Child Outcomes

A Family Guide to Participating in the Child Outcomes Measurement Process
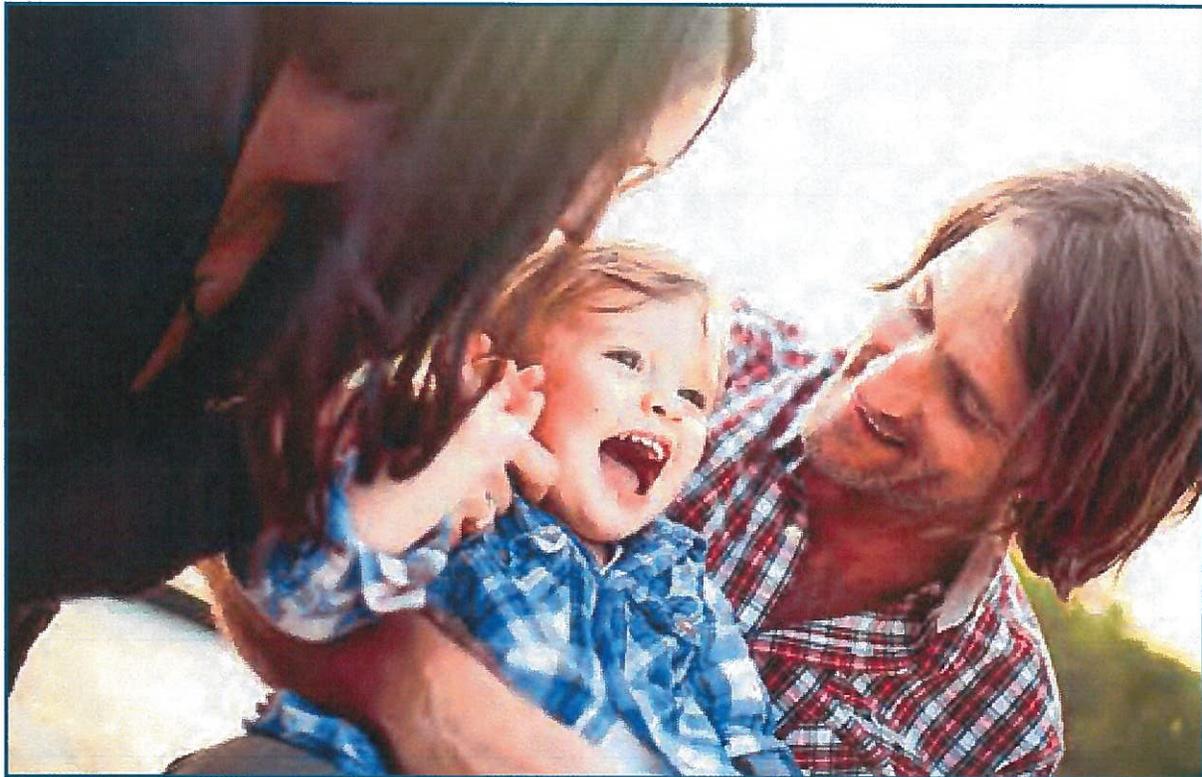
Introduction

As a parent of a young child who is in an early intervention (EI) or early childhood special education (ECSE) program, you want to be sure these services are helping your child develop and learn. These services are designed to make the most of each child's potential, as well as to strengthen the family's ability to help their child. **But how can you know if your child's early intervention or special education program is meeting his or her needs?**

One way to learn more about your young child's progress is through three "child outcomes" that are measured for every child in the United States who participates in an early intervention or early childhood

special education program. These outcomes will help you know how well your child is developing and participating in activities at home, at school, or in the community. In addition to helping you measure your child's individual progress, these outcomes are also used to measure how well your child's early intervention or early childhood special education program is serving all children who are enrolled.

By participating in the outcome process, you are not only helping your own child but are also helping your district and state know how early childhood programs are performing overall. **As the parent, you are a critical part of your child's development and education**, and this handout will help you understand and meaningfully participate in the outcome measurement process for your child's program.

What are the three child outcomes?

The following outcomes, developed by the U.S. Department of Education, are used by all early intervention and early childhood special education programs to measure young children's progress. While Individual Family Service Plan (IFSP) outcomes and Individualized Education Program (IEP) goals are written specifically for *your* child, **these three child outcomes are the same for everyone**.

Three Child Outcomes to Measure Progress

1. **Gaining positive social emotional skills, including social relationships.** This outcome measures how children interact and play with their family, other adults, and other children.

2. **Learning and using new knowledge and skills.** This outcome measures how children learn and use basic language and communication skills such as counting and problem-solving that will prepare them to be successful in kindergarten.

3. **Using appropriate behaviors to meet their needs.** This outcome measures how children gradually become more independent by learning how to move from place to place, feed themselves, and take care of basic needs.

Why is this information important to my child and our family?

The three child outcomes focus on what your child can do in his or her everyday routines and activities. By looking at how well your child is doing in each of the three areas, you can determine what he or she needs in order to become more involved in your family's activities. The information gathered about your child will also help you develop individual outcomes and goals for your child's Individual Family Service Plan (IFSP) or Individualized Education Plan (IEP). As a parent, you may notice that by learning more about the three child outcomes, you also:

- **Gain confidence** in your ability to observe your child and share those observations with others.

- **Develop an increased understanding** of how your child is functioning compared to age expectations.

- **Learn to track and celebrate the progress** that your child is making.

- **Contribute more** to IFSP or IEP team discussions about your child's strengths and accomplishments and the development of appropriate outcomes or goals.

# How can I be part of the outcome measurement process?

When first developing your child's IFSP or IEP, you should ask your child's early intervention providers or early childhood special education teachers how the three outcomes will be measured for your child and how they relate to your child's individual plan. If you feel unsure about the process, or want an update on how your child is progressing, these questions will help you start the conversations:

- **What resources are available** to help me understand what is expected for a child at different ages?
- **What specific skills and behaviors** do you look at for each outcome?
- **What information will you need** from me in order to complete the outcomes measurement?
- **How can I share my observations** about my child's skills, abilities, routines and activities?

What information can I share about my child's progress?

You can be prepared for any conversation about your child's development by making your own observations and sharing what you see. It may be helpful to review these questions often and take notes about what you see that's new or is happening in a different way. Even small changes are important in the measurement of the three child outcomes.
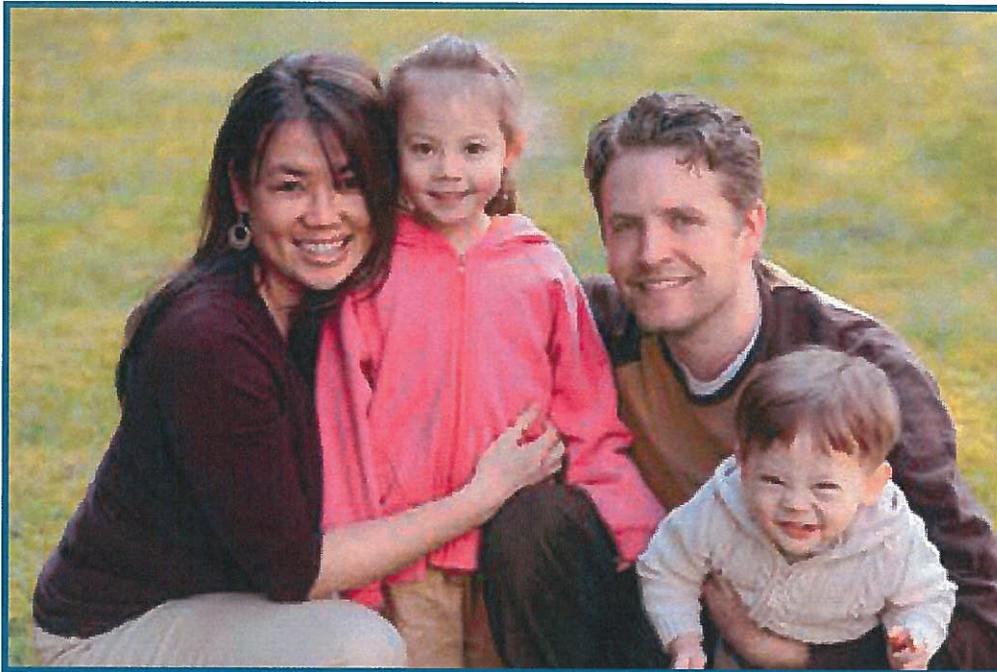
Outcome 1: Social Emotional Skills and Relationships

- How does my child relate to family members, close family friends, caregivers, and strangers?

- How does my child relate to other children at child care or in the neighborhood? With people in the community (such as the park or grocery store)?

- How does my child show his or her feelings? How does he or she calm down when upset?

- How does my child show that she or he understands social rules, such as sharing and taking turns?

Outcome 2: Knowledge and Skills

- How does my child copy others' actions or try to learn new things?

- How does my child try to solve problems?

- How does my child use words?

- Does my child understand concepts such as numbers and shapes?

- Does my child understand and respond to directions from others?

- How does my child communicate his or her thoughts and ideas?

Outcome 3: Meeting Needs

- How does my child get from place to place?
- What does my child do when he or she wants something? What if it is hard to reach?
- What does my child do when he or she needs help?
- What does my child do when he or she is hungry?
- How does my child help with dressing or undressing, using the bathroom, and brushing his or her teeth?
- Can my child feed him or herself?
- What does my child do without my help?

You may want to set up regular times with your child's early intervention providers or early childhood special education teachers to share this information. This will make sure that your input is being used to measure your child's progress in the three outcomes.

In addition to sharing your own observations, you may also want to ask your child's providers and educators what they are seeing. The information you receive can help you understand your child's development in different settings and situations. This will help you be a full partner in outcomes measurement.

How will I know if my child is making progress?

Looking at your child's progress over time is important for updating your child's IFSP or IEP and making sure that he or she is receiving the services needed to meet the individualized goals or outcomes. This same information is also needed to measure the three child outcomes accurately at the end of services.

Your IFSP or IEP document should state when and how often information on your child's progress will be shared. You can also ask providers or teachers at any time you have questions or concerns.

Asking early childhood teachers or providers the following questions will give you information about your child's progress in the three outcomes:

- How are you measuring my child's progress? Are you using observations? Assessments?
- What are you seeing that tells you that my child is or is not making enough progress?
- How is my child's progress on his or her IFSP outcomes or IEP goals related to progress in the three child outcome areas?
- How does my child now compare to other children his or her age? What do most children his or her age do in regard to this outcome area?
- How do you see my child's disability affecting his or her ability to make more progress in this area?
- What are the next skills needed in order for him or her to make progress?
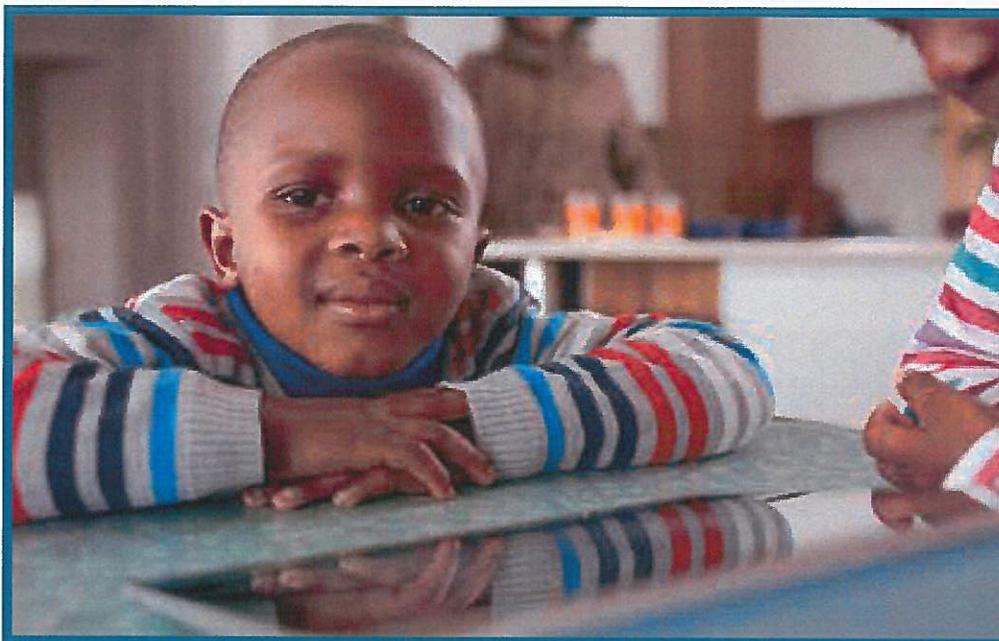
Conclusion: You Are the Expert!

When parents and professionals work together as a team, children do better. While professionals have expertise in working with children, **you are the expert on your own child**. You have information about your child that cannot be gathered through any other method other than to hear it directly from you.

By sharing your observations of your child, you will be helping your early intervention service providers or early childhood special education teachers understand your child's strengths and needs. You will help your IFSP or IEP team understand how your child is progressing on the three child outcomes and what skills need improvement. Through your involvement, you will help your child to be an active and successful participant now and in the future at home, in the community, and at school.
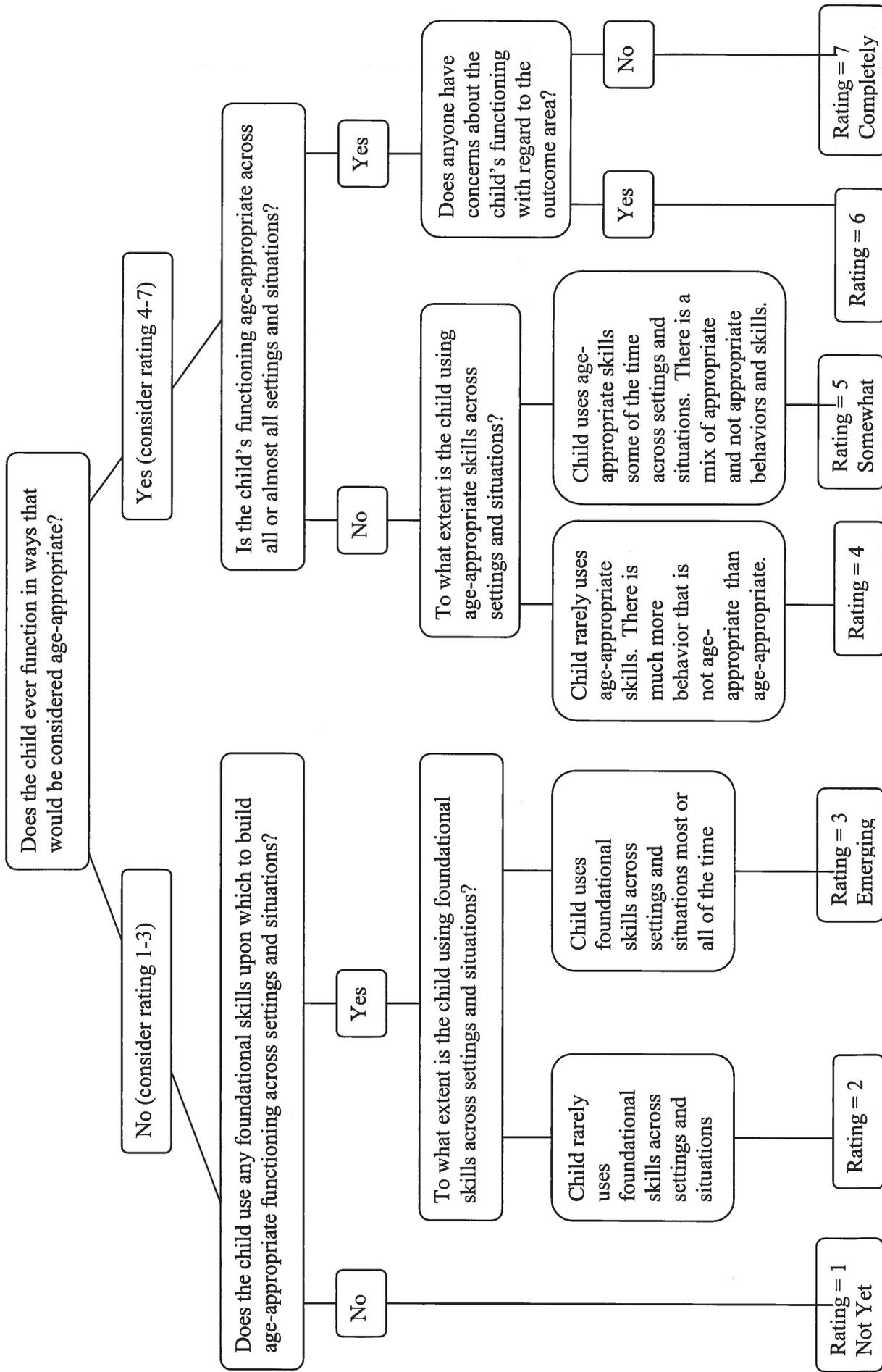
Contact Your Local Parent Center:

Decision Tree for Summary Rating Discussions

Does the child ever function in ways that would be considered age-appropriate?

No (consider rating 1-3)

Yes (consider rating 4-7)

No (consider rating 1-3) branch

Does the child use any foundational skills upon which to build age-appropriate functioning across settings and situations?

No → Rating = 1 Not Yet

Yes → To what extent is the child using foundational skills across settings and situations?

- Child rarely uses foundational skills across settings and situations → Rating = 2

- Child uses foundational skills across settings and situations most or all of the time → Rating = 3 Emerging

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Yes (consider rating 4-7) branch

Is the child's functioning age-appropriate across all or almost all settings and situations?

No → To what extent is the child using age-appropriate skills across settings and situations?

- Child rarely uses age-appropriate skills. There is much more behavior that is not age-appropriate than age-appropriate. → Rating = 4

- Child uses age-appropriate skills some of the time across settings and situations. There is a mix of appropriate and not appropriate behaviors and skills. → Rating = 5 Somewhat

Yes → Does anyone have concerns about the child's functioning with regard to the outcome area?

- **Yes** → Rating = 6

- **No** → Rating = 7 Completely

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Developmental Progressions and the
Child Outcome Summary (COS) Process 7-Point Rating Scale

The COS process 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 progressions that lead 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 COS 7-point 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.

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The Early Childhood Technical Assistance Center

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

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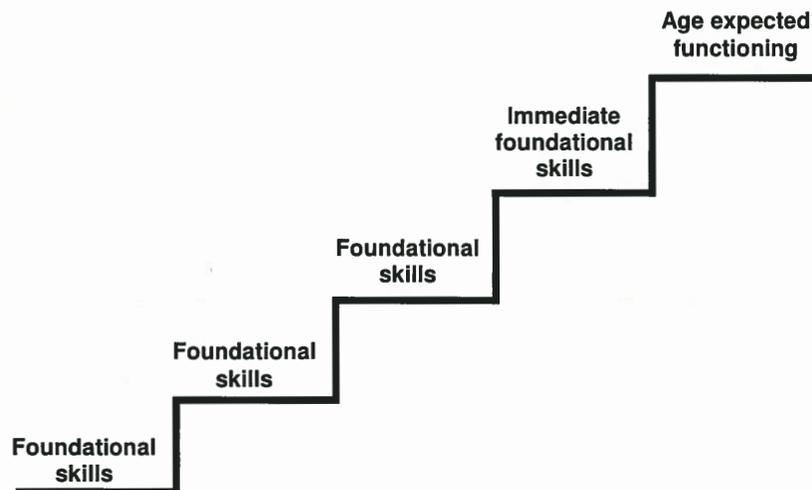
To Help You Decide on the Summary Rating for Questions 1a, 2a, and 3a:

This 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, 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

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

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.

Definitions for Outcome Ratings

Overall Age-Appropriate	**Completely** *means*:	**7**	• Child shows functioning expected for his or her age in **all or almost all everyday situations** that are part of the child's life. Functioning is considered **appropriate** for his or her age. • No one has any concerns about the child's functioning in this outcome area.
		6	• Child's functioning generally is considered **appropriate** for his or her age but there are **some significant concerns** about the child's functioning in this outcome area. These concerns are substantial enough to suggest monitoring or possible additional support. • Although age-appropriate, the child's functioning may border on not keeping pace with age expectations.
Overall Not Age-Appropriate	**Somewhat** *means*:	**5**	• Child shows functioning expected for his or her age **some of the time and/or in some settings and situations**. Child's functioning is a mix of age-appropriate and not age-appropriate behaviors and skills. • Child's functioning might be described as like that of a **slightly younger child***.
		4	• Child shows occasional age-appropriate functioning across settings and situations. More functioning is **not** age-appropriate than age-appropriate.
	Nearly *means*:	**3**	• Child does **not yet** show functioning expected of a child of his or her age in any situation. • Child uses **immediate foundational skills,** most or all of the time, across settings and situations. Immediate foundational skills are the skills upon which to build age-appropriate functioning. • Functioning might be described as like that of a **younger child***.
		2	• Child occasionally uses **immediate foundational skills** across settings and situations. More functioning reflects skills that are **not** immediate foundational than are immediate foundational.
	Not yet *means*:	**1**	• Child does **not yet** show functioning expected of a child his or her age in any situation. • Child's functioning does **not yet include immediate foundational skills** upon which to build age-appropriate functioning. • Child functioning reflects skills that developmentally come before immediate foundational skills. • Child's functioning might be described as like that of a **much younger child***.

*The characterization of functioning like a younger child only will apply to some children receiving special services, such as children with developmental delays