, showing, and sharing? With adults? With other children?
- △ **How would you expect other children this age to act in these situations?**

## Outcome 2: Child acquires and uses knowledge and skills.

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

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

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

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

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

## **“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."

## 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?
- 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...

- Right now is the child showing skills that are expected for his/her age?
- Right now, is the child showing skills that are immediate foundations for the skills that other peers his/her age are showing?
- 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](mailto:staff@the-eco-center.org).

Electronic version of this ECO Center handout can be viewed at:

[http://www.fpg.unc.edu/~eco/assets/pdfs/Role\\_of\\_Families.pdf](http://www.fpg.unc.edu/~eco/assets/pdfs/Role_of_Families.pdf)

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The Early Childhood Outcomes Center 4-18-07

## Including Families in the Rating Discussion

### **What is the role of the family when using the Child Outcomes Summary Form (COSF)?**

The family plays several important roles in the child outcomes measurement process, including the family as 1) team member, 2) child information provider, 3) rating participant, and 4) consumer.

#### **The family as team member**

Just as families are members of IFSP and IEP teams, they are critical to the assessment team. DEC Recommended Practices (2005) tell us

“Early childhood assessment is a flexible, collaborative decision-making process in which teams of parents and professionals repeatedly revise their judgments and reach consensus....”<sup>1</sup>

#### **The family as information provider**

COSF 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.

#### **As participant in the COSF rating discussion**

As members of the IFSP or IEP team, families are natural participants in the COSF rating discussion. Their role in the rating is child expert, while other members of the team will know child development and the skills and behaviors expected at various age levels. Programs and individual teams not including the family in the rating process will need to maximize the role of family as information provider in order to make the COSF rating.

#### **As consumers**

Whether or not families participate in the rating discussion, professionals will need to be able to explain why the rating is being done and what it means. Several states and programs have developed brochures and letters that describe the outcomes measurement system for families. Please go to our website: [www.the-eco-center.org](http://www.the-eco-center.org) and look under “State-developed materials” and “Informing parents about outcomes”.

#### **Discussion questions**

- What are your program’s policies for including parents in the COSF rating discussions?
- Does your program have materials that inform families about outcomes?
- What resources will you need to support your efforts to involve families in the child outcomes measurement process?

Was this handout useful? Please share comments, suggestions, or questions with us at [staff@the-eco-center.org](mailto:staff@the-eco-center.org)

<sup>1</sup> From Bagnato and Neisworth (1991), as quoted in DEC Recommended Practices (2005)

## **How Data from the Child Outcomes Summary Form (COSF) Can Be Used to Address the OSEP Reporting Requirement 9-29-06**

*Note: Please review the Child Outcomes Summary Form (COSF) before reading this document.*

This document explains how the information produced from the Child Outcomes Summary Form (COSF) can be used to classify a child into one of the 5 reporting categories that make up the Office of Special Education Programs (OSEP) reporting requirement on child outcomes. For OSEP states are required to report on five categories of progress for each of the three child outcomes:

- a. Children who did not improve functioning.
- b. Children who improved functioning but not sufficient to move nearer to functioning comparable to same aged peers.
- c. Children who improved functioning to a level nearer to same aged peers but did not reach it.
- d. Children who improved functioning to reach a level comparable to same aged peers.
- e. Children who maintained functioning at a level comparable to same aged peers.

For more information on the reporting requirement, see the following documents on the ECO website: [http://www.fpg.unc.edu/~eco/activities.cfm#Revised\\_Requirements](http://www.fpg.unc.edu/~eco/activities.cfm#Revised_Requirements)

- *OSEP's TA Document for the 5 Reporting Categories*;
- *ECO's Revised Requirement Document* that summarizes the changes to the child outcome reporting requirement, as well as describes the new reporting categories and what they mean. Implications for states in the process of developing their outcomes measurement systems are discussed; and
- A revised *FAQ document* on the SPP/APR provided by OSEP.

The COSF is to be completed when the child begins services. Each child will have three numbers (one for each outcome, the answers to questions 1a, 2a, 3a) reflecting the child's functioning at entry.

When the form is completed at exit, each child will have the three answers to the "a" questions reflecting functioning at exit along with the three answers to the "b" question (1b, 2b, 3b) about acquiring any new skills or behaviors. (Many states are completing the form more frequently than at entry and exit but these interim ratings are not needed for reporting to OSEP).

Scores of "6" or "7" on the scale reflect age-expected development. A "7" is assigned to a child showing age-appropriate functioning for whom there are no concerns related to the outcome and a "6" is assigned to a child whose functioning is generally considered age-appropriate but for whom there are also some concerns. Children who

are rated a “6” or “7” at both time points are children who maintain functioning at a level comparable to same-age peers (OSEP category e).

Children who have ratings of “5” or lower at entry and either a “6” or “7” at exit are children who reached a level of functioning comparable to same aged peers (OSEP category d). Children who move up the scale but did not reach “6” or “7” (e.g., from a “3” to a “4”, a “4” to a “5”, etc.) are children who improved functioning to a level nearer to same aged peers but did not reach it (OSEP category c).

Children who obtain the same score at both time points are listed as having improved functioning but not sufficient to move nearer to functioning comparable to same aged peers (OSEP category b) except this is not necessarily the case for a child who receives a “1” at entry and exit. For children who show lower functioning relative to same-aged peers (e.g., go from a “5” to a “3”) or are very low functioning (e.g., a “1” at both time points), the “b” question documents whether or not a child has made **ANY** progress (gained even one new skill or behavior).

A “yes” to question b for a child who is rated a “1” at both time points or who has received a lower rating at exit would indicate that the child has improved functioning but not sufficient to move nearer to functioning comparable to same aged peers (OSEP category b).

A child who receives a “no” to the “b” question, meaning the child has not shown any new skills or behaviors related to the outcome between entry and exit would be classified in OSEP category a.

Table 1 provides hypothetical data illustrating results for 10 children on Outcome 2. The COSF was completed twice for these children, i.e., once at entry and once at exit.

**Table 1 Hypothetical COSF Data for Outcome 2 at Entry and Exit**

<b>Child’s Name</b>	<b>Entry Question 2a</b>	<b>Exit Question 2a</b>	<b>Exit Question 2b</b>	<b>OSEP Category</b>
Tammy	7	7	yes	e
Patty	6	7	yes	e
Jonas	3	5	yes	c
Phoenix	4	4	yes	b
Angela	1	1	no	a
Juan	2	4	yes	c
Terry	1	1	yes	b
Leroy	3	5	yes	c
Maria	4	7	yes	d
Tony	5	3	yes	b

Table 2 shows the percentages for this set of data for the five OSEP categories.

**Table 2 Summary of Results for OSEP Categories**

<b>Category</b>	<b>%</b>
a	10
b	30
c	30
d	10
e	20

Additional information about what OSEP category is produced by various combinations of ratings can be obtained by entering combinations into the ***COSF to OSEP Categories Tutor***, an excel spreadsheet available under "ECO Tools" at [www.the-eco-center.org](http://www.the-eco-center.org).

Electronic version of this ECO Center handout can be viewed at:  
[http://www.fpg.unc.edu/~eco/assets/pdfs/Summary\\_of\\_Rules\\_COSF\\_to\\_OSEP\\_8-9-07.pdf](http://www.fpg.unc.edu/~eco/assets/pdfs/Summary_of_Rules_COSF_to_OSEP_8-9-07.pdf)

### Calculating OSEP Categories from COSF Responses

The two tables below show the OSEP reporting category generated from all **possible** combinations of COSF ratings at entry and exit (<http://www.fpg.unc.edu/~eco/outcomes.cfm>).

#### Possible Combinations (Arranged by COSF Rating)

If the COSF rating at Time 1 is...	If the COSF rating at Time 2 is...	If the answer to the new skills' question is...	The OSEP reporting category is....
7	7	yes	e
7	6	yes	e
7	1 to 5	yes	b
7	1 to 5	no	a
6	7	yes	e
6	6	yes	e
6	1 to 5	yes	b
6	1 to 5	no	a
5	6 or 7	yes	d
5	5	yes	b
5	1 to 4	yes	b
5	1 to 4	no	a
4	6 or 7	yes	d
4	5	yes	c
4	4	yes	b
4	1 to 3	yes	b
4	1 to 3	no	a
3	6 or 7	yes	d
3	4 or 5	yes	c
3	3	yes	b
3	1 or 2	yes	b
3	1 or 2	no	a
2	6 or 7	yes	d
2	3 to 5	yes	c
2	2	yes	b
2	1	yes	b
2	1	no	a
1	6 or 7	yes	d
1	2 to 5	yes	c
1	1	yes	b
1	1	no	a

1

**Note:** The "new skills" question refers to answer to the question "Has the child shown any new skills or behaviors related to [outcome 1/2/3] since the last outcomes summary?"

**Possible Combinations (Arranged by OSEP Categories)**

If the COSF rating at Time 1 is...	If the COSF rating at Time 2 is...	If the answer to the new skills <sup>2</sup> question is...	The OSEP reporting category is....
7	1 to 5	no	a
6	1 to 5	no	a
5	1 to 4	no	a
4	1 to 3	no	a
3	1 or 2	no	a
2	1	no	a
1	1	no	a
7	1 to 5	yes	b
6	1 to 5	yes	b
5	5	yes	b
5	1 to 4	yes	b
4	4	yes	b
4	1 to 3	yes	b
3	3	yes	b
3	1 or 2	yes	b
2	2	yes	b
2	1	yes	b
1	1	yes	b
4	5	yes	c
3	4 or 5	yes	c
2	3 to 5	yes	c
1	2 to 5	yes	c
5	6 or 7	yes	d
4	6 or 7	yes	d
3	6 or 7	yes	d
2	6 or 7	yes	d
1	6 or 7	yes	d
7	7	yes	e
7	6	yes	e
6	7	yes	e
6	6	yes	e

<sup>2</sup>

**Note:** The “new skills” question refers to answers to the question “Has the child shown any new skills or behaviors related to [outcome 1/2/3] since the last outcomes summary?”

### Impossible Combinations of COSF Responses

The following table presents combinations that are **impossible** and provides an explanation for why.

	If the COSF rating at Time 1 is...	If the COSF rating at Time 2 is...	If the answer to the new skills question is...	Explanation why this combination of COSF responses is impossible
# 1	7 or 6	7 or 6	no	A “no” response to the new skills question means the child has not shown any new skills or behaviors related to the outcome between entry and exit. This combination of responses is impossible since a child has to have acquired new skills to receive a rating of age expected development (over the minimum time span which is 6 months); children must acquire new skills over time to maintain age expected development.
#2	5	6 or 7	no	A “no” response to the new skills question means the child has not shown any new skills or behaviors related to the outcome between entry and exit. A higher rating at time 2 means he/she acquired new skills.
#3	5	5	no	A “no” response to the new skills question means the child has not shown any new skills or behaviors related to the outcome between entry and exit. To receive the same rating on the scale at two time points, the child has to have acquired new skills, because as children get older it takes more skills to receive the same rating.
#4	4	5, 6 or 7	no	See explanation for #2 above.
#5	4	4	no	See explanation for #3 above.
#6	3	4, 5, 6 or 7	no	See explanation for #2 above.
#7	3	3	no	See explanation for #3 above.
#8	2	3, 4, 5, 6 or 7	no	See explanation for #2 above.
#9	2	2	no	See explanation for #3 above.
#10	1	2, 3, 4, 5, 6 or 7	no	See explanation for #2 above.

## **COSF Roles and Responsibilities**

### **CDW Assessor**

- Complete initial COSF in DHSS Cares within 2 weeks of eligibility determination
- Complete exit COSF's when necessary
- For each outcome, solicit input from other providers and family regarding: age appropriate, immediate foundational and foundational skills and progress status (new skills)
- Information can be obtained verbally or in writing (over the phone, through email etc.)
- Complete COSF form consolidating information from other providers and assigning a rating

### **COSF Lead Assessor/Service Provider:** (see chart on page 14 of Building Blocks to identify the COSF lead)

- Be aware of and alert team to upcoming COSF due dates
- For each outcome, solicit input from other providers and family regarding: age appropriate, immediate foundational and foundational skills and progress status (new skills)
- This information can be obtained verbally or in writing (over the phone, through email etc.)
- Complete COSF form consolidating information from other providers and assigning a rating
- Complete and submit exit COSF between 2 months before to 1 month after the child exits

### **Other Assessor/Service Provider**

- Provide timely information to the COSF lead for each of the three outcomes on age appropriate, immediate foundational and foundational skills and acquisition of new skills

### **Service Coordinator**

- Ensure initial and exit COSFs are completed and entered in child's chart
- Email all team members to alert them of an upcoming COSF due date
- If services are split and there is no ECE, facilitate discussion about who should take the lead
- Send providers a copy of the initial COSF when referring for services

### **COSF Coordinator**

- Review COSF's for quality and completeness. Return to provider, if revisions are needed
- Track COSFs and alert SC's of upcoming COSF due dates
- Provide technical assistance and training for assessors/providers as necessary for ongoing quality improvement



