Section 1: Introduction

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Introduction

What is inter-rater reliability?

Inter-rater reliability is the consistency with which different assessors arrive at similar outcome ratings using the same information.

Why is inter-rater reliability important?

Inter-rater reliability increases the validity of child outcomes. Inter-rater reliability ensures all team members are operating under the same premises. Determining outcome ratings requires teams to synthesize an enormous amount of information about a child's functioning from multiple sources and across different settings to identify an overall sense of the child's functioning at a given point in time in the three outcome areas.

How do you measure inter-rater reliability?

Since determining child outcome rating is a complex process, involving multiple sources of information and a team, measuring inter-rater reliability is complicated as well. Rather than the more traditional "test" of looking at whether two people come up with similar rating, it is more appropriate to take a portfolio approach to looking at inter-rater reliability in child outcome ratings. In other words, it's important to consider consistency in functional assessment practices, team collaboration practices, and data patterns in order to develop a high level of confidence that inter-rater reliability is present and data are valid.

How do you obtain inter-rater reliability?

The foundation of inter-rater reliability begins with functional assessment involving all team members. To decide on an outcome statement:

- Team members understand the differences between the outcome statements.
- All team members are included in the determination.
- Family/Caregivers are part of the team and included in the discussion determining outcomes.
- Team members review available information regarding the child's functioning across a variety of situations and settings.
- Team members know what functional behaviors and skills are appropriate for the child's age and how a typically developing child would function in this outcome.

This booklet includes:

- Age expectations for functional behavior

- Group activities for assessing and building inter-rater reliability
- Checklists for self-assessment and observation to assess team members' skills in action to guide professional development.

When early intervention providers participate in group activities to assess and develop inter-rater reliability the integrity of ratings increases. Self-assessment and feedback help providers identify their individual strengths and needs in determining outcome ratings. This booklet is intended to provide resources to assist in building these components of inter-rater reliability.

Please note that resources for analyzing data patterns and data quality, another component of considering inter-rater reliability, can be found in Virginia's Data Analysis Toolkit at http://infantva.org/LocalSystemMonitoring.htm.

The following article documents the validity of the data from the child outcomes summary process.

Validity of the Data From the Child Outcomes Summary Process: Findings From the ENHANCE Project

Lauren Barton, Cornelia Taylor, Donna Spiker, and Kathleen Hebbeler

The purpose of the ENHANCE project was to examine the validity of ratings produced through the Child Outcomes Summary (COS) process. In the COS process, a team summarizes information related to a child's progress in each of three outcome areas (see sidebar) on a 7-point scale. The process was used by 43 Part C and 42 Part B preschool states or territories to collect data on child outcomes during 2013–14. The ENHANCE research answered the question of whether the COS process produces valid ratings for measuring the child outcomes achieved through early intervention (EI) and early childhood special education (ECSE) programs.

Key Findings

On the basis of evidence collected across four studies, we concluded that when implemented as intended, the COS process produces ratings that are valid for accountability and program improvement purposes. The following are key findings supporting this conclusion:

1. Providers understood the types of behaviors included in each of the three child outcomes.
2. Providers could accurately apply their knowledge of child development and the COS rating criteria.
3. The COS process could be incorporated into existing practice without negative consequences.
4. With a few exceptions, children who were rated higher on the COS also scored higher on assessment tools.
5. COS ratings were related to the child's functional abilities and type of disability.
6. Children who entered EI and ECSE with higher COS ratings tended to exit the programs with higher COS ratings.
7. Most states had stable percentages of children making greater than expected growth or exiting at age expectations over time as measured by the COS.

Another key finding was that some of the programs studied did not always implement the COS process as intended.

Details on each of these findings are presented later in this brief.

What is the Child Outcomes Summary (COS) Process?

- The COS provides a structure and rubric for local teams to synthesize multiple sources of information about a child's functioning across settings and situations for each of three outcomes:

  – Children have positive social relationships.

  – Children acquire and use knowledge and skills.

  – Children take appropriate action to meet their needs.

- Teams apply criteria to determine how a child's functioning compares with age-expected functioning using a 7-point metric.

- Ratings can be compared across time points to provide information about a child's progress.

Find more information about the COS process at http://www.ectacenter.org/eco/pages/outcomes.asp

Implications for States

- The results of this research project support the validity of ratings determined through the COS process. States can use these results to support their selection of the COS process as their child outcomes data collection method.
- Multiple statewide and program-level analyses were defined and used to examine the validity of the COS ratings in this project. These analyses could be replicated by individual states. Analysis of statewide data is a relatively inexpensive way to assess data quality and identify areas in need of follow-up.
- The project team used a survey of providers and reviewed videos of team meetings to measure the degree to which the COS process was being implemented as intended. These techniques revealed some strengths and implementation issues. State agencies may want to adapt the procedures used in this study to measure the quality of implementation of the COS process in their state.

The Four Studies

1. Provider Survey

- Conducted an online survey in 2012; $N = 856$ (EI providers $n = 472$; ECSE providers $n = 302$; providers serving both EI and ECSE $n = 82$).
- Examined providers' perceptions of the COS content, the process, available training and support, impact of the COS on practice, knowledge about the COS, information COS decisions were based on, experiences implementing the COS process, and any difficulties with team decisions.
- A copy of the survey is available at http://ectacenter.org/eco/pages/quality_assurance.asp#Surveys

2. Child Assessments Study

- Longitudinal study
- Child assessment data were collected at entry and exit from EI or ECSE programs.
- Children from seven states: at entry $N = 153$; at exit $N = 70$.
- Examined relationships between COS ratings and domain scores on two assessments: Battelle Developmental Inventory (BDI-2) and Vineland Scales of Adaptive Behavior (Vineland-II).

3. Team Decision-Making Study

- Teams made videos of themselves meeting to decide the COS rating.
- Videos of 113 teams (EI $n = 63$; ECSE $n = 50$).
- Examined the fidelity of COS implementation, structural and process features of implementation, and accuracy of ratings.
- Coded videos for team member knowledge and application of content of the three child outcomes, rating criteria, developmental sequences, and age expectations during the COS process.

4. Extant State Data Study

- Analyzed extant statewide data from 9 state EI and 9 state ECSE programs ($N = 18$) as well as existing national data.
- Examined whether patterns in statewide data were consistent with those expected from valid data.

Details on the Key Findings

1. Providers understood the types of behaviors included in each of the three child outcomes.

- Most providers (85%) indicated that they understood how children's skills and behaviors map onto the three child outcomes.
- Nearly all teams (94%) were able to assign skills to the three outcome areas without major errors.
- Most providers (83%) reported being comfortable discussing the child's functioning in the three outcome areas with others who knew the child.

2. Providers could accurately apply their knowledge of child development and the COS rating criteria.

- Nearly all providers indicated they had a strong understanding of key COS concepts. They understood
  – Age-expected functioning (89%)
  – The degree to which different skills and behaviors are age appropriate (97%)
  – How to identify how the child uses functional skills (90%)
  – The definition of the 7 COS rating points (94%)
  – How to apply the criteria for each of the 7 rating points (79%).
- Despite limited training among providers, most teams demonstrated effective implementation of key COS skills.
  – Ratings were within 1 point of an expert's rating for each of the three outcomes (89% positive social relationships, 94% knowledge and skills, and 94% action to meet needs).
  – 91% of those who age-anchored skills during team discussion had no major errors in age-anchoring.
- Most teams applied the rating criteria correctly for each of the three outcomes (77% positive social relationships, 88% knowledge and skills, and 86% action to meet needs). Most providers (88%) reported that it was not at all true that ratings were selected to make the program look good. Selecting ratings to make the program look good was observed in only 5% of videos (one outcome on one video).

3. The COS process could be incorporated into existing practice without negative consequences.

- Most providers indicated that the COS process overall did not have a negative or very negative impact on their work with children and families (93%). It also was "not at all true" that it
  – Took time away from other important activities (88%)
  – Negatively impacted the assessment process (75%)
  – Negatively impacted relationships with families (87%)
  – Led to poorer quality IFSP or IEP outcomes (90%).

4. With a few exceptions, children who were rated higher on the COS also scored higher on assessment tools.

- Mean assessment tool scores increased in a stairstep pattern between levels of COS ratings (grouped as 1–3, 4–5, 6–7).
- Correlations between COS ratings and assessment tool domain scores varied across tools.
  – 80% of the domain scores from the BDI-2 showed a moderate to strong correlation with the COS ratings.
  – 25% of domain scores from the Vineland-II showed a moderate to strong correlation with the COS ratings.

5. COS ratings were related to the child's functional abilities and type of disability.

- Correlations were moderate to strong between the COS ratings and the total score from the ABILITIES Index, a commonly used measure of functional abilities. Children with higher COS ratings had ABILITIES Index scores showing higher functional abilities.
- Children with speech-language impairments were rated statistically significantly higher on the COS than children with other disabilities for each of the three child outcomes.
- Children with autism were rated statistically significantly lower on the COS than children with other disabilities in positive social relationships.

6. **Children who entered EI and ECSE programs with higher COS ratings tended to exit the programs with higher COS ratings.**

   - Entry ratings were moderately correlated with exit ratings for both EI and ECSE programs (Ranges: EI .36–.54, ECSE .50–.66).
   - Nearly all entry COS ratings were lower than or the same level as exit COS ratings. Rating increases were within a reasonable range. Nearly all entry COS ratings were within 4 points of exit ratings.

7. **Most states had stable percentages of children making greater than expected growth or exiting at age expectations over time as measured by the COS.**

   Four-year trends in the percentages of children showing greater than expected growth (Summary Statement 1) or exiting at age expectations (Summary Statement 2) were examined for states using the COS process and meeting the criteria for minimal data quality. Most states showed either stability or incremental growth over time for each of the three outcomes for both EI and ECSE programs.

Additional Finding: There were some problems with COS implementation.

   - The amount of training providers implementing the COS process had received on the process varied considerably. Most providers (90%) had received some training. Of those with any training, 72% received 4 hours or less; this was far less than the recommended amount of 8–12 hours of training.
   - A number of team discussions were very brief, an average of 10 minutes, with over half being 9 minutes or less. Although no specific guidance is available about the length of the conversation, dialogue between team members about the child's functioning and ratings was expected to take longer than what was observed.
   - Some teams did not discuss the child's functioning in the outcome area in sufficient breadth or depth. Most team discussions were of sufficient depth (69%) or breadth (65%) for at least one outcome.
   - Providers tended to rate their colleagues' understanding of the outcomes and key COS concepts somewhat lower than their own understanding (50–75% rated almost all their colleagues as having a strong understanding across various COS-related topics).

Considerations and Limitations

   - Data for these four studies were collected in 2010 through 2013. These data were collected fairly early in the implementation of the COS process.
   - Data were drawn from a limited number of districts and states and were not representative of all places implementing the COS process.
   - The programs participating in the study had variable implementation of the COS process. Better implementation, however, most likely would have produced even stronger evidence of validity of the data from the COS process.

For additional information about the ENHANCE study, see http://ectacenter.org/eco/pages/enhance.asp. To arrange for TA support with using ENHANCE project tools or sharing the results in your state, contact Katrina.Martin@sri.com.

The Decision Tree

Child Indicator Seeds for Success

February is Plant the Seeds of Greatness Month!

Get out your gardening gloves!
It is time to Plant the Seeds of Greatness in the month of February.

Did you know that was this month? I've never heard of it, but it makes sense to spend February planting the assessment seeds we gathered last month. So let's grow with it! Personally, I think we should plant the seeds of greatness every month, but I'll take February for starters.

If you are unhappy with how your Assessment for Service Planning is going, this month has been set aside to sit-back and reflect on what you can do to improve your skills. Hopefully you took some time in January to swap ideas, experiences and resources with your colleagues as was suggested. Now is the time to turn your goals into realities.

I have personally spent some time this month reflecting on what I would change in my own assessment practices. I would like to rely more on natural observations of a child and less on the traditional quantitative assessment. And while I will still need to use a comprehensive evaluation tool, I would like to put more focus on natural observation and explore how a child engages in activities in familiar settings with familiar adults, take time to explore family questions and concerns and explore how I can use this information to identify meaningful, functional outcomes and family supports.

Here are some of the natural observation practices I plan to focus on this month.   *Anne Brager*

Natural Observations	Variables	(Traditional) Quantitative Assessment
Family plays **active** role with assessors to elicit and analyze child's performance	**Involvement of Family**	Family members **observe** child perform discrete skills
Takes place in child's environment with **familiar** people, furniture, toys, routines	**Environment**	Testing protocol and people **unfamiliar** to child, especially if in clinic or office
Child **interacts** with familiar caregivers while early intervention providers observe	**Rapport**	Unfamiliar adult(s) **direct** child through structured activities
Child's toys, routines, and activities are used, with **modifications** if needed **All** children are considered to be "testable"	**Materials**	**Unfamiliar** materials are used, often by a succession of assessors Children are not expected to complete all test items
Variations encouraged in conditions, directions, language, materials, sequence, and content	**Procedures**	Presentation of test items is in a **prescribed** manner, based on an invariable sequence of items
Child's **typical** performance is observed Establishes **baseline** for supports and services Stresses integrated report or goals of child behavior and learning	**Results**	Assigns **developmental levels** or scores based on selected skills, often irrelevant for a particular child Separate reports or goals often generated for each developmental domain
A child's progress is assessed within a **specific context**, highlighting next steps and modifications	**Assessing progress**	Administration of same test protocol often shows negligible change Child's **context is irrelevant**

(Linder, 1993)

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Child Indicator Seeds for Success

Functional Assessment is Not the Same Thing as Testing

Skills and behaviors that have functional applications should be the centerpiece of early intervention and coaching. Functional assessment is an essential element of evidenced based early intervention practice. Assessment should give a picture of the whole child, not just isolated skills and milestones. Functional assessment is ongoing and helps to expand both the parents' and providers' understanding of the child. In early childhood, assessment is not the same thing as testing. Assessment should engage us in a process of ongoing discovery. It should be viewed as a collaborative process of observation and analysis that involves formulating questions, gathering information, sharing observations, and making interpretations to form new questions.

What Does Functional Assessment Look Like in Practice?

Functional assessment focuses on everyday, naturally occurring behaviors that are easily recognizable. In a functional approach, children do not have to score at a certain level or exhibit a certain type of behavior to achieve a certain acceptable score. Instead, we're trying to help parents and caregivers appreciate children's abilities in the first three years of life and think about how that relates to a whole range of other developmental behaviors.

Functional assessments focus on everyday, naturally occurring, practical behaviors and accomplishments that are:

- Easily recognized by parents and service providers,
- Central to the emergence of infant and toddler competence,
- Learned and assessed in context,
- Form the fabric of the relationships between infants and their primary caregivers, and
- Serve to elicit, support, and extend children's skills, abilities, and accomplishments.

Revisiting your joint plan each visit is one component of completing ongoing functional assessment. The provider who regularly seeks and shares information with families and listens appreciatively to each family's experiences, stories and comments is forging a relationship of equality with the family. This will empower families.

Functional assessment is ongoing and helps families and providers set goals. It enables families and providers to work together to recognize and document accomplishments and identify areas in need of further development. Functional assessment provides a vehicle for families and service providers to learn to observe the child and contribute to the evaluation of his or her growth.

Partnering with families to learn about children's development acknowledges that families have unique information to share and that their perspective is valued. When family members feel that they have something valuable to share with the provider, they are more likely to become involved in a meaningful way. If we can use assessment data to enhance the child's primary context- the family, then we will have engaged in something meaningful and something that will open the doors to lifelong learning.

Formal tests or tools should not be the cornerstone of an assessment of an infant or young child.

(Greenspan & Meisels, 1996)

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Child Indicator Seeds for Success

Writing an Honest, Balanced and Meaningful IFSP Narrative by: Dana Childress, M.Ed.

Does this sound familiar?

Devin is a happy little boy who enjoys playing with musical toys, splashing in the bathtub, and looking at books with his grandmother. During the assessment today, Devin was able to stack three blocks, scribble with a crayon, and point to four pictures in a book. He sat independently, pulled to stand at furniture, and crawled across the floor to get to his mom when she called his name. He is beginning to take a few steps but is not yet walking without his hands held. Devin uses approximately 12 words and signs to communicate and understands simple 1-step directions, such as give me, come here, and find your ball. He tantrums often throughout the day and can be difficult to calm down. He is a good eater and feeds himself using his fingers. He has begun to use a spoon with lots of spilling. He primarily drinks from a bottle but can use a sippy cup as well….

Sounds like Devin is doing quite well developmentally, doesn't it? From this IFSP narrative, you have no idea that Devin is actually 28 months old and is showing global developmental delays. What is missing from this narrative? What is needed so that any reader clearly understands Devin's developmental status?

Writing an Honest, Balanced IFSP Narrative

The IFSP narrative is intended to provide a summary of the child's developmental status based on information gathered from the child assessment. This summary should include the child strengths AND functional limitations and needs. It can be so easy to over-emphasize the child's strengths and the skills a child can do in an effort to present a positive perspective. When we do this, we are sharing only half of the story. Every child has areas of strength and limitations and understanding both is vital to developing individualized outcomes and intervention strategies.

The IFSP narrative should present an honest description of the assessment findings and do so in a balanced manner that helps others understand what the child can do and what he has not yet mastered. This helps the parents understand the child's development from a holistic and functional perspective and recognize what skills and abilities come next. It also provides background information for understanding family priorities related to what goes well for the child and where the struggles may be and why.

The OTHER Problem with this Narrative

Did you notice the other problem? This narrative reads like a list of test skills in paragraph format. When a narrative is written like this, it can be very difficult for families, child care providers, insurance reviewers, and others to understand the relationship between the skills the child demonstrated based on test items and the functional abilities and struggles that occur in everyday life. Many states are moving to crafting the IFSP narrative from the perspective of the three OSEP child outcome indicators (i.e., positive social-emotional skills, acquisition of skills and knowledge, and use of appropriate behaviors to meet needs). Framing the IFSP narrative using the child outcomes can help all team members understand and use assessment information to inform intervention decisions.

Check out the rest of this blog post on the EI Strategies for Success Blog for 7 tips from Dana and ideas from other providers to help you write an honest, balanced and meaningful IFSP narrative.

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Child Indicator Seeds for Success

Outcomes Measurement: Self-Directed Learning

Are you looking for refresher training, a way to orient new providers or additional information on Child and Family Outcomes?

The Early Childhood Technical Assistance Center (ECTA) has developed mini training sessions on a variety of child and family outcomes related topics. Each session is a short, stand-alone piece suitable for self-paced online learning. These sessions may be reviewed by individuals as an orientation to a new topic, or to refresh existing knowledge and skills. The content is suitable for providers, administrators, stakeholders and families. Click on the links provided to start learning!

Overview to Child and Family Outcomes:

Orientation for New Staff

This recorded webinar provides an overview to child and family outcomes measurement for the new learner. *(76 min.)*

Why Collect Outcomes Data?

This session provides background information for those new to outcomes measurement. The session provides an understanding of the historical roots of federal accountability, the current requirements, and the various purposes and uses of outcomes measurement. *(6 min.)*

Child Outcomes:

Understanding The Child Outcomes

This introductory session provides a description of the three child outcomes. It is designed for learners to understand the development and content of the three child outcomes, differentiate among the three child outcomes, and differentiate between functional outcomes and discrete skills. *(5 min.)*

Child Outcomes: Step by Step Video

This video describes and illustrates the three child outcomes, offering a consistent way to describe the outcome areas across programs and states. It can be used for professional development and training, orienting families, and introducing the outcomes to policymakers or funders. *(9 min.)*

Assessing the Three Child Outcomes

This session is designed for the introductory or intermediate learner. Information presented includes recommended practices for functional assessment and crosswalks. Learners will understand the use of formal assessment instruments for measuring child outcomes, and differentiate between evaluation for the purposes of eligibility vs. accountability. *(6 min.)*

Understanding Young Children's Development

These three narrated modules were developed by training personnel in Illinois based on content developed by the University of Connecticut Center for Excellence in Developmental Disabilities. The modules correspond to the three child outcome areas and are focused on identifying age-appropriate skills among children zero to three:

    A Focus on Positive Social Emotional Skills *(26 min)*
    A Focus on Children's Acquisition and Use of Knowledge and Skills *(25 min.)*
    A Focus on Taking Appropriate Action to Meet Needs *(24 min.)*

Child Outcomes Summary (COS) Process:

Developmental Trajectories: Getting to Progress Categories from COS Ratings *(16 min.)*

This presentation provides an overview of how the ratings on the Child Outcomes Summary form translate to the OSEP progress categories and summary statements, using visual depictions of developmental trajectories between entry and exit.

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Child Indicator Seeds for Success

Using Age-Expected Resources

The 7 point rating scale is anchored in the concepts of age-expected development. In order to make child indicators a truly effective process, it is essential to be able to apply what we know about child development to what we are seeing in individual children.

There are many resources that are available to help you anchor your thinking in typical child development. These resources help you use that knowledge by thinking about what happens when, and in what order – essentially defining skills that are age-expected, those that come immediately before age expected, and those that are foundational.

Age expected resources also help you:
- organize the information you know so that you can apply it in observation,
- apply the information to a child from various sources, and
- identify skills that fall in each category

Be aware that there are challenges with using age expected resources
- They usually provide age ranges
- They don't all agree
- Even children developing according to age expectation show variations in development.

Ideas for addressing the challenges:
- Look for items that are similar to the skills the child has demonstrated – they won't be exact
- Use more than one resource
- If in doubt, get information about the child's functioning that is more descriptive
  - He's happy.
    - What is he doing that makes you say he's happy?
  - She plays well with toys.
    - What does she do with toys?

Use the resources to refresh your understanding of child development for the age of each child you see at each step in the IFSP process, including:
- Intake
- Evaluation and Assessment
- Child Indicator Rating
- Intervention
- Exit

If going to see a 18 month old child, review the skills expected at 18 months, as well as the range (15- 21 months) before you see the child, keep it in mind when you are with the child, and reflect on it afterwards. If you go in with that anchor, you will have begun to develop the frame of thinking of child development in terms of age-expected, immediate foundational and foundational skills.

Putting It All Together

Keep a focus on functionality and the quality of skills.

Remember that children's skills don't come at exact ages.

Give credit for accommodations, but don't adjust for prematurity.

Remember that culture plays a part in what is age-expected. As you know from working with families of different cultures, expectations for development may vary -- especially with regard to independence and self care skills. It's important for the team to learn from the family about their culture's expectations for their child's development and learning. If a child's skills are not at the same level as same age peers of our mainstream culture, it may be that there is a different expectation within that child's culture. Teams must be aware and sensitive to these differences.

The rating is to reflect age expected functioning within the child's culture-- so the team needs to understand those expectations.

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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

Question: What is the role of an assessment tool in determining child indicator ratings? **Should professional, clinical judgment be used?**

Answer: While Virginia 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 rating scale is that no single evaluation tool exists that directly measures the three 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). Early childhood teams should turn to 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 assessments provide multiple opportunities for a child to perform skills across domains of development and can be embedded within the context of child-initiated routines and planned activities (Losardo & Notari-Syverson, 2001). Assessment occurs in the context of daily routines and involves individuals who have the greatest opportunities to interact with the children on a regular basis (e.g., parents, caregivers, teachers).
.
The Child Indicator 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 of their same culture. It's important to remember a child may score at age level on the standardized tool, but not be functioning comparable to same age peers. Conversely, a child may use an assistive device to function comparably to same age peers, but not score at age level on the standardized tool.

Question: What is the purpose of the Virginia Child Indicator Booklet?

Answer: This booklet is meant to be used in combination with other sources of information including those mentioned above. The purpose of this booklet is to provide a "hands on" resource with information readily accessible to assist service coordinators, providers and families in determining how a child is functioning in relation to his or her same aged peers in three functional areas:
   1. positive social-emotional skills and relationships;
   2. acquisition and use of new knowledge and skills; and
   3. use of appropriate behaviors to meet needs (taking action to get needs met).
A thorough explanation and details of development are beyond the scope of the Virginia Child Indicator Booklet. It is incumbent upon early childhood professionals to have a thorough knowledge of development. Resources listed in this manual can be used as one mechanism for professionals to increase their knowledge. Observation of typically developing children and specific coursework are other methods to increase professional competency in child development.

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Child Indicator Seeds for Success

What about Bob's Developmental Progression of Functional Skills?

Why this is so hard?

While all children follow general sequences of development, Bob will develop in unique ways, depending upon his personality, context, and experiences. In determining the extent to which Bob's functioning meets age expectations, the team must look at the overall pattern, rather than specific fragments of his development.

Included in each of the three child indicators are a continuum of functional skills that can be thought of in terms of developmental progression of abilities. For example, within Indicator #1 (positive social relationships), the progression of development begins through a positive caring relationship between Bob and his mother. As Bob grows, he develops a sense of self through relationships with family members, other caregivers and adults, and peers. As relationships expand to include making friends Bob learns to get along with others and follow social rules and expectations. Embedded in these stages are a multitude of behaviors that are important for Bob to develop in order to build and maintain positive social relationships in age-expected ways.

"He who would learn to fly one day must first learn to stand and walk and run and climb and dance;

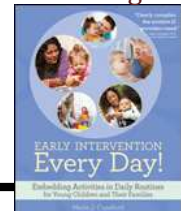*One cannot fly into flying."*

Friedrich Nietzsche

Thinking about skills in terms of developmental progression is important for understanding where a child is on a trajectory of functional development.

Another example of how we can consider the development progression of specific skills is with Bob's development of pretend play behaviors (Indicator #2: acquiring and using knowledge and skills).

Stage 1: Bob picks up a spoon, looks at it, puts in his mouth, bangs it on the floor, and drops it.
Stage2: Bob picks up the spoon and pretends to eat.
Stage 3: Bob uses the spoon to feed a doll.
Stage 4: Bob mixes up some pretend food in a pan with the spoon. He uses the spoon to put some pretend food in a dish. He then proceeds to eat, using the same spoon.
Stage 5: Bob goes to the shelf. He takes a plate, cup, and saucer and carefully places them on the table. He returns to the shelf and gets a spoon, knife and for with which he completes the place setting. His mother sits at the table. Bob says "Soup mom". He feeds her with the spoon.

Children also progress in independence and ability to meet their own needs (Indicator #3), such as moving about their environments, eating, drinking, toileting, and following health and safety rules. In general, as each indicator is explored during the child indicator process, keep the complexity of child development in mind and ensure focus on functionality of skills and behaviors versus isolated skills and milestones.

Learn more about developmental progression and how to promote growth and participation in daily routines available through Brooks Publishing:

Early Intervention Every Day!
Embedding Activities in Daily Routines for Young Children and Their Families

Authors: Merle J. Crawford, Barbara Weber

The Decision Tree

Tips for Engaging Families in Child Indicator Discussions

While information about the child indicators should be shared with families throughout the early intervention experience, it is especially important when completing the Assessment for Service Planning and when determining ratings. Families are critical members of the decision-making team, and serve as the primary source of insight into a child's ability to integrate the domain specific isolated skills found on assessment instruments into functional participation in everyday activities.

It is important that descriptive, functional information about children is gathered from families.

🍂 When gathering information from parents and caregivers, limit the questions that can be answered with a "yes" or "no" response and those questions that are multiple choice. For example, "Does Anthony drink from a regular cup or sippy cup?" Rather, ask questions that allow parents and caregivers to tell you what they have seen. Of course, sometimes you will need to ask yes/no or multiple choice questions, but it is best to start with open-ended questions. When more specific information or clarification is needed, it may be appropriate to ask yes/no or multiple choice type questions.

🍂 On occasion you can provide further context by asking the parent or caregiver to think of the last time something happened and then describe it. By asking about a recent activity, the parent can recall the situation and explain it in more detail.

Sections IIB Daily Activities and Routines and IIC Family Concerns, Priorities, and Resources of Virginia's IFSP is a critical source of authentic information, which yields rich descriptions about the child's engagement, independence, and social relationships in the context of all that happens in a typical day.

🍂 Discuss with the family how formation gathered from the family is used in planning the assessment and in developing IFSP outcomes, strategies and services since the focus of supports and services is on increasing the child's participation in family and community activities that are important to the family.

🍂 Explain that the family assessment information helps the team identify the child's strengths and needs, understand the family's priorities in relation to the three child indicators, and identify opportunities for incorporating intervention strategies into the child's and family's life.

The *Child Indicators Booklet* provides scripts to assist in explaining the child indicator rating process to families and questions and prompts that can be used to guide team conversation about the child's functioning in the three indicator areas.

Prompt family members to provide rich descriptions of children's true abilities by asking questions such as:
- What kind of cup does your child drink from?
- How independently?
- How much spilling?
- How much and how often? And so on.

Additional Parent Interviewing Strategies:
- Use restating- repeating the exact words
- Summarize and invite opportunities to correct
- Avoid back to back and compound questions
- Cautiously use why questions
- Listen more than talk

"Most people do not listen with the intent to understand; they listen with the intent to reply."
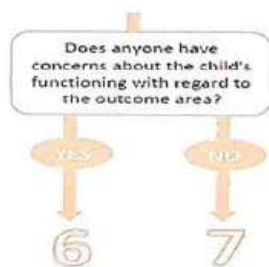Stephen R. Covey

The Decision Tree

Child Indicator Seeds for Success

How to Distinguish 6 and 7

What do we mean by concerns that separate the ratings of 7 and 6?

All children have strengths and weaknesses. Families and providers identify areas to work on to support ongoing development (which might be called "concerns").

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

YES → 6

NO → 7

When would a rating of 7 be given?

A rating of 7 would be given when the child is showing age expected functional skills in all aspects of the indicator. There are either no concerns or if there is a question or concern, it is not a possible indicator or precursor of a functional delay. It is appropriate for the child's given age.

An example would be temper tantrums. A parent may have concerns about a child's temper tantrums, but they are clearly developmentally appropriate given the child's age and the tantrums are not impacting the child's functioning in the indicator area.

What types of concerns would result in a rating of 6?

A rating of 6 would be given when the child is showing age expected functional skills in all aspects of the indicator but there are concerns or weaknesses significant enough to monitor closely and provide support to prevent a delay from occurring. Although age-expected now, the child's development borders on not keeping pace with age- expected.

An example of this would be shyness. A parent may have concerns about the behavior of a child who is very shy. The child is showing all of the functional skills for a child this age, but the parent is concerned that the behavior seems to be impacting the child's willingness to socialize with peers.

Determining Ratings for Children with Articulation Concerns

Discussion needs to include whether and how articulation difficulties are affecting the child's functioning with regard to each of the three outcomes

Examples:
- *Will anyone play with him/her?*
- *Can others understand him/her on the playground?*
- *How does he/she convey critical needs (safety needs}*

Depending on the child, discussion could yield ratings of a 5, 6, or 7 in any of the three indicator areas.

The Decision Tree
Child Indicator Seeds for Success

Hard to Rate

We all know that the key to completing Child Indicator ratings is to collect and synthesize information from multiple sources, including how the child functions across settings and situations. But what happens when a child has a diagnosis that impacts their function from day to day? See the following question that just came in from the field.

We have had a very interesting situation come up that we haven't had before. We have a 27 month old little girl who has juvenile rheumatoid arthritis. She qualifies for EI services. When she is having a flare-up, site cannot walk and has very limited mobility. When she is having a reprieve from the pain, she readily moves about. Now the question, when the indicator ratings are being determined for entry, how are we viewing this child related to her ability to use appropriate behaviors lo meet her needs? Since her abilities vary, do we consider when she is at her lowest degree of movement or at her highest?

Thanks for your question--here's what we think:

We'd actually *look at scoring* the *child* a *5 or* a 4, depending on the mix of age expected skills and not age expected skills. Looking at the child across time is very similar to looking at a child who displays different levels of functioning across settings; it's just an additional dimension.

Questions you might consider are: which is more prevalent-when symptoms of her RA are active, or when they are quiet? Or is it about the same? Since she is displaying age expected development, the decision tree would guide the team on the right hand side of the tree. Using that as a tool should help the team accurately rate her skills.

Outcomes for Children Served Through IDEA's Early Childhood Programs (2012)
Do you ever wonder what becomes of the Child indicator data once it has been submitted to , check out the following report that summaries the child outcomes data submitted by states to OSEP in February 2012.
http://ecoutcomcs.fpg.unc.edu/sitcs/ecoutcomes.fpg.unc.edu/files/resources/OutcomesforChildrcn-FFY2010.pdf

Looking for a fun team building activity that tests your team's knowledge of the essential elements needed in determining ratings and increase interrater reliability at the same time? Check out this crossword puzzle?
http://www.infantva.org/documents/lnterraterPZL-7-16-13.pdf

"The best way to understand the development of children is to observe their behavior in natural settings while they are interacting with familiar adults over prolonged periods of time."

Uric Bronfenbrenner