

# Connections

FIRST CONNECTIONS — EARLY INTERVENTION IN ARKANSAS

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## Measuring Child Performance in a Part C Program

In early intervention programs under Part C of the Individuals with Disability Education Improvement Act (IDEA), child outcomes must be observable, measurable results for children. According to the Part C legislation,

“The IFSP must include a statement of the measurable results or measurable outcomes expected to be achieved for the child . . . and family, and the criteria, procedures, and timelines used to determine” mastery. (34 CFR §303.344(c))

***Section 616(a) of IDEA requires States to focus their monitoring activities on improving early intervention results and functional outcomes for infants and toddlers with disabilities.***

34 CFR §303.700 (b)(1) mandates that the primary focus of the State’s monitoring activities must be on improving early intervention results and functional outcomes for all infants and toddlers with disabilities and (2) ensuring that EI provider programs meet requirements under Part C of the Act, with a particular emphasis on those requirements that are most closely related to improving early intervention results for infants and toddlers with disabilities. Each State must use quantifiable and qualitative indicators to adequately measure child performance in the priority areas (34 CFR §303.700 (c)).

### ***So, how do States measure child performance?***

States report the percentage of infants and toddlers with Individualized Family Service Plans (IFSPs) who demonstrate improvements in three global child outcomes (or results) areas identified by the Office of Special Education Programs (OSEP):

- 1. Positive social-emotional skills (including social relationships)**
- 2. Acquisition and use of knowledge and skills (including early language/communication [and early literacy\*])**
- 3. Use of appropriate behavior to meet needs**

### ***So, where does this data come from?***

IFSP teams collect this data on the COSF form (Child Outcome Summary Form) at entrance to the program, at annual IFSP review, and when a child exits Part C. The service coordinator, direct service providers, and family members and other caregivers work together as a team to assign a numeric rating (1-7) to rate the child’s functional ability in each of the three outcomes areas. IFSP teams use the State-approved tools, the Age Anchor and Decision Tree to guide them in conversations about the child’s functioning across settings and situations to determine this rating. Usually, the service coordinator enters this data in the child’s electronic record in CDS. Data is annually compiled for all children who received services for six months or longer and reported federally in the Annual Performance Report (APR).

# Improving Child Outcomes Data

## ***So, how do we improve outcomes for children in Arkansas served in the Part C Program?***

Making sure the right people are at the table, actively involved as a team is critical to obtaining the most reliable, accurate rating of the child's functioning in each of the three outcomes areas (see cover story for more information). If the family is not involved in the rating, for example, the EI professionals on the team miss important information about how the child functions in situations and settings where therapists may never see the child. Equally important is the presence and involvement of the EI professionals who have been working with the child.

Taking the time to perform the Child Outcome Summary (COS) rating as a team, preparing parents and caregivers to actively participate in the rating, and considering a variety of sources of information about how the child functions is one important way to improve the quality of the ratings – in essence, our State's Child Outcomes data.

However, an often overlooked area necessary to improve child outcomes ratings is the inclusion of high-quality, functional outcomes on the IFSP.

## ***So what are “functional outcomes” on the IFSP?***

Functional child outcomes develop the “whole child” (discipline-free). Functional outcomes (goals) enhance learning by increasing the child's ability to participate in everyday activities where the child is the learner/actor. These activities must be important and meaningful to the family/caregiver in order to make practicing the intervention strategies something that fits into the rhythm of the family's everyday life:

***The identification of the early intervention service needed, as well as the appropriate setting for providing each service to an infant or toddler with a disability are individualized decisions made by the IFSP Team based on that child's unique needs, family routines, and developmental outcomes. --34 CFR §303.344(d)(1)***

High-quality child outcomes expand activity settings so the child can be competent in a variety of

situations. The goals should tie into child interests to promote maximum participation, because when children are engaged, active participants, they learn through repetition in context.

## ***So, how do we create with families child outcomes that are high-quality and functional?***

Obtaining relevant information from the family and other caregivers is crucial. Relying solely on missed evaluation items won't give the IFSP team the information it needs to draft functional child outcomes statements or tie action steps (objectives) to activities, people, materials, etc of interest or importance to the family. Finding out about what the child's caregivers want or need the child to be able to do throughout the day is key. The team then looks at strengths and barriers in daily routines and activities and the developmental abilities and needs of the child.

The team considers what the child's needs are in relation to the OSEP global child outcomes areas (see list in cover story) and makes sure to create child outcomes to support the child in making progress in each of the three areas.

## ***So, what are “best practices” for writing High-Quality, Functional Outcome Statements?***

Six criteria for determining if an IFSP outcome statement is of high quality were identified by NECTAC, ECO and WRRC, in collaboration with Dathan Rush and M'Lisa Shelden at the Family Infant and Preschool Program in Morganton, North Carolina. To be high-quality and functional, the goal must:

1. be necessary for the child to function within typical child/family life
2. reflect a real-life contextualized setting (activity in context)
3. be aimed at developing the whole child and cross developmental domains (not discipline-specific)
4. be clear and simple (jargon-free)
5. emphasize the positive (clearly stating what the child will do)
6. state an observable child action and avoid use of passive verbs like “tolerate,” “improve,” “receive,” or “maintain.”



# Justification for Providing EI Services in a Clinic Setting

Under the Individuals with Disabilities Education Act (IDEA), all children have the right to learn alongside their typically developing peers and service settings are not determined based on adult convenience or preference. Part C programs are required to serve infants and toddlers with developmental delay in their *natural environment*, defined as settings and activities typical for a same-aged child without a disability.

***34 CFR §303.344(d)(1) states that services on the IFSP and settings for each service are “individualized decisions made by the IFSP Team based on that child’s unique needs, family routines, and developmental outcomes” (functional IFSP goals/objectives).***

34CFR §303.167(c)(1-2) indicates that services can only be provided outside of the child’s natural environment when “early intervention cannot be achieved satisfactorily for the infant or toddler in a natural environment.” This regulation means that outpatient clinic services can only be provided to children after the child and caregivers have received services within their typical settings and activities and the child has been unable to make progress toward achieving the functional goals and objectives on the family’s plan (the IFSP).

## **BEST PRACTICE FOR EI SERVICES:**

When an early intervention service has been provided in the natural environment and the practitioner has working closely with the child’s caregivers so that they can implement IFSP strategies to promote the child’s learning within typical activities, and the child has still failed to make progress, then the IFSP team has information necessary to develop a Developmental Justification of Need to provide the service linked to the unmet goals in an outpatient clinic setting for a typical review period (3-6) months.

Along with the required justification of need, IFSP teams must develop a “Conversion Plan.” The

Conversion Plan is the plan to transition the child and the service back into the child’s typical locations and activities when the functional IFSP outcomes (goals/objectives) associated with that service have been met.

## **JUSTIFYING NEED:**

“Justification” is the documentation that describes why work done with the child and the child’s caregivers within typical child and family settings and activities was not able to support the child in reaching functional IFSP goals and objectives. In order for an IFSP team to develop the federally-required justification, the direct service provider (or providers) on the team must:

- Provide the early intervention service to the child and caregivers within typical child/family settings and activities for a minimum of three months
- Document child progress towards functional IFSP goals and objectives during the time served
- If child is not making progress toward reaching IFSP objectives, the IFSP team members adjust any or all of the following: settings, activities, strategies for engaging the child, the IFSP objectives to reach the goal, etc (and documents what was done to include in the justification)
- If child is not making progress toward reaching IFSP objectives, the direct service provider employs other methods of working with the child’s adult caregivers to support them in implementing IFSP strategies within typical activities to promote the child’s learning and development between service sessions (and documents what was done to include in the justification)
- If child is not making progress toward reaching IFSP objectives, the direct service provider engages the child’s adult caregivers in joint problem-solving to identify different strategies for working with adult caregivers as well as different strategies for working with the child (and documents what was done to include in the justification)

# Showcase: Tool for Practicing Natural Environment Principles

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|---|---|
| <b>Principle 1: Infants and toddlers learn best through every day experiences and interactions with familiar people in familiar contexts.</b>   |   |
| <b>Key Concepts</b>   |   |
| <ul style="list-style-type: none"> <li>✓ <i>Learning activities and opportunities must be functional, based on child and family interest and enjoyment</i></li> <li>✓ <i>Learning is relationship-based</i></li> <li>✓ <i>Learning should provide opportunities to practice and build upon previously mastered skills</i></li> <li>✓ <i>Learning occurs through participation in a variety of enjoyable activities</i></li> </ul> |   |
| <b>This principle DOES look like this</b>   | <b>This principle DOES NOT look like this</b>   |
| Using toys and materials found in the home or community setting   | Using toys, materials and other equipment the professional brings to the visit  |
| Helping the family understand how their toys and materials can be used or adapted   | Implying that the professional's toys, materials or equipment are the "magic" necessary for child progress                    |
| Identifying activities the child and family like to do which build on their strengths and interests   | Designing activities for a child that focus on skill deficits or are not functional or enjoyable                              |
| Observing the child in multiple natural settings, using family input on child's behavior in various routines, using formal and informal developmental measures to understand the child's strengths and developmental functioning  | Using only standardized measurements to understand the child's strengths, needs and developmental levels                      |
| Helping caregivers engage the child in enjoyable learning opportunities that allow for frequent practice and mastery of emerging skills in natural settings   | Teaching specific skills in a specific order in a specific way through "massed trials and repetition" in a contrived setting  |
| Focusing intervention on caregivers' ability to promote the child's participation in naturally occurring, developmentally appropriate activities with peers and family members  | Conducting sessions or activities that isolate the child from his/her peers, family members or naturally occurring activities |

The document, *SEVEN KEY PRINCIPLES: LOOKS LIKE / DOESN'T LOOK LIKE*, was developed by the Workgroup on Principles and Practices in Natural Environments. Workgroup Members included national experts Susan Addison, Betsy Ayankoya, Mary Beth Bruder, Carl Dunst, Larry Edelman, Andy Gomm, Barbara Hanft, Cori Hill, Joicey Hurth, Grace Kelley, Anne Lucas, Robin McWilliam, Stephanie Moss, Lynda Pletcher, Dathan Rush, M'Lisa Shelden, Mary Steenberg, Judy Swett, Nora Thompson, Julianne Woods, and Naomi Younggren.

Each of the seven key principles in the document lists key concepts underlying the brief statement and includes descriptive statements illustrating what that principle would "look like" in practice.

There are also descriptions of what it "doesn't look like" because too often these techniques that do not align with best practices of early intervention are still being used. The *Looks Like / Doesn't Look Like* statements are simply examples. Many others could be added in each column.

Principle 1 of 7 (above) is excerpted from: **Workgroup on Principles and Practices in Natural Environments**, OSEP TA Community of Practice: Part C Settings. (2008, March). *Seven key principles: Looks like / doesn't look like*.

[http://www.ectacenter.org/~pdfs/topics/families/Principles\\_LooksLike\\_DoesntLookLike3\\_11\\_08.pdf](http://www.ectacenter.org/~pdfs/topics/families/Principles_LooksLike_DoesntLookLike3_11_08.pdf)