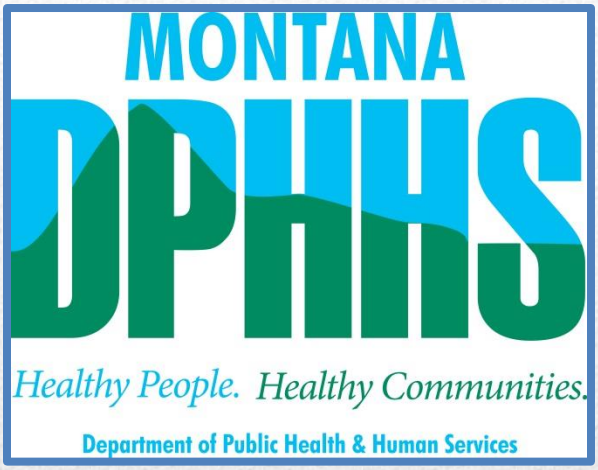
IFSP and COS Process Guidance 2016



IFSP Guidance: pages 1-20

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Mission of Montana Milestones/Part C Early Intervention Program:
Early intervention builds upon and provides supports and resources to assist family members and caregivers to enhance children's learning and development through everyday learning opportunities.

Introduction to the IFSP

Montana Milestones/Part C Early Intervention Program revised its Individualized Family Service Plan (IFSP) for all eligible infants and toddlers and their families in 2012. The Early Intervention Module (EI Module) was developed and implemented in 2013 to provide a web-based data management system for IFSPs, Child Outcomes Summary (COS) measurements, child counts, transitions, services and supports, and other data collection processes.

The purpose of this document is to provide Montana Part C Early Intervention programs' personnel, guidelines for developing an IFSP that encompasses all aspects of the IFSP process. This includes the measurement of the three global child outcomes for program accountability. Additionally this document provides a framework for consistent and effective practices while ensuring compliance with federal regulations. This guidance document provides instructions for development and completion of all aspects of the IFSP form including sections related to evaluation and assessment of the child and present levels of development (including measurement in the three global child outcome areas). Additionally, functional IFSP outcomes with related supports and services, and resources to assist families are included.

Montana's System of Payments and Procedural Safeguards (available at http://dphhs.mt.gov/dsd/developmentaldisabilities/PartC-EarlyInt/Part-C-Early-Intervention-Guidance-and-Forms) may be used together with this guide as a further resource.

This guide explains the steps of the IFSP process and instructions for completing the process.

The information gathered to complete the IFSP is entered into the data management system (the EI Module) to create the IFSP.

Information is gathered through evaluation and assessment activities. It is also imperative to include information from family members and caregivers, to provide an understanding of the child's behavior, relationships, knowledge, and skills in various routines and activities of everyday life. This information is used to develop a plan of services (the IFSP) and to complete the development of individual functional IFSP child and family outcomes.

Montana's state-wide IFSP is formatted to meet the requirements of IDEA §303.344 and Medicaid waivers under §441.301. The IFSP document is used to record information and decisions over time in an electronic format and is completed by the IFSP Team during one or more IFSP meetings. The IFSP is a dynamic document that changes over time as the needs of the child and/or family change.

In the IFSP process, the family and a team of early intervention personnel come together to decide on the functional child/family IFSP outcomes based on the concerns and priorities of the family and the abilities and needs of the child. The team also decides on the supports, services, and specific strategies that will be used to meet those functional IFSP outcomes.

The EI Module data management system contains the IFSP and Child Outcomes Summary (COS) forms enabling the electronic system to collect data on the IFSP process and measurement of the three global outcomes across the state. It provides an efficient mechanism for regional early intervention programs to maintain documentation of the IFSP process and captures families' previous

IFSPs, providing documentation of changes over time.

While IFSP information must be entered into the EI Module for storing and archiving, programs may choose whether to complete the IFSP forms by hand or electronically during the IFSP process. All members of the IFSP team, including the family, must be provided with copies of each IFSP.

The family must review and sign a printed version of the electronic copy for it to be considered valid.

When the IFSP process is conducted as described in this guidance, the IFSP Team and program administrators can be sure of meeting federal and state requirements. Key regulations are included throughout this document.

Child and Family Information, Intake Coordinator's Information and Referral and Medical/Health Information

When a referral is received by the regional early intervention program, the Intake Coordinator begins to gather some or all of the demographic information during an initial phone conversation or visit with the family.

During the initial conversations with the parents, sufficient information should be gathered to determine if the child has an established condition that makes the child automatically eligible (Type I), or if an evaluation and assessment are needed.

The Intake Coordinator:

-Explains Montana Milestones/Part C Early Intervention Program to the family. She/He will tell the family about the purpose of the program and explain functional IFSP child and family outcomes. At this time, the family will be informed about eligibility criteria and the eligibility process. Additionally, the Intake Coordinator will review the IFSP process and measurement of the three global outcomes.

The Intake Coordinator is the first to explain parent rights and procedural safeguards and provides the family with Montana's Procedural Safeguards/System of Payments and may direct them to Montana's early intervention video: (http://dphhs.mt.gov/dsd/developmentaldisabilities/PartC-EarlyInt/aboutpartc); and

The Intake Coordinator discusses reasons for referral and determines if the family wishes to participate in the Part C program.

If the family does wish to participate in Part C, the Intake Coordinator will:

- ✓ Determine if screening is needed to decide if an evaluation/assessment is appropriate (screening is optional);
- ✓ Provides notice and consent for initial evaluation to meet written prior notice requirements and obtain parental consent for initial evaluation and assessments;
- ✓ Obtains written parental consent to obtain information from other agencies and to release early intervention information; and
- ✓ Explains to the family that the information will be shared with other team members.

A client status report (CSR) is submitted to the regional Administrative Assistant (AA) to obtain

an AWACS identifier taking caution to avoid creating a duplicate record. The CSR provides basic information:

Client name: last, first, middle
Social Security number
Date of Birth
Race/Ethnicity
Gender
Marital Status
Home phone
Work phone
Message phone
Primarily lives with physical address
Mailing address
Services entered
Services exited
Reason for submitting the form

Evaluations and Assessments:

Regional early intervention programs must complete a timely (consistent with post-referral timelines of 45 days) comprehensive, multidisciplinary evaluation of each child, birth through age two, referred or requested for evaluation and assessment.

Evaluations and assessments must be conducted by qualified personnel.

The Intake Coordinator or Family Support Specialist (FSS) discusses the proposed approach for the evaluation/assessment process and describes what to expect from the evaluation /assessment process as well as how family members will participate in that process; and what the team hopes to learn.

The Intake Coordinator or FSS shares how evaluation/assessment results will be used to determine present levels of development, eligibility, and ratings in the three global outcomes.

The evaluation/assessment team conducts the evaluation and assessment using the tools and methods planned. If the child is automatically eligible due to the presence of a diagnosed condition that has a high probability of resulting in a developmental delay, Type I, the team only needs to conduct functional assessments.

For more information on Montana's eligibility criteria, please see **Montana's Part C Rules and Regulations, revised July 2013** at:

http://dphhs.mt.gov/dsd/developmentaldisabilities/PartC-EarlyInt/Part-C-Early-Intervention-Guidance-and-Forms

The team ensures that enough information has been gathered to make an informed eligibility decision. The team has an informed discussion about the child's statement of present level of development in each domain area.

The team determines and communicates the present levels of development and eligibility decision to the family. The team considers all information gathered as well as informed clinical opinion and provides "written prior notice" (more information below) related to the result of the eligibility decisions.

Written prior notice is required to be provided to the child's parents following eligibility determination. Documentation of the eligibility determination should be completed for the child and a copy provided to the parents. Documentation should also be maintained for children who are not found eligible.

Relevant Federal Part C Regulations:

- *Referral Procedures* 34 CFR §303.303
- *Post-referral Timeline (45 days)* 34 CFR §303.310
- *Screening Procedures (optional)* 34 CFR §303.320

- *Evaluation of the child and assessment of the child and family including qualified personnel* 34 CFR §303.321
- *Determination that a child is not eligible* 34 CFR §303.322

Completing the GENERAL section

Much of the information in this section can be completed prior to the IFSP meeting, based on information received in the referral. If the information is completed in advance, it should be verified with the family. The FSS and the family ensure that basic demographic information is updated and accurate. A red NOTE will appear if demographic information is incorrect cueing the FSS to correct errors.

The **GENERAL** section includes information about the child, family, and FSS (service coordinator). This section must be completed as part of the initial and annual IFSP Team meetings and is also used to update information at the six month review if there are changes.

EI Module: Select the program which the individual will be participating:

- Part C – Type I
- Part C – Type II
- Children's Autism Waiver
- Children's Waiver Service
- Family Education & Support

Select the primary program setting:

- Community-base
- Home
- Other

Note: The referral source will soon be a required field. This will be a drop-down menu listing a variety of referral sources to choose from.

Part C referral date: enter the month/day/year the infant or toddler was referred to the Part C program (required only for children in Part C). This date is used to calculate compliance with federal requirements and must be accurate.

Enrollment date: enter the month/day/year for CWS and CAW programs using the individual's DD55 form or enter the month/day/year the infant, toddler, or child entered Part C or FES services.

Eligibility date: enter the month/day/year eligibility was determined for the program covered by the IFSP.

Date and type of IFSP:

The IFSP date is the actual date the IFSP meeting is held and the plan is completed.

The types of an IFSP:

- **Initial IFSP** is the first IFSP developed by the team, including the family, upon referral and eligibility determination.

- **Interim IFSP** is used ONLY when there is an immediate need for a service(s) prior to the completion of the evaluation. The use of an Interim IFSP does not waive the requirement for the evaluation and assessment and the meeting to develop the Initial IFSP to be completed within 45 days from the date of referral.

- **Annual IFSP** is required annually as the IFSP must be re-written to reflect the child's current levels of development and functional child and family IFSP outcomes. It is the responsibility of the IFSP Team to meet to determine if progress is being made as expected on the functional IFSP outcomes, if the

services are appropriate, and if revisions to the functional IFSP outcomes or services are needed.

IFSP Reviews:

The IFSP is a fluid, flexible document that can be updated as the child's and family's needs change. The IFSP must be reviewed at least once every six months if not more frequently. It must be reviewed at the request of a team member, including the family. A full IFSP is not completed at an IFSP review and the due date for the Annual IFSP does not change when an IFSP Review is conducted. When the IFSP is reviewed, "IFSP Reviews" section must be completed.

Six month review: At a minimum, the IFSP must be reviewed within six months from the date of the initial and/or annual IFSP. The system auto-fills the "actual date."

Annual review: Each year, the IFSP is reviewed and evaluated. The IFSP team is responsible to determine what progress is being made towards the outcomes. The system auto-fills the "actual date." The meeting to evaluate the annual review must be based upon updated developmental assessment information about the child's development in all five areas. The updated developmental assessment information also determines the child's continued eligibility in the program.

Periodic review: This refers to ANY other review taking place during the year. The system auto-fills the "actual date."

Note: After an annual review is completed **and** the infant, child, or toddler is still eligible for the Part C program or FES program, an **annual IFSP** is required to be written. The text does not carry over to the **annual IFSP** from the previous cycle of IFSPs.

Date and Type of IFSP: enter the actual day the re-written **annual IFSP** was completed and choose **Annual IFSP** from the drop-down menu.

Note: A written meeting notice to the parent(s) and other IFSP team members is required to facilitate their participation at the IFSP meeting. The date, time, and place of the IFSP Meeting must be included. This written notice to the parents and IFSP team members is **not** the same as written prior notice. **A written meeting notice must be provided to parents in advance of the meeting.**

Child and family information includes contact information for each parent if they live separately. Alternate contact information may be included and will be useful if a parent does not have a telephone or if the child is living with a foster family and the biological parent is still involved.

Youth and families receiving CWS and CAW must complete the emergency placement section. The intent of this section is to identify who would provide supervision/support in the event the person responsible for supervision/support under self-direct services was not available.

The name of the Service Coordinator (FSS) is recorded to ensure that contact information is available for the family and other IFSP Team members. Federal regulations require that the name of the service coordinator be included in the IFSP.

The FSS uses Montana's Routines-Based Interview with the family to gather information about their child and family interests, routines, and activities. This information helps identify their concerns, priorities and resources. Each family decides what information they share and what information they are comfortable including in the IFSP. The family should not feel pressured to give information in each section of everyday routines, activities and places or in the concerns, priorities and resources section.

The FSS explains to the family that the information gathered during the RBI will be shared with other team members so the information can help guide the team's planning process.

The information gathered along with the results of the child evaluation and developmental assessment will support the IFSP Team in developing a meaningful and functional IFSP. The IFSP will build on the family's strengths and resources to address their priorities and concerns and assist them in participating in everyday routines and activities that are important to them.

Who is the IFSP Team?

The initial and annual IFSP must include the following participants:

- ✓ Parent(s), guardian(s), or surrogate parent(s);
- ✓ FSS (service coordinator) designated to be responsible for the development, implementation, and evaluation of the IFSP;
- ✓ The person (s) directly involved in conducting the evaluation and assessment;
- ✓ Those who will be providing early intervention services to the child or family as appropriate;
- ✓ Other family members if requested by the family; and
- ✓ An advocate or person outside the family if requested by the family.

Relevant Federal Part C Regulations:

Individualized Family Service Plans 34 CFR §303.340 - §303.346.
Initial and annual IFSP Team meetings must include the following participants… (34 CFR §303.343).

Completing the FAMILY CONCERNS, PRIORITIES, and RESOURCES sections

The information in these sections may be collected and completed in conversations between the family and the FSS and other early intervention service providers prior to the IFSP meeting.

Information that is gathered related to these questions should be summarized at the IFSP meeting so the parents can confirm the information as recorded is correct and provide additional information if they wish.

It is important to have the information from prior conversations with the family available to refer to while discussing functional IFSP outcomes for their child and family. The FSS and other IFSP Team members may wish to pose additional questions or follow up inquiries during the IFSP meeting to complete this section.

It is not expected that the family's answers to these components be recorded word for word. After giving the parent opportunity to respond to the questions, additional queries for clarification and a summary of the main points may be appropriate. If the parents agree, capture that summary on the IFSP.

In completing this section, the following information will be documented:

- **Concerns** = what the family is worried or wondering about. Summarize family concerns about what is challenging or difficult for their child and family. Sometimes families choose to also share concerns that are not directly related to the child's development. These concerns should be addressed by the FSS who will provide information

and help with referrals and related supports. This is noted on the SERVICES tab under *Medical and Other Services*.
  - *Example: Complete the text boxes for Service, Who, When, Where, How, and the drop down menu for Funding Source.*
- **Priorities** = what the family feels is most urgent and should be addressed first. These statements can lead directly to the functional IFSP outcomes and should begin to be phrased functionally.
- **Resources** = things, including family members, friends, community groups, financial supports, etc., the family is able to draw upon and finds helpful. Understanding family resources can assist the IFSP Team to identify appropriate strategies, supports, and services to meet functional IFSP outcomes. Include resources that the family is comfortable sharing and that may help in developing an effective plan, as well as strengths that the family has for supporting their child's development.

Relevant Federal Part C Regulations:

Identifying concerns, priorities, and resources related to the development of their child is the family assessment included in IDEA and is strictly voluntary on the part of families. Families must be informed that the assessment is voluntary prior to moving into this discussion after conversations regarding everyday routines, activities, and places. Families also must be informed that if they choose not to share this information or include such information on this section of the IFSP, the child and family will still be able to receive services if their child is found eligible. (34 CFR §303.321 (c)(d)).

Primary Referral Sources (CFR 34 §303.303)

Completing the HEALTH section

This section includes space for summarizing the FSS's review of pertinent records including the child's birth history, any medical conditions or diagnoses, etc.

Information the family/caregiver provides about child health is also recorded here. This information should be used to plan appropriate services for a child.

Relevant Federal Part C Regulations:

Physical Developmental Status 34 CFR §303.344(a).

Completing the DEVELOPMENTAL section

This section of the IFSP provides a picture of a child's present levels of development and how they affect his or her functional participation in family and community life. It is designed to meet federal regulations that require a statement of the child's present levels of development and unique needs in each developmental area are included in the IFSP.

It will not include all the information learned about a child during eligibility and ongoing assessment opportunities, but it summarizes key developmental information about the child for the team, eligibility, and the three global outcomes.

Be cautious to ensure that the most current information available is used to complete this section. Evaluations provided by referral sources and other agencies may not describe the child's current performance or provide all

the information needed to complete this section.

Assessments provide the following key information:

- Formative assessments are ongoing to improve learning; and
- Process-oriented to identify how learning is improving; and
- Diagnostic to identify areas for improvement.

Assessments provide an opportunity to be flexible and to adjust as developmental skills improve or not.

The five developmental domains are assessed using evidence-based practices and scientific-based research. Assessment recommendations may be found at the Early Childhood Technical Assistance Center (ECTA) at http://ectacenter.org/partc/partc.asp.

The FSS records the name of each evaluation/assessment tool used to evaluate the different developmental areas.

If evaluation results are not conclusive, and/or did not yield valid scores in one or more domains, summarize the supporting evidence obtained from other assessments sources (e.g., qualified personnel such as pediatrician, early childhood specialist, parent or caregiver report, observations by FSS and specialists) about the child's functioning that demonstrates that the child's development is delayed (at least 25% in two or more domains or 50% in one domain) in the statement of present level of development. This information will be used as supporting evidence for making the child eligible by informed clinical opinion.

A percent of delay, standard deviation score or the child's age equivalence for each of the developmental areas must be included if available. The information recorded will depend on the method used to determine eligibility. A percent of delay or standard deviation must be recorded if the child is not eligible as a result of an established condition but is eligible based on a delay. For children with established conditions, age equivalence may be used as standardized testing is not required to determine eligibility.

The **Statement of Present Levels of Development** links the assessment(s), observation(s), and recent family report(s).

The team should summarize the child's skills in each developmental area by listing what they know about the child's various abilities, strengths, and needs demonstrated through everyday routines and activities.

Evaluation and assessment findings inform the development of these descriptions, but the information should focus on major things that the child can/cannot do within the developmental area rather than just providing a list of assessment items.

Logical links should exist between the information included here and on the **Family Concerns, Priorities, and Resources section**. For example, if the parents indicated they want to learn ways to help their child behave/manage challenging behaviors and describe what a difficult time the child has with dressing and bathing, the assessment should have included observations and/or assessment tool results that inform the description of the child's functioning in these areas.

The **Summary of the Child's Functioning** is the part of the IFSP where the evaluation and assessment team (including the parents) synthesizes all the information known about the child from a variety of sources and across settings to create a snapshot of the child's functioning relative to same-aged peers in each of the three global outcomes.

The snapshot of functioning includes both a descriptive/narrative portion for each of the areas:

- ✓ Positive social/emotional skills;
- ✓ Acquiring and using knowledge and skills (including early language and communication); and
- ✓ Use of appropriate behaviors to meet their needs.

Information to reference in this section includes, but is not limited to:

- Information gathered when completing the Summary of Family Concerns, Priorities of the Family, and Resources that Family has to meet their Child's needs;
- Information from all of the evaluation and assessment activities conducted by the program or from outside sources and the child's present levels of development;
- Any additional notes from another format.

The IFSP Team writes a summary narrative describing the child's functioning with regard to each of the three global outcomes. The information in this section builds on, but does not duplicate information from the previous sections of the IFSP and; therefore, should not be copied directly from the present levels of development or other sections.

The **summary of functioning** briefly describes the child's functioning in each of the three global outcomes at the current time and is based on all sources of information and all team members.

The summary describes how the child functions in activities that are meaningful to the child, using whatever adapted technology is routinely available to the child. The summary references where different types of functioning are in the developmental sequence (age-expected, immediate foundational, or foundational) **without** correcting the child's age for prematurity.

The final content on the IFSP needs to reflect the discussion and views of all team members, rather than the views of just one person who writes something for the section. The narrative references what the functioning looks like as well as the level of functioning.

Note: The comment "*See COS*" written in the textbox is insufficient to meet the requirements.

Relevant Federal Part C Regulations:

The IFSP must include "*a statement of the child's present levels of physical development (including vision, hearing, and health status), cognitive development, communication development, social or emotional development, and adaptive development*" and that this statement *"be based upon professional acceptable objective criteria"* (34 CFR 303.344(a)).

The evaluation and assessment of the child must:

- ▪ Be conducted by personnel trained to utilize appropriate methods and procedures;
- ▪ Be based on informed clinical opinion;
- ▪ Include the following:
  - ○ A review of pertinent records related to the child's current health status and medical history;
  - ○ An evaluation of the child's level of functioning in each of the following development areas:
- ▪ Cognitive development;
- ▪ Physical development, including vision and hearing;
- ▪ Communication development;
- ▪ Social or emotional development;
- ▪ Adaptive development;
- ▪ An assessment of the unique needs of the child in terms of each of the developmental areas… including identification of services appropriate to meet those needs (34.CFR 303.322(c)).

Completing the OUTCOMES section

Evidence-based research demonstrates high-quality IFSP functional outcomes and strategies result in children being able to fully participate in routines and activities in their home, school, and community.

For guidance on writing high-quality, functional IFSP outcomes, see: **http://ectacenter.org/googleresults.asp?q=high%20quality%20functional%20outcomes**

This **OUTCOMES** section pulls together all of the information the family has shared so far, with the expertise of the IFSP team members, to determine the functional IFSP outcomes that will be addressed.

Functional IFSP outcomes are the central discussion point of the IFSP meeting. They are used to determine which early intervention services, as well as informal supports, will be used to support parents and other caregivers to promote the child's learning and development throughout daily routines and activities.

Remember, an outcome is a benefit experienced as a result of services and supports provided for a child or family. The fact that a service has been provided does not mean that a positive outcome has been achieved. The impact that services and supports have on the functioning of children and families constitutes the outcome.

Family priorities drive the selection of outcomes. IFSPs reflect where families want to focus immediately and need not address challenges in all domains. The IFSP Team develops functional IFSP outcomes and identifies methods and strategies to meet the outcomes.

The FSS discusses linkages to community supports and resources. For example, the FSS may say, "In listening to your concerns, you noted you wanted your child to play with other children to encourage use of more words. Let's talk about community options where that could happen." This helps families better understand the role of the FSS – that as a service coordinator and coach.

Outcomes are the heart of the IFSP. The link between family priorities and routines, the child's developmental levels, skills and functioning, IFSP outcomes, and subsequent supports and strategies should be clear to anyone looking at the IFSP.

Functional IFSP outcomes must be:

- Based on family concerns and priorities and related to activities in everyday routines;
- Measurable;
- Relevant to the child's current functioning; and
- Able to be realistically progressed toward in the agreed upon review period and by the projected completion date.

Given how quickly infants grow and change, meaningful outcomes are written taking into consideration the amount of time required to meet the outcome. Establishing a broad outcome that the infant or toddler will take a long time to achieve (writing "Cara will walk" when she is not yet pulling to a stand) is not as useful as being functional and targeting emerging skills and behaviors in the context of routines ("Cara will pull to standing and take steps in her playroom during morning play time"). This more focused outcome is more helpful in determining strategies, services and progress.

While not every family will need or desire family-oriented outcomes, their needs should be addressed if they are expressed. Supports and services focus on enhancing family capacity in facilitating their child's learning and participation.

Global Family Outcomes:

1) Families understand their child's strengths, abilities, and special needs.
2) Families know their rights and advocate effectively for their child.
3) Families help their child develop and learn.
4) Families have support systems.
5) Families access desired services, programs, and activities in their community.

The participation of families in Part C programs is integral to achieving benefits from support and services provided, i.e., **Family Outcomes**. Montana's early intervention programs provide information as a service for families leading to the benefit of increased understanding and use of information. If parents or family members understand the information and find it helpful in describing their child's condition to others, advocating for a service, or responding effectively when their child needs additional support, a benefit has been experienced and a **Family Outcome** has been achieved.

Each child and family outcome that is identified by the team should be documented separately beginning with #1. Check the appropriate box if the outcome is a carry-over or is a transition outcome and note the date the outcome and attached supports and services will begin.

What would your family like to see happen for your child/family?

The outcome statement should be written in clear terms that are easy for all team members and any other readers of the IFSP to understand, not just a restatement of the family's words. The team should work together to formulate the wording of each outcome to ensure that it is functional and measurable.

We will know we have achieved this outcome when…

This section records how the team will know whether progress is being made toward the outcome. Three elements are required:

Criteria for determining progress - What observable action or behavior will the child or family do to show that progress is being made? For example, "Libby will ride in the car in her car seat for short distances without fussing."

Procedures for determining progress (often "parent report" or "team observation"); and

Timelines for determining progress - Young children's and their family's needs and priorities change frequently. Functional IFSP outcomes should be written to be realistically achieved within a reasonable time frame and no longer than one year. Recommended practice is to set shorter times for periodic review of progress (i.e., three months, four months, six months) to ensure that the IFSP Team reviews progress often and makes adjustments accordingly to ensure outcomes are met. Timeline information should be written in terms that are meaningful to the family such as dates of family events or celebrations. An example might be that the family hopes *Libby will ride in the car in her car seat for short distances without fussing, by the time of Grandma's birthday party which is 4 months away.*

Family's strengths and resources for this outcome

This section records the ways in which the family will work toward achieving this outcome using identified strengths and/or resources.

Steps that will be taken to address this outcome (Strategies/Activities/Revisions)

This section records the strategies and methods that will lead to achievement of the outcome and who will help with this outcome (e.g., both early intervention providers and informal supports).

Strategies are WHO will do WHAT in WHICH every day routines, activities, and places. Describe in detail what the various team members (including family members, friends, and other caregivers) will do in order to meet the outcome.

Methods of service delivery describe the early intervention provider's or program's approach to supporting the child and family in achievement of functional IFSP outcomes. The method may be:

Individual or Direct Service:
Provider or FSS working with caregiver and child;

Consultation:
Team members conferring without the child and caregiver present;

Group:
Two or more team members providing direct service to caregiver and child together.

These strategies and methods should be described as they will occur during daily activities and routines. Examples:

The FSS will use coaching strategies with Libby's family to first, problem solve what is contributing to Libby's fussing while in her car seat and secondly, find and employ strategies that will help make car travel more enjoyable for Libby and her family.

The physical therapist will consult with the FSS to evaluate Libby's car seat and her positioning to determine if adaptations need to be made.

A single service (e.g., occupational therapy) should be listed more than once if more than one service delivery method will be used.

Accessing Community Resources and Supports

One responsibility of the FSS is to help families identify and access community resources and supports that they or their child may need based on the family's current priorities.

These outcomes should be functional. They may or may not relate directly to child outcomes but are outcomes for the family (not the FSS). This is an opportunity for the FSS to document the functional outcomes of service coordination and should reflect the family's individualized needs and priorities.

An example is a plan to find child care so that a parent can go back to work. The strategies include what the family, the FSS, might do to help. In this case, the FSS may obtain a list of agencies that provide respite care to parents, the parent may research each of the care providers, and the FSS may provide the family with information on child care funding options or programs.

Note: All child outcomes will be required to be aligned with one or more of the three global outcomes. The IFSP Team will select which of the global outcomes is best represented by the identified child outcome's content chosen by the IFSP Team. This practice links the chosen individualized IFSP child outcomes with the global outcomes used to measure effectiveness of the early intervention program.

Required Six Month and Annual IFSP Review

The IFSP Team uses this section to rate progress toward the outcome when reviewing the IFSP and the functional IFSP outcomes. Using the criteria, procedures, and timelines set for determining progress, the team should record:

The Status of the Outcome:

- Achieved
- Continued
- Discontinued

Describe the Progress of the Outcome:
Record statements based upon the criteria, procedures, and timelines identifying the progress made toward the outcome.

Explanations and comments:
Record statements if anything about the situation surrounding the outcome has changed which necessitates discontinuing or revising the outcome.

The individual or family rates their satisfaction with the **process** to achieve the outcome:

- Dissatisfied
- Satisfied
- Very Satisfied

The individual or family rates their satisfaction with the **impact** of achieving the outcome:

- Dissatisfied
- Satisfied
- Very Satisfied

To date, information collected from the families' in Montana Milestones/Part C Early Intervention Program has been related to **satisfaction** with services rather than outcomes achieved by families. While satisfaction is an indicator of program effectiveness and will remain helpful information for providers to collect, it is not the same as outcome data. Satisfaction reflects whether a family likes and appreciates the services received, but does not necessarily mean that a benefit was received. This distinction between Outcomes and satisfaction is important.

Relevant Federal Part C Regulations:

The IFSP must include: *A statement of the major outcomes expected to be achieved for the child and family, and the criteria, procedures, and timelines used to determine the degree to which progress toward achieving the outcomes being made and whether modifications or revisions of the outcomes or services are necessary* (34 CFR §303.344(c)).

Service Coordination (34 CFR §303.23)

Transition Outcome (required for Part C)

In early stages of the transition discussion, a FSS will describe for parents what "transition" from early intervention means. They will discuss eligibility and age guidelines for early intervention services. The FSS will provide families with a general idea of potential service options that are available in the community for children when they transition from Part C services.

Early IFSPs may simply provide information about the Part C program and description of service options for a child at age 3, or sooner, as appropriate (e.g., preschool special education, if eligible, Early Head Start, Head Start, regular preschool programming). Families should also be aware that some children only need Part C services for a short period of time and may transition to other community services, if appropriate, prior to their 3rd birthday.

When a child is getting ready to leave the early intervention program, the Transition Plan helps the IFSP team ensure that the child and family experience a smooth and effective transition as required by federal Part C regulations. Through discussions with the family, specific steps and actions are determined to facilitate the family's transition from early intervention to other needed supports and services. The FSS is responsible for guiding, coordinating and facilitating this process.

While the transition conference is not required until at least 90 days and up to 9 months before the child's third birthday, it is important to discuss transition at every IFSP meeting. Transition planning begins when a child is referred to Part C and may be included on each

IFSP, including the initial IFSP. As a child nears his or her third birthday, the transition plan is a required element of the IFSP. It is important to prepare the child and family for the transition. The functional IFSP outcomes set by the IFSP Team as the child nears transition should include preparing the child to adjust and function in his or her new setting.

The transition outcome requires the steps to exit from the Part C program and any transition services identified as needed for children who are 24 to 36 months.

Notification is required to be made to Montana's Office of Public Instruction and the school district of children who reside in the school district's education jurisdiction and who are potentially eligible for Part B IDEA preschool special education services. For this purpose, potentially eligible is considered to be those children eligible under Part C's "Type I - established condition" or "Type II - developmental delay" category. (See *Montana Guidance: Children Transitioning from IDEA Part C to IDEA Part B* http://dphhs.mt.gov/dsd/developmentaldisabilities/PartC-EarlyInt/Part-C-Early-Intervention-Guidance-and-Forms)

The early intervention program is responsible for convening the Transition Conference and written prior notice must be provided prior to the transition conference. Attendees should include the family, the FSS, school district representative and any other agency considered for future services at a minimum. The conference must occur 90 days before the child's third birthday.

The Conference discussion includes any such services that the child may receive in the future which includes school district special education services and/or other community services for preschool-aged children; to examine options for the period from the child's third birthday through the remainder of the school year for children who may be eligible for school district special education services; and to establish a transition plan, including, as appropriate, steps to exit from the early intervention program. The Conference discussion may include potential modifications or additions to the transition outcome and steps that the team including the family and Part B representative(s) decides should occur before the child transitions. Any other transition activities as identified by the team should be included in the IFSP.

The Part B representative may secure parent consent for initial evaluation during the Transition Conference; however, a child's eligibility is not determined at the Transition Conference.

Montana's goal is that families are able to make informed decisions about transition, based on complete information about available options. The team plans all the activities that need to occur in order to ensure a smooth and effective transition. Specific action steps are described and team members know who is responsible for which activities. The target dates to complete the activities are recorded. The Transition Plan, including the documentation regarding the decisions made at the Transition Conference, is included as part of the child's IFSP.

Part C Transition Forms:

Part C Transition Conference Invite is completed by the FSS within ample time to arrange a conference with the local education agency at least 90 days prior to the child's 3rd birthday. To finalize this document, confirmation of the actual date the conference was held is required along with reasons if it was not held within the 90 day timeline and the Part B referral date.

Part C Opting Out of Notification to the LEA form is signed, saved and printed.

Note: If a child is found eligible for Family Education and Support (FES) and transitions to

that program, the child must be entered onto the waitlist for the 0208 Waiver.

Relevant Federal Part C Regulations:

Content of an IFSP (34 CFR §303.344A)
The IFSP must include the steps and services to be taken to support the smooth transition of the child, …from Part C services to—Preschool services under Part B of the Act, to the extent that those services are appropriate…or other appropriate services (34 CFR §303.344(h))
Notification to the SEA and appropriate LEA (34 CFR §303.209(b))
Conference to discuss services (34 CFR §303.209(c))
Transition plan (34 CFR §303.209(d))
Transition conference and meeting to develop transition plan (34 CFR §§303.342(d) and (e) and §303.343(a), 34 CFR§ 303.309(e)).

Completing the SUMMARY of SERVICES and MEDICAL and OTHER SERVICES section

This section is a summary of the service information related to each of the functional IFSP outcomes, making it easy to see which provider is providing what services, to address which outcomes, for how long, when, and under what payment arrangements. It is important that the IFSP team considers all functional child and family IFSP outcomes in determining what early intervention services will be provided to meet the needs of children and families.

The decision to provide a service or support cannot be based solely upon factors such as: nature or severity of disability, age of individual, availability of services, administrative convenience, family preference, payment source, or service provider preference.

Services and supports are identified to meet the child and family functional IFSP outcomes including:

- Various team members' and others roles and responsibilities in accomplishing the functional IFSP outcomes; and
- Frequency, length, intensity, methods, setting, duration and agencies responsible.

Other services needed by the child and family, but not entitled to under Part C must also be identified.

The **service category/detail** must match the services described as needed to implement strategies in the outcomes sections. A single service (e.g., occupational therapy) should be listed more than once if more than one service delivery method will be used.

With each service, include the number(s) of the Outcome(s) this service will help address. It may be that more than one service is needed to help address a single outcome and that several outcomes are addressed through a specific service.

Indicate the **provider** or **qualified personnel** who will provide the identified service along with the discipline (e.g. FSS, Occupational Therapist, Physical Therapist, etc.)

Looking at the functional outcomes identified for a particular service needed, (e.g., occupational therapy) calculate the number of times per day, week, month, or year it will occur **(frequency)** during the designated time frame; for how many minutes each time the service will be provided to address the applicable outcomes listed **(intensity);** and start and end dates **(duration)**.

Specify the setting**, Natural Environment/Location** where services or supports will be provided – home or other. **Natural environments** are those settings that are typical for a same aged infant or toddler without a disability (example, home or child care). If the setting is not a natural

environment (i.e., "other") complete the justification. The justification explanation includes why the service cannot be provided in the natural environment; how the IFSP Team made the decision; and what the IFSP team will do to move service(s) and support(s) to a natural environment along with when this will transpire.

Examples of other settings include a residential facility, clinic, or a center or classes for only individuals with disabilities.

Select the **method of delivery** for the service(s) or support(s):

Individual or Direct Service:
Provider or FSS working with caregiver and child;

Consultation:
Team members conferring without the child and caregiver present;

Group:
Two or more team members providing direct service to caregiver and child together.

Select the **funding source** for the service(s) or support(s). If "other" is chosen, a description is required.

Note: Part C funds are used as the payor of last resort.

Medical and Other Services:

Within this section, identify medical and other services that the child or family needs or is receiving through other sources, but that are neither required nor funded under Part C of IDEA; and if those services are not currently being provided, include description of the steps the FSS or family may take to assist the child and family in securing those other services.

The identification of non-required services is helpful to both the child's family and the FSS/service coordinator. It is important to consider and address the needs of the child and the family related to enhancing the development of the child such as medical or health needs and other community and social services and supports they may want to receive.

Examples:

- Financial and other basic assistance such as Medicaid, Child Care Subsidies, Financial Assistance;
- Health and medical services such as WIC, Immunizations, EPSDT/Medicaid Health Checks; and
- General services such as Healthy Montana Families home visiting, Early Head Start, child care.

Relevant Federal Part C Regulations:

The IFSP must include a statement of the specific early intervention services, based on peer-reviewed research (to the extent practicable), that are necessary to meet the unique needs of the child and the family to achieve the results or outcomes…, including:

- *The length, duration, frequency, intensity, and method of delivering the early intervention services;*
- *A statement that each early intervention service is provided in the natural environment for that child or service to the maximum extent appropriate…, or… a justification as to why an early intervention service will not be provided in the natural environment;*
  - *Frequency and intensity mean the number of days or sessions that a service will be provided; and whether the service is provided on an individual or group basis;*
  - *Method means how a service is provided;*
  - *Length means the length of time the service is provided during each session*

of that service (such as hour or other specified time period); and
- *Duration means projecting when a given service will no longer be provided such as when the child is expected to achieve the results or outcomes in his or her IFSP.*
- *Location means the actual place or places where a service will be provided; and*
- *The payment arrangements, if any* (34 CFR §303.344(d).

Dates and duration of services: The IFSP must include the projected date for the initiation of each early intervention service…., and the anticipated duration of each service (34 CFR §344(f)).

Other services…To the extent appropriate, the IFSP also must Identify medical and other services that the child or family needs or is receiving through other sources but are neither required nor funded under Part C; and
If those services are not currently being provided, include a description of the steps the service coordinator or family may take to assist the child and family in securing those other services. (34 CFR §303.344(e)).

Natural environments (34 CFR §303.13(a)(8), 34 CFR §303.26, 34 CFR §303.126, 34 CFR §303.344(d)(1)(ii)(A), 34 CFR §303.13z9a)(8), 303.26, 303.126 and 303.344(d)(1)(ii)(B).

Completing the SIGNATURES section (IFSP agreement section)

This section documents:

1) The **informed written consent** of the parent, agreeing or not agreeing to the services as described on the IFSP and any actions refused with reasons for refusal;
2) Who participated in the development of the IFSP (or COS ratings) and the IFSP Team meeting and
3) How each person participated.

An IFSP agreement section, with signatures, must be completed with each IFSP Review, including the transition conference held prior to the child's third birthday. List any team member who did not attend the meeting but participated through conference call, in writing, or other electronic means.

The FSS is responsible for ensuring that all members of the IFSP Team, including the parents, receive a copy of each completed IFSP.

Prior Written Notice and Parental Consent for Provision of Early Intervention Services:

The **SIGNATURES** section is designed to support the IFSP Team in meeting federal and state requirements related to **prior written notice and parental consent**. **Written consent** must be obtained from the parents prior to the provision of early intervention services.

The FSS explains prior written notice and asks parents to sign the page. By signing this section, the parents are agreeing that:

a) They have received prior written notice to initiate services. Prior written notice must be provided to parents of an eligible child a reasonable time before the program proposes or refuses to initiate or change the identification, evaluation, or placement of the child or the provision of appropriate early intervention services to the child and the child's family.
b) They participated in the development of the IFSP.
c) They agree with the IFSP as it is written and give consent for the early intervention program and service

providers to carry out the activities listed.

d) They understand that they may accept or decline any early intervention service except service coordination services. They can choose not to consent to some services and still receive the other services.

e) They understand that the IFSP will be shared among the providers and agencies that are implementing the IFSP services.

f) They received a copy of the Procedural Safeguards and Montana's System of Payments, their rights have been explained to them and they understand them and they understand their dispute resolution options.

Montana's Procedural Safeguards and System of Payments are available at http://dphhs.mt.gov/dsd/developmentaldisabilities/PartC-EarlyInt/Part-C-Early-Intervention-Guidance-and-Forms.

Relevant Federal Part C Regulations:

*Parental Consent: the contents of the IFSP must be fully explained to the parents and informed written consent…must be obtained…prior to the provision of early intervention services described in the IFSP. Each early intervention service must be provided as soon as possible after the parent provides consent for that service…(*34 CFR §303.342(e)).

Prior Notice; native language –

General: prior written notice must be provided to parents a reasonable time before the lead agency or an early intervention provider proposes, or refuses, to initiate or change the identification, evaluation or placement of their infant or toddler, or the provision of early intervention services to the infant or toddler with a disability and that infant's or toddlers family.

Content of notice: the notice must be in sufficient detail to inform parents about-

1) *The action that is being proposed or refused;*
2) *The reasons for taking the action; and*
3) *All procedural safeguards that are available…, including a description of mediation…, how to file a State complaint…, and a due process complaint…, and any timelines under those procedures.*

Native language: the notice must be written in language understandable to the general public and provided in the native language of the parent or other mode of communication used by the parent, unless it is clearly not feasible to do so.

If the native language or other mode of communication of the parent is not a written language, the public agency or designated early intervention provider must take steps to ensure that -

1) *The notice is translated orally or by other means to the parent in the parent's native language or other model of communication;*
2) *The parent understands the notice; and*
3) *There is written evidence that the requirements of this paragraph have been met.* (34 CFR §303.421)

Consent means that the parent has been fully informed of all information relevant to the activity for which consent is sought, in the parent's native language…;

a) *The parent understands and agrees in writing to the carrying out of the activity for which the parent's consent is sought, and the consent form describes that activity and lists the early intervention records (if any) that will be released and to whom they will be released; and*

b) *The parent understands that the granting of consent is voluntary on the part of the parent and may be revoked at any time, if a parent revokes consent, that revocation is not retroactive (i.e., it does not apply to an action that occurred before the consent was revoked.* (34 CFR §303.7)

Parent consent and ability to decline services - The lead agency must ensure parental consent is obtained before

1) *Administering screening procedures…that is used to determine whether a child is suspected of having a disability;*
2) *All evaluations and assessments of a child are conducted…;*
3) *Early intervention services are provided to the child under this part;*
4) *Public benefits or insurance or private insurance is used if such consent is required…; and*
5) *Disclosure of personally identifiable information…*

If a parent does not give consent…the lead agency must make reasonable efforts to ensure that the parent -

1) *Is fully aware of the nature of the evaluation and assessment of the child or early intervention services that would be available; and*
2) *Understands that the child will not be able to receive the evaluation, assessment, or early intervention service unless consent is given.*

The lead agency may not use the due processing hearing procedures under this part of the Act to challenge a parent's refusal to provide any consent that is required under this section.
The parents of an infant or toddler with a disability -

1) *Determine whether they, their infant or toddler with a disability, or other family members will accept or decline any early intervention service under this part at any time, in accordance with State law; and*
2) *May decline a service after first accepting it without jeopardizing other early intervention services under Part C.* (34 CFR §303.420).

IFSP Reviews

The changes made to an IFSP at any IFSP review when the full IFSP is not revised are recorded in the EI Module.

Any review must include providing the parent with **prior written notice** and **obtaining their consent for any change in services**.

Any change in services must also be updated in the appropriate section of the current IFSP.

Even if changes are not made to the IFSP, the discussion should be documented.

Relevant Federal Part C Regulations:

Periodic review: a review of the IFSP for a child and the child's family must be conducted every six months; or more frequently if conditions warrant or if the family requests such a review.

The purpose of the periodic review is to determine –

1) *The degree to which progress toward achieving the results or outcomes identified in the IFSP is being made; and*
2) *Whether modification or revision of the results, outcomes, or early intervention services identified in the IFSP is necessary.*

The review may be carried out by a meeting or by another means that is acceptable to the parents and other participants.

Annual meeting to evaluation the IFSP: A meeting must be conducted on at least an annual basis to evaluate and reviews, as appropriate, the IFSP for a child and the child's family. The results of any current evaluations and other information available from the assessments of the child and family conducted under §303.321 *must be used in determining the early intervention services that are needed and will be provided.*

Accessibility and convenience of meetings: IFSP meetings must be conducted –

1) *In settings and at times that are convenient for the family; and*
2) *In the native language of the family or other mode of communication used by the family unless it is clearly not feasible to do so.*

Meeting arrangement must be made with, and written notice provided to, the family and other participants early enough before the meeting date to ensure that they will be able to attend.

Parental consent: the contents of the IFSP must be explained to the parents and informed written consent must be obtained…prior to the provision of early intervention services described in the IFSP.
Each early intervention service must be provided as soon as possible after the parent provides consent for that service…(34 CFR §303.342).

Periodic Review: each periodic review must provide the participation of persons in (a through d below). If conditions warrant, provision must be made for the participation of other representatives identified below.

a) *The parent or parents of the child;*
b) *Other family members, as requested by the parent, if feasible to do so;*
c) *An advocate or person outside of the family, if the parent requests that the person participate;*
d) *The service coordinator designated by the agency to be responsible for implementing the IFSP;*
e) *A person or person directly involved in conducting the evaluations and assessments…; and*
f) *As appropriate, person who will be providing early intervention services under Part C to the child or family.* (34 CFR §303.343).

Ongoing eligibility:

Reviewing a child's eligibility determination is part of the annual IFSP review and the re-evaluation process is completed before the development of a new annual IFSP.

The re-evaluation process is, as appropriate, based on evaluation methods and criteria utilized to initially qualify the child for Part C services. This does not imply a total re-evaluation using the original methods and criteria if they are no longer appropriate given the child's current age or characteristics.

If, upon re-evaluation, a child with previous Type I or Type II eligibility does not show a significant developmental delay (25% in two or more developmental areas, or 50% delay in one developmental area), the child is no longer eligible for Part C services. Before exit, the FSS assists the family, if they desire, in determining other service options in their community.

Written prior notice is required to be provided to the child's parents following eligibility determination. Documentation of the eligibility determination should be completed for the child and a copy provided to the parents. The documentation should also be maintained for children who are not found eligible.

Introduction to the Child Outcomes Summary Process (COSP)

This guidance document defines Montana Milestones/Part C Early Intervention Program policy along with required elements and procedures for Family Support Specialists and the COSP Team(s).

This guide is designed to facilitate the three global outcomes measurement and procedures. It will also provide a framework for consistent and effective practices, while ensuring compliance with federal regulations.

An outcome is a benefit experienced as a result of services and supports provided for a child or family. As part of the outcome measurement process, information is gathered through evaluation and assessment activities. This information will provide an understanding of the child's behavior, relationships, knowledge, and skills in various routines and activities of everyday life. It is imperative that information from families and caregivers is included in this process. This information is used to determine a child's progress on each of the three child outcomes using a **7-point scale**.

The **7-point scale** is used to document the child's status at a given point in time, which is usually entry into and exit from an early intervention program. The 7 points on the scale describe a child's status compared age-expected functioning. When we look at a child's ratings over time, we can understand the child's movement toward age-appropriate functioning between entering and exiting the program.

The **7-point scale** is based upon several assumptions:

a) The overall goal of early intervention programs and early intervention services for children is active and successful participation both now and in the future across a variety of settings. Achieving each of the three outcomes is a key to this overall goal.
b) For many, but certainly not all young children with disabilities, receipt of high quality services will allow them to move closer to age-appropriate functioning than they would have been able to without those services.
c) Documenting children's movement toward age-appropriate functioning is one type of evidence that can be used to make a case for the effectiveness of early intervention.

Why Collect Child and Family Outcomes?

To understand how children and families benefit from early intervention, the three early childhood outcomes and five family outcomes were developed by national experts in early intervention and are regarded as benefits experienced through involvement in early intervention.

Child and Family Outcomes are reported annually to the Office of Special Education Programs (OSEP) via the Annual Performance Report and the State Systemic Improvement Plan. OSEP uses each state's data to determine how well the state's programs have helped young children and their families and to determine whether or not local programs are making a positive difference for young children and their families.

Beginning in 2015, as part of our State Systemic Improvement Plan (SSIP), Montana identified its **State-identified Measureable Result** as

Outcome 1: children have positive social-emotional skills (including positive relationships).

Data collected from the **Child Outcomes Summary Process** will be used as evidence to guide Montana Milestones/Part C Early Intervention Program to determine the effectiveness of early intervention in Montana. Systemic outcome data across regional early intervention programs will:

- Guide data-driven program and policy decisions;
- Identify program improvement opportunities;
- Demonstrate program efficacy;
- Improve programs by identifying strengths and weaknesses;
- Inform the State regarding the allocation of support resources such as technical assistance; and
- Provide quantitative evidence to understand how children and families benefit from early intervention.

Child Outcomes:

1) Children have positive social-emotional skills (including social relationships).
2) Children acquire and use knowledge and skills (including early language/communication and early literacy).
3) Children take action to meet their needs.

In addition to the overall goal for the child, Part C services are also intended to address the needs and priorities of each child's family, to enable families to provide appropriate care for their child, to help family members understand the special needs of the child, how to enhance his or her development and have the resources they need to participate in community activities. Therefore, states are also required to collect data on family outcomes. The data on the first three outcomes must be reported to OSEP along with information on the three child outcomes.

Family Outcomes:

1) Families understand their child's strengths, abilities, and special needs.
2) Families know their rights and advocate effectively for their child.
3) Families help their child develop and learn.
4) Families have support systems.
5) Families access desired services, programs, and activities in their community.

When early intervention personnel utilize family engagement practices, families will be able to learn how to help their child develop and grow and understand their child's strengths and needs.

When early intervention personnel provide information to a family in a way that they can understand and also clearly explain their rights at each step of the IFSP process, families will learn their rights and how to advocate effectively for their child.

Note: Montana's early intervention providers administer satisfaction surveys to families, and effective 2017, all providers will utilize the same **Family Outcome Survey** (http://ectacenter.org/~pdfs/eco/FOS-Revised.pdf).

The survey asks families to report on their understanding of their child's developmental concerns or disabilities, the supports available and in place to support their children's learning and development, and the opportunities to be involved with their child's program. The Family Outcomes Survey is an instrument for parents to rate the extent to which they have achieved each of the five outcomes.

Montana will be evaluating the achievement of **Family Outcomes** as well as a family's level of

satisfaction with early intervention services. **Child and Family Outcomes** information will illustrate the effectiveness of early intervention services and supports regionally and state-wide.

More Information about the Global Child Outcomes:

The following tables provide detailed information about the main pillars of each of the three Child Outcomes, descriptions of what is included, and considerations for thinking about a child's functioning relative to the Child Outcome.

The tables are not meant to show all the ways the outcome would be demonstrated across the age span, birth to three, or across the range of abilities. However, they provide a basis for understanding skills and behaviors aligned with each of the three outcomes.

The child has positive social social-emotional skills (including positive relationships).	
Pillars	• Relating with adults • Relating with other children • Following rules related to groups or interacting with others
Describe how the child…	• Demonstrates attachment • Initiates and maintains social interactions • Behaves in a way that allows them to participate in a variety of settings and situations • Demonstrates trust in others • Regulates emotions • Understands and follows social rules • Complies with familiar adult requests • Shares toys and materials with others • Initiates, responds to, and sustains interactions with others • Listens, watches, and follows activities during groups
Consider how the child…across different settings	• Interacts and relates to others in day to day happenings • Displays, reads, and reacts to emotions • Initiates, maintains, and closes interactions • Expresses delight or displays affection • Transitions in routines or activities (familiar and new) • Engages in joint activities/interactions • Shows awareness of contextual rules expectations • Responds to arrivals and departures of others

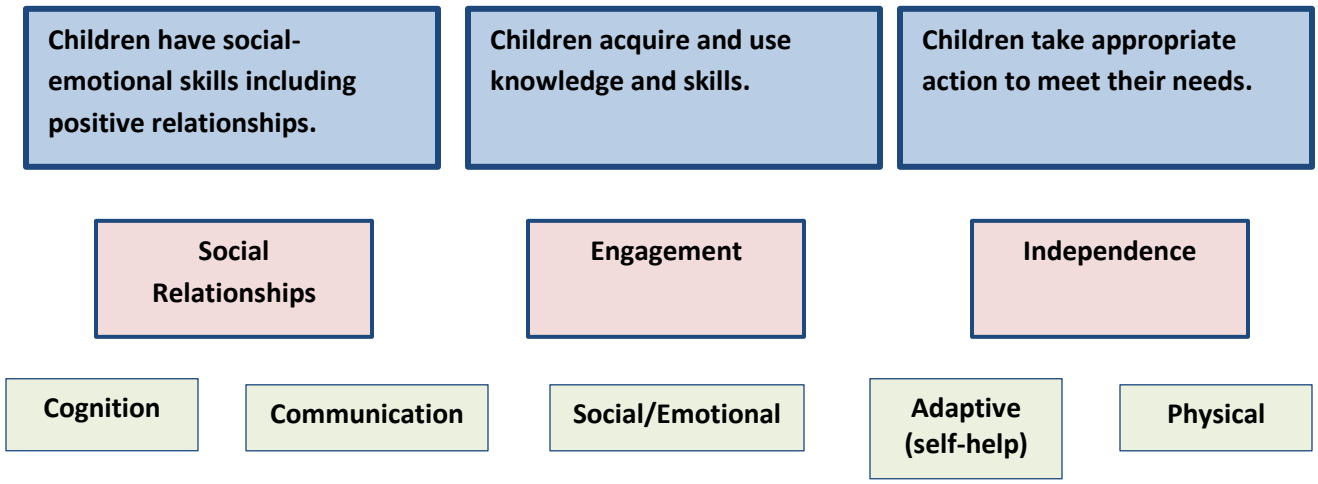
The child acquires and uses knowledge and skills.	
Pillars	• Thinking and reasoning problem solving • Understanding symbols • Understanding the physical and social world
Describe how the child…	• Displays curiosity and eagerness for learning • Explores their environment • Explores and plays with people and objects (toys, books, etc.) • Engages in appropriate play with toys and objects • Uses vocabulary either through spoken

	means, sign language, or through augmentative communication devices to communicate in an increasingly complex form • Learns new skills and uses these skills in play (e.g., completing a puzzle or building a fort) • Acquires and uses precursor skills that will allow them to begin to learn reading and mathematics in preschool and kindergarten • Shows imagination and creativity in play
Consider how the child…across different settings	• Imitates others and tries to learn new things • Persists or modifies strategies to achieve a desired end • Solves problems and attempts solutions others suggest • Uses the words/skills she or he has in everyday settings • Understands and responds to directions/requests • Displays awareness of the distinction between things • Interacts with books, pictures, print • Demonstrates understanding of familiar scripts in play

The child takes action to meet needs.	
Pillars	• Taking care of basic needs • Contributing to own health and safety • Getting from place to place and using tools
Describe how the child …	• Moves from place to place to participate in activities, play, and routines • Seeks help when necessary to move from place to place • Manipulates materials to participate in learning opportunities and be as independent as possible • Uses objects (e.g., forks, switches, other devices, etc.) as tools appropriately • Uses gestures, sounds, words, signs or other means to communicate wants and needs • Meets self-care needs (feeding, dressing, toileting, etc.)

	• Seeks help when necessary to assist with basic care or other needs • Follows rules related to health and safety
Consider how the child…across different settings	• Gets from place to place • Assists with or engages in dressing, eating, toileting, hygiene tasks • Conveys needs and desires and preferences • Responds to delays in getting what he or she wants • Gets what he or she wants (e.g., toys, food, attention) • Shows awareness of or responds to situations that may be dangerous • Amuses her/himself or seeks out something fun.

Thinking about skills in terms of developmental progression is important for understanding where a child is on a trajectory of functional skills development. The Child Outcomes measurement represents the integrated nature of how children develop and learn bridging across the five developmental domains. The Outcomes shift focus from the domain-specific skills and behaviors, to thinking about how skills and behaviors are functional and meaningful in day-to-day life. Each of the outcomes encompass actions children need to be able to do or knowledge they need to have in order to function successfully across a variety of settings and, ultimately, be successful as they transition to other programs or schools.



The COS process is a **team process** for summarizing functional information related to a child's progress on each of the three child outcomes using a **7-point scale**.

The features of the team process include the use of multiple sources to describe the child's functioning; relies upon team-based discussions and decision making; uses the **7-point scale** to describe the child's functioning across settings and situations; and is completed upon program entry and exit for children who have been in the program for at least 6 months.

What are multiple sources of information?

This is information gathered from the child's family and other significant individuals in the child's life.

- Family members
- Family Support Specialists
- Service providers (OT, PT, SLP)
- Physicians
- Child care providers
- Other people familiar with the child

What are multiple measures?

Measures include observations, interviews, and direct assessments appropriate for the child's age and level of development, sensory, physical, communication, and cultural, linguistic, social and emotional characteristics.

- Curriculum-based assessment
- Norm-referenced assessment
- Developmental screening tool
- Observations across settings and situations
- Parent report
- **MEISR (version 2012 or newer)** for age anchoring

A team of people knowledgeable about the child discuss the child's functioning across a variety of settings and situations followed by team-based decision-making to determine a child's rating using the **7-point scale** for each of three child outcomes. A child's functioning is compared with what is expected for the child's age.

COS Team:

- Parents and Family Members
- Family Support Specialists and Service Coordinators
- Service providers (SLP, OT, PT)
- Child care providers

All team members bring different information and perspectives to the COS process. As a group, the team members must have knowledge and understanding of:

- The content of the three child outcomes (described on pages 22 – 24 of this document);
- General child development;
- The child's functioning across settings and situations;
- Age-expectations for child functioning within the child and family's culture; and
- How to use the 7-point rating scale.

Every member of the team will not have all of the knowledge and expertise needed, but collectively, across the team, all areas are covered.

Age-expected development

The COS rating process requires an understanding of the timing and sequences of development that enable children to have positive social relationships, acquire knowledge and skills, and take action to meet their needs.

Child development occurs in typical sequences and children typically acquire skills within a certain time frame. The rating process requires that team members understand both the sequence in which children acquire skills and

the age range in which they are acquired. Team members will be asked to think about how the child's functioning compares with what would be expected for a child his or her age.

Montana identified a specific age-anchoring tool to be used during the COS process consistently across the state: **MEISR**- **M**easure of **E**ngagement, **I**ndependence, and **S**ocial-**R**elationships (version 2012 or newer).

The MEISR™ (version 2012 or newer)

The MEISR is revised and organized by the three global child outcomes. The tool aligns well for its use as a resource specifically as it is organized by functioning in the context of day-to-day routines. It focuses upon caregivers as sources of information as those knowing the child best. The age-anchored elements of the tool provide needed information about functioning relative to age-expected development.

The purpose of the MEISR Tool:

- Provide information about functional behaviors mapped to the three child outcomes;
- Provide age-anchored information about a child's functioning in common day-to-day routines; and
- Provide teams a resource for gathering and reviewing information important for determine the COS ratings.

While not always exact, the MEISR provides functional behaviors and skills within age ranges to guide the team as they determine outcome measurements.

The COS process requires a comparison with age-expected skills in order to ensure that children gain skills to be full and active participants in their everyday world; and recognize when children are moving toward or acquiring age-expected skills.
Age-anchoring will support the team in developing both high-quality functional outcomes and strategies during the IFSP process. It will also determine the ratings helping our program see how successful we have been in helping children meet the goal of early intervention. Children are able to fully participate in routines and activities in their home, school, and community.

The child's functioning across settings and situations

In order to accurately name a rating, it is vital to obtain a full picture of the child's skills and behaviors across multiple settings and situations.

In addition to gathering information through standardized assessments tools, teams have other mechanisms for getting information about the child in other places and with other people.

It is especially important to get a picture of the child in the place where the child spends time, including at home, in childcare, and in other community settings. The team needs to know how the child interacts with adult family members, siblings, extended family, peers, and other significant people in the child's life. This information comes from talking with those familiar with the child as well as from observations in places where the child spends time.

A child's functioning, with regard to age expectations, can be described as:

- **Foundational**
- **Immediate Foundational**
- **Age-Expected**

Foundational Skills are skills and behavior that are the foundation for later development. Several foundational skills may be in a developmental series and will help children move to the next level developmentally.

Immediate Foundational Skills are the set of skills and behavior that occur developmentally just prior to age-expected functioning.

If a child is not showing age-expected skills but is showing the skill that comes immediately before the skill expected for that age, we would describe the child as showing **Immediate Foundational Skills**.

Age-Expected Skills are the skills and behavior that are typical for children of a particular chronological age.

Age-Expected Skills are exactly what the phrase says: they are the skills and behavior that are seen in children of a particular chronological age. Many resources exist for the age range of typical development for specific skills. http://ectacenter.org/partc/partc.asp

In sum, development typically occurs in predictable sequences, and a child's current skill level can be described with regard to where the child is in the sequence. Note that **Foundational Skills** provide the basis for later skills and that **Immediate Foundational Skills** come just before **Age-Expected Skills** in the sequence.

Foundational Skills are frequently the skills chosen for intervention for children showing delays to help them move closer to **Age-Expected** development.

The COS Team needs to understand child development and the sequence in which skills develop. To reach a rating, teams will need to think about what mix of the the child's skills and behaviors in each outcome area are **Age-Expected**, **Immediate Foundational**, or **Foundational.** All the information gathered from reports from specialists, medical professionals, parents, caregivers, and FSS observations will be considered in terms of skills that can be age-anchored using the MEISR.

Age Expectations with the Family's Culture

Members of the COS team must understand how a family's culture affects what is considered age-expected.

Within early intervention, we often work with families who come from cultures other than our own. A FSS's understanding of how cultural practices influence the age at which children develop certain skills will impact the COS rating.

For identifying appropriate targets for interventions as well as for the COS process, the team needs to understand age expectations within the context of the family's culture. When teams see skills and behavior that are below mainstream U.S. age expectations but are a result of cultural practices, they need to adjust age expectations for *those skills* for *that child*.

In order to accurately age-anchor a child's behavior, you must understand the families' cultural expectations of children of a specific chronological age. The best way to understand cultural expectations is to ask questions of the family regarding their expectations for children of the same age as their child.

The Routines-Based Interview (RBI) is one good source of information and provides opportunities for you to question deeply adding to your picture of how a family's culture impacts age-expected functioning.

However, there may be isolated incidents when a family's understanding of age-appropriate skills is an indication of needing more

information. Using questioning skills, the FSS will be able to understand the family's culture well enough to recognize the difference.

The 7-Point Scale

The **7-Point Scale** is used to document the child's status at a given point in time, at entry into and exit from an early intervention program.

The 7 points on the scale describes a child's status compared with age-expected functioning. When we look at a child's ratings over time, we can understand the child's movement toward age-appropriate functioning between entering and exiting the program.

A "7" on the scale represents age-expected functioning, and lower points represent the *degree of distance from age expectations*. Each point on the scale has specific criteria that are used to differentiate the child's functioning. Team members need to be familiar with the application of the criteria for each of the points on the scale.

A rating of "7" indicates that in all or almost all everyday settings and situations, the child shows skills and behavior that are expected for his or her age. No one has concerns about the child in this area.

A rating of "6" indicates that in all or almost all everyday settings and situations, the child shows skills and behavior that are expected for his or her age. But one or more team member has significant concerns about the child's functioning in the outcome area. Concerns are great enough to suggest keeping an eye on the child's development to determine the need for additional support in the future.

Types of concerns that would result in a rating of 6 rather than a 7 are more likely developmental concerns. Those developmental concerns are significant enough to warrant closely watching and/or supporting the child and family.

A rating of "5" indicates that a child shows some functioning that is expected for his or her age in some settings and situations or some of the time. At other times or in some settings, the child is showing some functioning that is not age-expected. This mix of age-expected and not age-expected functioning is the main differentiation between a rating of 5 and ratings of 6 or 7. A rating of 5 indicates a child may have functioning that might be described as that of a slightly younger child.

A rating of "4" indicates the child shows a mix of age-expected and not age-expected skills. The rating of 4 indicates the child shows more functioning that is not age-expected. The child shows only occasional age-expected functioning across settings and situations; with most functioning not age-expected. The functioning that is not age-expected could be described as immediate foundational or foundational functioning or both.

A rating of "3" indicates a child does not yet show functioning expected of a child of his or her age in any situation. The child uses immediate foundational skills most or all of the time across settings and situations. Functioning might be described as like that of a younger child.

A rating of "2" indicates a child occasionally uses immediate foundational skills across settings and situations. More functioning reflects skills that are not immediate foundational than are immediate foundational.

A rating of "1" indicates a child does not yet show functioning expected of a child his or her age in any situation. The child's functioning does not yet include immediate foundational skills upon which to build age-appropriate

functioning. The child's functioning might be described as like that of a much younger child.

The **7-Point Rating Scale** can be used to describe the functioning of children with a wide range of abilities, including those with mild developmental delays and those with significant disabilities or regressive disorders.

The **Decision Tree** is a guide to help teams reflect on the questions they need to answer in order to reach a rating and use the criteria consistently to decide between ratings. The Decision Tree can be found at http://ectacenter.org/~pdfs/meetings/outcomes2007/09DecisionTreeColor.pdf

Additionally, **the Bucket Tree** is available for use in Montana only and is accessible from the state's Child Outcomes Summary Process Trainers or the Part C Coordinator.

Ratings are always provided on all three outcome areas. This is true even if no one has any concerns about a child's development in an outcome area of if a child is showing delays in only one or two of the outcome areas.

The purpose of the COS rating is to document current functioning. Montana Milestones/Part C Early Intervention Program does not adjust for prematurity. The rating is determined on the basis of what would be expected for the child's chronological age.

Sometimes families ask whether children with only communication delays should be rated automatically as typically developing on Outcomes 1 and 3. The answer is no. The team needs to consider how the child's communication is affecting the child's functioning in all three outcomes areas.

If the child has access to and uses an assistive technology device, rate the child's functioning using that device. If the child uses an assistive technology device only in some settings such as only at home, think about this as you would any instance where the child displays different skills or behavior across settings.

Can a Child Have All 7's at Entry?

Yes. Some children in early intervention will have ratings of 7 in all three outcome areas. The team needs to remember that eligibility determination is independent of the child outcomes rating. A rating is based on the child's everyday functioning in the outcome area across settings and situations. There are a number of examples of children who may have 7's on all three outcomes at entry, such as:

- A child who has sensory impairments but functions at age-expected levels when assistive technology is in place.
- A child with a diagnosed condition who displays age-expected functioning as an infant but for who delays are likely to occur later in development.

Asking about the child's diagnosis during the COS process is valuable information.

Good Teaming, Good Decisions

A team that includes professionals and family members is better able to understand and support the child's functioning than one or two people alone.

Obtaining a complete picture of the child's functioning requires people who spend time with the child in different settings, situations, and everyday routines; and have different perspectives about the child's functioning based on their particular expertise in observing skills and behaviors.

Before the IFSP meeting:

- Explain the COS process to the family;
- Share written materials describing the process;
- Review what the family can expect; and

- Answer questions.

Resource: *A Family Guide to Participating in the Child Outcomes Measurement Process* http://www.pacer.org/publications/pdfs/ALL-71.pdf

Effective teaming practices:

- All members participate.
- Diverse perspectives and different opinions are encouraged.
- Acronyms and jargon are minimized.
- Professional terms are explained.
- Use appropriate eye contact.
- Listen empathically with responsive body language and appropriate facial expressions.
- Allow speakers to reflect on and finish their thoughts before moving on.
- Summarize, paraphrase, or ask for descriptive examples to check for understanding.
- Ask follow-up questions to get additional information, as needed.

In addition to having teams that function effectively with active listening and rich dialogue, some specific practices promote quality child outcomes summary decisions and accurate ratings.

1) First, plan ahead to have the information needed for the discussion:
    - Each team member should come to the meeting prepared to share what he or she knows about the child's functional skills in each of the three outcome areas.
    - Team members also may need to review background information about age-anchoring and/or the 7-Point Raring Scale criteria in advance of the meeting.
2) Discuss the child's functioning for each outcome, across settings, and relative to what is age-expected.

Being able to reach an accurate rating requires a rich dialogue about what the child's doing in each outcome and talking about what the child is doing relative to what would be expected for a child this age.

Examples of questions that might draw out this type of information are:

- What skills and behaviors does the child use?
- In what settings and situations?
- How often is the child using those skills and behavior? What supports are needed for the child to use them?
- Are these skills and behavior what we expect of a child this age?

The team leader should make sure that the full content of each outcome is discussed. For example, a discussion to determine a rating for Positive Social Relationships might include:

- The child's social relationships with familiar and unfamiliar adults
- How the child interacts with peers,
- How she follows rules and routines in settings like child care, and
- How the child expresses and regulates emotions and handles transitions between activities.

Another important part of a rich COS discussion is comparing the child's current skills and behaviors with age-expectations:

- Discuss how the child's functioning relates to age-expectations.
- Draw on child development resources to age-anchor skills.
- Considers such factors as what is expected in the child's culture; and availability and use of assistive technology devices.

Once the child's COS team has a rich picture of the child's functioning in an outcome area and how the child's functioning compares with age expectations, the team is ready to apply the criteria to decide on a rating. The **Decision Tree**

or the Bucket Tree can be helpful in doing this. When a decision has been reached, the team leader should restate the decision, possibly as a descriptor statement rather than a number, and summarize the rationale.

Getting all team members together to engage in the COS process can be difficult. Although face-to-face team interactions are preferable, team discussions can be held with one or more members present remotely. For instance, team members can effectively join meetings by phone or webcast. The leader needs to be especially aware of engaging the remote partners in the conversation.

On rare occasions, teams may have difficulty reaching consensus. If this is the case, it is important for the person leading the discussion to work with the group to figure out the source of the problem. Make sure team members share the same understanding of the three outcomes. Provide opportunity to thoroughly describe the child's functioning. Support the team as they agree on the age-anchoring of skills. Revisit and review the definitions or criteria for ratings being considered.

Is the COS rating subjective?

Subjectivity is defined as "relating to the way a person experiences things in his or her own mind based on feelings or opinions rather than facts." If a team did not apply the criteria and base the rating on team members feelings instead, then the process would be subjective. However, research shows that when people use and apply rating criteria consistently, a team process produces useful and valid information.

Teams are the heart of delivering quality individualized early intervention services under IDEA. Working to achieve desired outcomes for children and families requires bringing together the best thinking of a team. A quality Child Outcomes Summary team process that effectively engages team members in sharing their knowledge of the child and applying the rating criteria to that information will result in valid and meaningful ratings.

Data Management System: The EI Module and Required Fields in order

1. COS Summary Completion Date
2. COS Summary Type:

- **Baseline**: for a child's first measure
- **Left Part C Exit**: for a child that leaves Part C service before 30 months of age and the exit was expected/planned for (family moving, family decides they no longer want and/or need Part C services/supports), the child no longer meets eligibility criteria for Part C services but has not aged out of Part C services;
- **Left Part C Unexpected Exit**: for a child/family that left services with little or no notice to the provider agency and without provider agency involvement in planning for the exit (this does not include children exiting and moving to another Montana Part C provider);
- **Left Part C Transition at 3**: for a child that is near to or at 36 months of age and is leaving Part C services/supports. The provider agency has been involved in planning for the exit with the family. The exit may be to school services, other service programs, or home.

3. Family Information on Child Functioning (check all that apply):
   - ✓ Received in Team Meeting
   - ✓ Collected Separately
   - ✓ Incorporated into assessment(s)
   - ✓ Not included*

     *A reason for not including family information on Child Functioning will be a required documentation

field with new enhancements to the EI Module.

4. Choose Outcome for the Rating process:
   - ✓ Social-Emotional Skills
   - ✓ Acquiring and Using Knowledge
   - ✓ Taking Appropriate Action

5. Baseline requirements
   - ✓ Answer question 1a

6. Persons involved in deciding the summary ratings along with their roles

7. Source of information from drop down menu
   - ✓ If other is chose, describe the source of information

8. Date
9. Summary of relevant results

OR

10. Exit, Unexpected Exit, and Transition requirements
    - ✓ Answer question 1b-Rating

11. Persons involved in deciding the summary ratings along with their roles

12. Source of information from drop down menu
    - ✓ If other is chosen, describe the source of information

13. Date

14. Summary of Relevant results

15. Answer question 1b yes or no

16. If you answer yes, explain progress.

17. Submit and print.

Companion Resource:

Montana Stepping Stones to Early Intervention Success – Recommended Practices for Early Intervention Professionals
http://dphhs.mt.gov/dsd/developmentaldisabilities/PartC-EarlyInt/Part-C-Early-Intervention-Guidance-and-Forms