

Connections



FIRST CONNECTIONS – EARLY INTERVENTION IN ARKANSAS

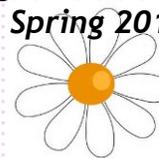
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<http://humanservices.arkansas.gov/ddds/Pages/FirstConnectionsProgram.aspx>

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The Decision Tree: Child Indicator Seeds for Success

Determining the Child’s Functional Status for Child Indicators

The Child Indicators represent the integrated nature of how children develop and learn and cut across the five developmental domains that must be included in multidisciplinary evaluations. They shift away from measuring test scores in domain-specific areas toward looking at how skills and behaviors are functional and meaningful in the child’s day to day life (Pletcher & Youngren, 2013).

FAQs

Q: What is the role of an assessment tool or formal evaluation instrument in determining child indicator ratings?

A: While Arkansas requires that a tool be used, it is only one piece of information used to determine Child Indicator ratings. Information from the family, other caregivers, and your informed clinical opinion are also required when assessing a child’s functioning across settings and situations. The challenge for determining where a child falls on the 1-7 rating scale is that no single evaluation tool exists that directly measures the three OSEP global child outcomes. Also, most of the current instruments used to assess children are domain-based and may not address a child’s level of functioning in a variety of settings.

Current recommended practices in assessment call for the use of multiple measures and multiple

sources when assessing young children (Neisworth & Bagnato, 2005) and a naturalistic means of assessing the skills a child can perform across a variety of settings. Naturalistic/authentic assessments include observations of children in their everyday environment, reliance on information from informed caregivers, and use of curriculum based measures which take into account different ways of achieving functional skills for children with disabilities. Naturalistic Assessment provides opportunities for a child to perform skills across domains of development in the context of daily routines with individuals who have the greatest opportunities to interact with the children on a regular basis (e.g., parents, caregivers, teachers) (Losardo & Notari-Syverson, 2001).

When selecting the numeric rating for the Child Outcome Summary (COS), any rating is based on a synthesis of all information obtained through multiple measures and sources and compares the child’s function to same age peers. Children with disabilities compensate for their disability by using their areas of strength. For example, a child may use an assistive device to function comparably to same age peers, but not score at age level on the standardized tool, so it’s important to include observations of the child involved in typical child activities and interviews with primary caregivers to reach a numeric rating reflective of how a child interacts with others in a variety of settings.

All Hands on “DEC”

What are the DEC Recommended Practices?

The Division of Early Childhood (DEC) Recommended Practices are an initiative to bridge the gap between research and practice, offering guidance to parents and professionals who work with young children who have or are at risk for developmental delay. The Recommended Practices were first developed by DEC in 1991 to provide guidance to the relatively new field of early intervention/early childhood special education. In the late 1990s, work was undertaken to revise the initial set of practices and establish the evidence base for the practices through an extensive review of the literature. Through recent collaborative work with the Early Childhood Technical Assistance Center (ECTA), the practices have been revised and updated, and a new set of DEC Recommended Practices is now available.

What is the purpose of the DEC Recommended Practices?

DEC Recommended Practices (RPs) were developed to provide guidance to practitioners and families about the most effective ways to improve the learning outcomes and promote the development of young children. The RPs highlight practices that have been shown to result in better outcomes for young children with disabilities, their families, and the personnel who serve them.

Who uses the DEC Recommended Practices?

Recommended Practices are intended to be used by everyone involved in teaching young children with developmental delay/disability across a variety of early childhood settings. The updated set of practices is divided into eight domains:

Leadership
Assessment
Environment
Family practices
Instructional practices
Interaction
Teaming and collaboration
Transition

To watch a video about the 2014 DEC Recommended Practices, visit:
<http://www.dec-sped.org/rpvideos>

To download a copy of the DEC Recommended Practices, visit:
<http://dec.membershipsoftware.org/files/Recommended%20Practices/DEC%202014%20Recommended%20Practices.pdf>

Division for Early Childhood. (2014). DEC recommended practices in early intervention/early childhood special education 2014. Retrieved from <http://www.dec-sped.org/recommendedpractices>

Take AIMH

The Arkansas' Association for Infant/Toddler Mental Health (AIMH) partners with EI and ECSE professionals to provide consultation and training on methods of promoting social-emotional development in our youngest learners and in working with families to promote healthy parent-child interactions to support the child's social emotional development.

“Babies are only do as well as their families are doing,”
-- Dr. Alan Mease, AR Dept of Health

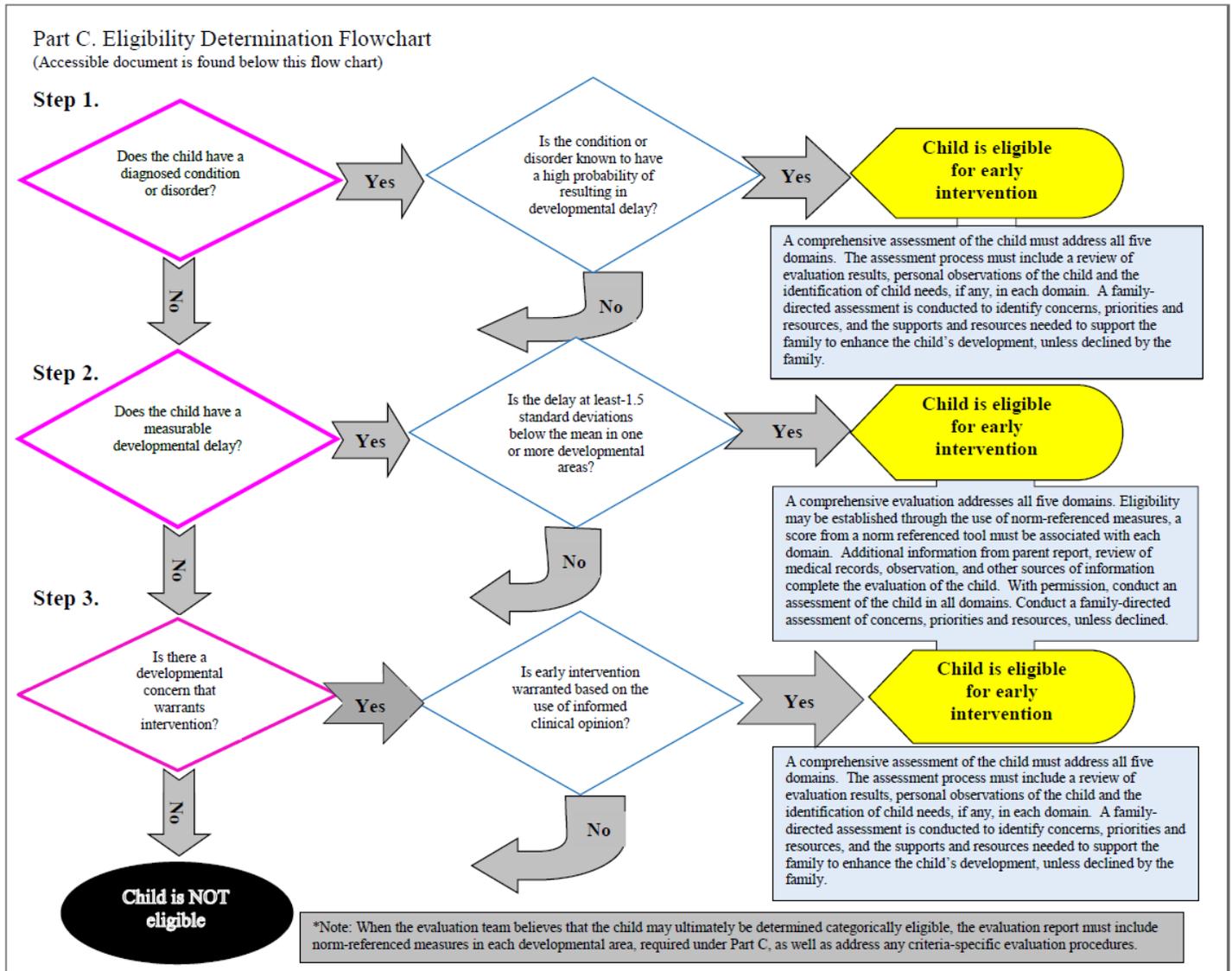
The AIMH 5th Annual Bright Futures Begin Early Conference will be held in Little Rock at the Embassy Suites June 5 @ 8:00 am - 5:00 pm. Registration for this event is \$99.00



Using the Part C Eligibility Flowchart

Minnesota's Part C Program, under the MN Department of Education, devised a flowchart to assist IFSP teams in determining eligibility.

Using the flowchart, when an infant or toddler has a diagnosed condition or disorder but does not have a measureable developmental delay that falls within a state's required percent delay, the child's parent and IFSP team (see Step 3) determines if there is a developmental concern that warrants intervention.



If the answer is "yes," the IFSP team uses informed clinical opinion. The informed clinical opinion (ICO) is based on the comprehensive evaluation of the child's functioning in all five domains, a review of medical records, and personal observations of the child interacting with familiar caregivers in typical child activities. The ICO identifies child needs in each of the five developmental domains and includes justification gained from the family-directed assessment. The Child & Family Assessment is conducted to identify family and other caregiver concerns, priorities and resources and the supports and resources needed to support the family to enhance the child's development. Thorough informed clinical opinion includes all of these elements.

Transition: Not Just for 3 Year Olds

When a child is approaching his/her third birthday, we're doing a pretty good job of meeting transition and exit requirements – something to celebrate!

What we're forgetting sometimes, though, is that whenever a child exits First Connections, the child is leaving the Part C program and going somewhere else . . . that change or movement is **transition**, regardless of the age or for what reason.

The FC Data Unit Reports that “during the FY '14, 1806 (56%) met the criteria of receiving services for more than 6 months **and should have** completed COSF ratings on an exit Child Outcomes Summary form. The total number of children for whom the Child Outcomes form was completed was 1690. 116 children met the criteria, but did not receive the exit COSF rating before they left the program.”

When the IFSP team exits a child from the program who has received EI services for six months or more and does not complete the final COSF rating to measure the child's progress from level of functioning at entrance to the program to exit, this “lost data” affects our statewide Child Outcomes Data, which is reported to the Office of Special Education Programs (OSEP).

Did YOU Know?

Technical Assistance (TA) is available to service coordinators and direct service providers on a variety of topics related to EI under Part C.

In an effort to better support service coordinators and providers, the First Connections Training Unit has developed TA in a variety of formats to meet the needs of busy EI professionals! TA is now available in the following formats:

Self-Study Guides:

TA on FC Child & Family Assessment
TA on Functional Outcomes
TA on IFSP Development
TA on Justification of Developmental Need

Webinars:

TA: Writing Functional Outcomes
TA on IFSP Development
(new) TA: Evaluating IFSPs for Quality
(new) TA: Child & Family Assessment



Providers needing support and/or TA on a particular EI topic may also contact:

- * **their assigned monitor (most topics)**
- * **PA Unit (topics related to finance)**
- * **Data Unit (topics related to CDS, required forms, reports, and compliance)**

First Connections releases a quarterly parent newsletter for families of infants and toddlers participating in early intervention under Part C of IDEA. Content is focused on promoting social emotional development that helps young children use appropriate behavior to get their needs met (an OSEP child outcome).

Parent Connections is available electronically for download to share with parents and other caregivers of children 0-3 experiencing a developmental delay.

