

Instructions for Completing the Child Outcomes Summary Form

Directions for Completing the Form

1. Enter today's date, the child's name and birth date at the top of the page. List names and roles of all participants in the summary rating discussion. Under the "Sources of Supporting Evidence," list the sources of information used to determine the ratings, including assessment instruments, parent or caregiver report, provider observation, etc. Indicate the date that each source was provided, for example, the date of the assessment report, the date of meeting or home visit when caregiver report was noted or provider observations were noted.

2. Questions 1A, 2A, 3A: Check only **one** rating box for each outcome. Definitions for the scale points are provided at the end of the instructions.

3. Summary of Evidence: Provide evidence statements that support each rating. Indicate the source of the evidence by putting a reference number from the sources of evidence listed above next to each summary statement describing 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 below age appropriate skills and behaviors. A sample of Sources of Supporting Evidence and a completed Summary of Relevant Results for Outcome 3 is provided below. Note that each set of summarized results is referenced to its corresponding source by number in parentheses.

Source of Supporting Evidence	Date
1. Candace's mom	4/12/06
2. Candace's child care provider	4/5/06
3. Carolina Curriculum for Infants and Toddlers with Special Needs	Administered 3/13/06
4. Early Intervention Specialist	Observed over a 4 week period in March 2006

Summary of Relevant Results
(1) Mom said 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.
(2) 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.
(3) Self-Help: Eating – 12-15 months Self-Help: Dressing – 15-18 months Self-Help: Grooming – 18-21 months Self-Help: Toileting -- <15-18 months
(4) 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.

4. Questions 1B, 2B, 3B: Complete questions 1B, 2B, and 3B only when questions 1A, 2A, and 3A have been answered previously. Check Yes or No to indicate if the child has made progress since the previous outcomes rating. Progress is defined as the acquisition of at least one new skill or behavior related to the outcome. Describe the general nature of the progress in the Summary of Evidence.

To Help You Decide on the Summary Rating for Questions 1A, 2A, and 3A:

The outcomes summary 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, play group, 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-reference assessments, service provider/preschool teacher 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.
- Because it is difficult to use a 7 point spread to rate a very young infant's functional status compared to age appropriate development, you may wait to do the initial COSF until the infant is at least four to six months old.
- 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.

Alaska Selected Assessment Tools as Sources of Information for the COS Process

In January 2006, a group of EI/ILP stakeholders met and reviewed several commonly used developmental assessment tools and selected five tools that may be used as "anchor" tools to gather information for the child outcomes ratings. In March, 2007, three additional tools were reviewed and added to the list. The eight anchor tools are:

- *Assessment, Evaluation and Programming System for Infants and Toddlers (AEPS)*
- *Battelle Developmental Inventory*
- *Bayley – III Scales of Infant and Toddler Development, 3rd Edition*
- *Carolina Curriculum for Infants and Toddlers with Special Needs, Third Edition (CCITSN; 2004)*
- *Early Learning Accomplishments Profile (ELAP, 2002)*
- *Hawaii Early Learning Profile (HELP® Birth to 3, ©2004)*

- *Early Intervention Developmental Profile (“the Michigan”)*
- *Sewell Early Education Developmental Profile (SEED)*

Crosswalks have been developed that cross-reference the functional skills assessed by various published instruments with the three child outcomes required by OSEP for Part B/619 and Part C programs, to assess the degree to which these instruments measure the required outcomes. Crosswalks and information about how they were developed is available on the ECO-Center website at <http://www.fpg.unc.edu/~eco/crosswalks.cfm>. This information was used in selecting the tools on Alaska EI/ILP’s recommended list in addition to information from providers on frequency of use, ease of administration and appropriateness of the tools for the population served in Alaska EI/ILP.

Assessment tools approved by EED as useful for completing the ratings for 3 to 5 year olds include the following:

- Dial 3
 - Brigance
 - Battelle
 - AGS
 - AEPS
- or
- One approved by EED

It is strongly recommended that at least one of these assessment tools be completed within a few weeks of the Child Outcomes Summary Rating, so the information from the assessment can be used to inform the ratings.

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 age peers prior to kindergarten entry have a higher 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.

Note: The outcomes summary form was not designed to determine eligibility for services. It would be inappropriate to use it in this way.

Definitions for Outcome Ratings

Completely	<p>Child shows behaviors and skills expected for his or her age in all or almost all everyday situations that are part of the child's life.</p> <ul style="list-style-type: none"> • Behavior and skills are considered typical for his or her age. • No one has any concerns about the child's functioning in this outcome area.
< Completely	<p>Child's functioning generally is considered typical for his or her age, but there are some concerns about the child's functioning.</p>
Somewhat	<p>Child shows behavior and skills expected for his or her age some of the time across some situations.</p> <ul style="list-style-type: none"> • Behavior and skills are a mix of age appropriate and not appropriate. • Behavior and skills might be described as more like those of a slightly younger child. • Some behaviors or conditions might be interfering with the child's capability to achieve age-expected behaviors and skills.
< Somewhat	<p>Between somewhat and emerging.</p>
Emerging	<p>Child does not yet show behaviors and skills expected of a child of his or her age in any situation. Child's behavior and skills include immediate foundational skills upon which to build age expected skills.</p> <ul style="list-style-type: none"> • Behaviors and skills might be described as more like those of a younger child. • Some behaviors or conditions might be interfering with the child's capability to achieve age-expected behavior and skills.
< Emerging	<p>Between emerging and not yet.</p>
Not Yet	<p>Child does not yet show behaviors and skills expected of a child his or her age in any situation. Child's skills and behaviors also do not yet include any immediate foundational skills upon which to build age expected skills.</p> <ul style="list-style-type: none"> • Child's ways of forming and maintaining social relationships might be described as more like those of a much younger child. • Some behaviors or conditions might be seriously interfering with the child's capability to achieve age-expected behaviors and skills.