

Family Infant Toddler Program EARLY CHILDHOOD OUTCOMES

DEMONSTRATING AND REPORTING THE RESULTS OF
EARLY INTERVENTION SERVICES FOR INFANTS AND TODDLERS



This document is the result of collaboration between New Mexico's Family Infant Toddler Program and the New Mexico Early Childhood Outcomes Stakeholder Group. Much of the information and forms have been adapted from the National Early Childhood Outcomes Center, which is funded by the Office of Special Education Programs to enhance state's ability to measure Early Childhood Outcomes.

This document has been adapted from materials developed by the national Early Childhood Outcomes Center for use in New Mexico's early childhood outcomes system.

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EARLY CHILDHOOD OUTCOMES:

DEMONSTRATING AND REPORTING THE RESULTS OF
EARLY INTERVENTION SERVICES FOR INFANTS AND TODDLERS

INTRODUCTION

The purpose of this document is to provide the rationale for collecting and reporting early childhood outcomes, including:

1. **The foundations necessary for making decisions concerning early childhood outcomes.** The first section is designed to provide an overview of the information early intervention providers will need to understand in order to participate in the early child outcomes process.
2. **Early childhood outcomes measurement procedures, including,**
 - * **Instructions for completing the New Mexico Early Childhood Outcomes Summary Form, and**
 - * **Instructions for reporting the early childhood outcomes results.**

I. THE FOUNDATION

RECORDING EARLY CHILDHOOD OUTCOMES

The Need

The New Mexico Department of Health is the "lead agency" for early intervention services as defined under Part C of the Individuals with Disabilities Education Act (IDEA). The early intervention system, which in New Mexico is known as the Family Infant Toddler (FIT) Program, currently has a number of performance indicators. However, historically, there have been only limited methods for measuring outcomes for children as a result of the early intervention they receive.

While Part C services have been recognized for yielding long-term benefits to participating children and their families, there is little quantifiable research that shows the benefits of early intervention.

In an era of greater government accountability, policymakers and funding sources, both in New Mexico and nationally, are looking for results-based information to

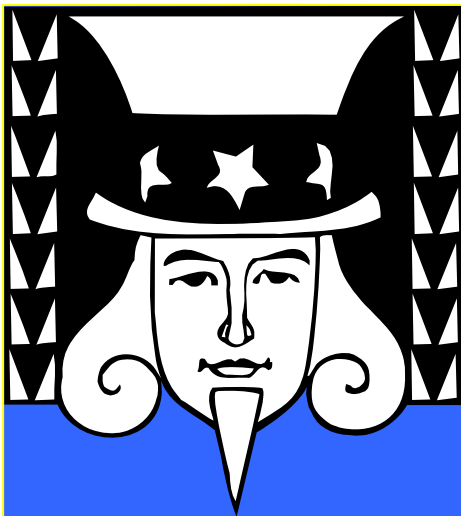
determine whether to invest more funding in Early Intervention (EI) programs.

Also, in New Mexico, referring physicians are requesting empirical evidence that early intervention is truly effective. In response to a Senate Joint Memorial in 2003, the FIT Program organized a large statewide task force of medical personnel and other stakeholders to determine how to obtain referrals to EI earlier in the life of a child (SJM 16-2003). The task force learned that providing empirical evidence for physicians on the impact of Early intervention on child development could decrease the age at which a child is referred and increase the overall number of referrals made.

The U.S. Office of Management and Budget (2004) reported the following in regard to the effectiveness of the Part C program.

... this program cannot demonstrate the level of impact it has on infants and toddlers. This is the primary reason it scores a zero for "Results." While annual data shows that this program has met its process goals, such as the number of children served, there are no data on the key measure of program performance -- the educational and developmental outcomes of infants and toddlers served through this program. (Performance and Management Assessments: IDEA Grants for Infants and Families).

The Federal Requirements



Part C Early Intervention Services in New Mexico are funded through a combination of State and Federal dollars. The Federal Part C funds come through the U.S. Department of Education's Office of Special Education Programs (OSEP). In the reauthorization of the Individuals with Disabilities Education Act (IDEA) in 2004, Congress requires reporting on the results or outcomes of special education and early intervention (Part C) services. As required by the new 2004 IDEA law, OSEP has directed states to develop six year State Performance Plans (SPP), and for states to submit Annual Performance Reports (APR) across 14 performance indicators. Early childhood outcomes are one of those indicators. OSEP has funded the Early Childhood Outcomes (ECO) Center to provide technical assistance to state Part C agencies regarding the measurement of child and family

outcomes. In addition, the U.S. Office of Management and Budget expects all federal programs to report outcomes data as part of justifying funding requests.

The Challenge

The development of child and family outcome measures has been and will continue to be challenging. The population being served under Part C is quite varied in levels of developmental delays and disabilities, and services are always individualized for each child and family. New Mexico also serves children who are at risk for developmental delays based on either biological/medical conditions or environmental factors. Measuring child outcomes for this population where the model of service is primarily preventative will also be challenging.

Children enter EI services at any point between birth and their third birthday, and children stay enrolled for different periods of time depending on their unique situation. All of this will challenge meaningful aggregation of outcomes across children and families.

Additionally, the population of New Mexico is extremely diverse culturally and linguistically with a served population consisting of 52% Hispanic/Latino, 30% White, 15% American Indian (Navajo, Mescalero Apache, Jicarilla Apache and 20 Pueblo tribes - each with unique language and culture), 2% African American, and 1% Asian/Pacific Islander. Finally, New Mexico is the fifth largest state in the US and the majority of families live in rural and frontier communities, making assessment and data collection more challenging.



New Mexico's Response

In response to OSEP's challenge New Mexico created a statewide stakeholder group with representation from FIT Program staff, FIT providers, and parents of children served. The stakeholder group also included stakeholders from preschool special education (IDEA Part B - 619) as they too have to measure early childhood outcomes. The New Mexico Early Childhood Outcomes (NM ECO) Stakeholders, formulated the guiding principals (at right) for measuring outcomes that included aligning with existing systems, enhancing the experiences of families receiving services, and yielding valuable and reliable data.

While the early childhood outcomes system will continue to evolve, the groundwork was laid by this dedicated group of individuals who have given time and expertise to what, at times, has seemed like an insurmountable task.

The Benefits

Using good data about early intervention services can help individual FIT Providers and the State FIT Program to make improvements in these services. Early childhood outcomes can provide valuable information as one component of data-based planning, tracking and analyzing of early intervention services.

Guiding Principles for New Mexico's Early Childhood Outcomes System

Our intent in designing an outcome measurement system is to align with existing systems and activities throughout the state, enhance the experiences of families receiving services, and do no harm.

Our purpose is to provide feedback that is useful to the practitioners in guiding services/instruction, to guide program improvement, and to yield valuable and reliable data. We will ensure opportunities for parent representation and participation at every level of system development and implementation.

Have Ease of Implementation

- *Be cost effective*
- *Be imbedded in existing routine processes, i.e. IFSP development, not be an add-on task.*
- *Be kept simple, not cumbersome for program staff.*
- *Have consistent methodology*
- *Have T & TA provided*

Yield Effective Results

- *Be accountable to every child (not just those in the program for the minimum requirement of 6 months)*
- *Be holistic and individualized*
- *Be meaningful and beneficial for everyone involved.*
- *Be authentic (Truly representative of the child in a natural environment)*
- *Utilize multiple data sources/methods, including family input*
- *Utilize a team approach*
- *Be implemented only by individuals trained in the specific measurements being used*
- *Validate the good job we do*

Build Relationships with Families

- *Be based on relationships*
- *Build family capacity to stay involved and advocate for their child*
- *Respect and listen to families*
- *Be positive and strength based*
- *Be culturally and linguistically sensitive, authentic and functional*
- *Ensure that assessment process is conducive to parent participation.*

New Mexico will see the following benefits from the proposed project:

- **Accountability** - for federal and state resources and requirements.
- **Improved program quality** - A statewide, unified approach to measuring child outcomes offers the potential of consistent data that can be used for research, and to plan improvements in services. High quality information offers the promise of better understanding of what works and what doesn't.
- **Efficient use of scarce resources** - the most effective approaches are identified and disseminated.
- **Recognition of the benefits of early intervention** - including marketing of successes to policymakers, funders, and clients with the potential for increased funding to address concerns.

EARLY CHILDHOOD OUTCOME INDICATORS

ECO Center Framework for Early Childhood Outcomes: Using a process that incorporated input from many different stakeholder groups and spanned 12 months, the national ECO Center identified a goal with 3 child outcomes and 5 family outcomes¹ for early intervention. The ultimate or overarching goal of early intervention is:

To enable young children to be active and successful participants during the early childhood years and in the future in a variety of settings in their homes with their families, in child care, preschool or school programs, and in their community.

Making Outcomes Functional

Characteristics of functional outcomes include:

- Things that are meaningful to the child in the context of everyday living.
- An integrated series of behaviors or skills that allow the child to achieve the early childhood outcomes.
- Emphasize how the child is able to integrate (behaviors) across developmental domains to carry out complex meaningful behaviors.

Items to Consider When Measuring Functional Outcomes

- What does the child **typically** do? It is not assessing the child's capacity to function under ideal circumstances.
- What is the child's actual performance **across settings and situations**?
- How the child uses his/her **skills** to accomplish tasks?

¹ New Mexico's measurement of Family Outcomes will not be addressed in this document, although measuring child outcomes of course means working with the family both to achieve individual child outcomes and involving the family in the measurement process.

Functional outcomes are not (1) a single behavior, (2) the sum of a series of discrete behaviors, (3) based on developmental domains (like on many assessments), and (4) not trying to separate child development into discrete areas (communication, gross motor, cognitive, etc).

OSEP adopted a set of three child outcome indicators that were based on the ECO Center's recommendations.

The Outcomes Unveiled

Percentage of infants and toddlers with IFSPs who demonstrate improved:

- 1. Positive social-emotional skills (including positive social relationships)**
- 2. Acquisition and use of knowledge and skills (including early language/communication)**
- 3. Use of appropriate behaviors to meet their needs**

For New Mexico's Annual Performance Report, OSEP requires that the following items must be reported for each of the three outcome indicators:

Group A: % of infants and toddlers who did not improve functioning. These children either acquired no new skills or behaviors, or their level of functioning has regressed between entry and a subsequent measurement.

Group B: % of infants and toddlers who improved functioning, but not sufficient to move nearer to functioning comparable to same-aged peers. These children acquired new skills and behaviors but there has been no positive change in their developmental trajectories. At subsequent measurement, they

Key assumptions concerning early childhood outcomes include:

- Children can be described with regard to how close they are to age expected behavior for each of the three outcomes.
- By definition, most children in the general population demonstrate the outcomes in age-expected ways.
- By providing services and supports, early intervention is trying to move children closer to age expected behavior.
- Some children will not move as close to typical development as their peers.
- The three outcomes will be reported for every child enrolled (with specific exceptions noted in Section 2).
- All three outcomes need to be measured for every child enrolled, even if:
 - There are no concerns about the child's development for a specific outcome, or
 - A child has delays in one or two outcomes, but not in all three outcomes.

were acquiring new skills at the same or lower rates than they had when they began services.

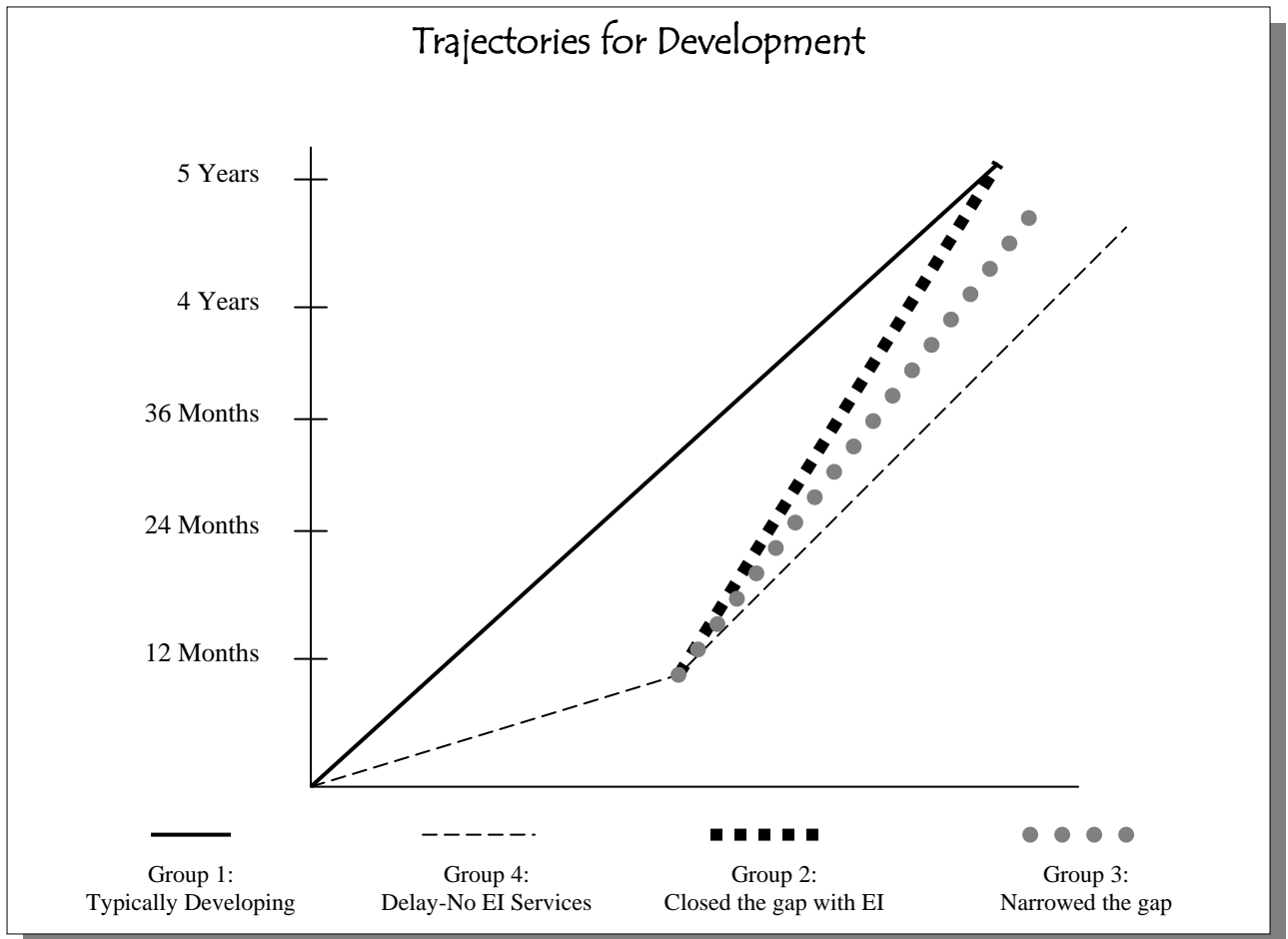
Group C: % of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it. These children acquired skills and new behaviors at a faster rate after beginning services than they had before. There was a positive change in their developmental trajectories but they had not attained functioning comparable to same-aged peers by the time of a subsequent measurement.

Group D: % of infants and toddlers who improved functioning to reach a level comparable to same-aged peers. These children did not show functioning comparable to same-aged peers at entry but did at a subsequent measurement.

Group E: % of infants and toddlers who maintained functioning at a level comparable to same-aged peers. These children showed functioning comparable to same-aged peers at both entry and subsequent measurement.

As you see, the emphasis on measuring outcomes is to determine whether a child has improved as a result of early intervention services. This requires measurement at a minimum of two points in time to ascertain progress of development, always comparing those measurement points to typically developing children.

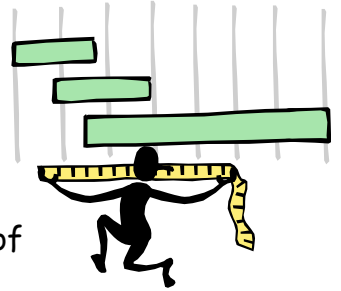
A very simple illustration shown in the graph below may be useful here. The child with a delay discovered at about 12 months of age would certainly grow and develop (as indicated by the dashed bar). Without EI, however, that child will likely always have a significant gap between his functioning and that of a typically developing child. With EI, improvement can be made in successfully closing the gap or at least making progress toward closing the gap.



Measuring progress from points in time can also yield valuable information for providers who are interested in improving services. If children are not "closing the gap" it will be important for providers to discern the reasons and correct it through staff training or changes in practice.

Understanding The Three Early Childhood Outcomes

First, the linkage of three outcomes to the overarching goal constitutes the overall vision for what we hope children achieve as a result of participating in early intervention. Next, consider the following critical assumptions and issues concerning outcomes and measurement of achieving outcomes.



- Achievement of the **outcomes is age-based**, i.e., children of different ages will demonstrate achievement in different ways.
- There are **many pathways to competence** for children with atypical development (e.g., using sign language, wheel chair). This seems obvious but may get lost in assessment scores that do not account for alternative ways of demonstrating a particular item. So when thinking about achievement of outcomes include any assistive technology, supports or alternative means (e.g., sign language instead of speaking) the child typically uses.
- Outcomes **reflect the child's everyday functioning** across a variety of settings and not what the child is capable of under ideal or highly unusual circumstances.
- Outcomes need to take into **consideration how different cultures view typical child development** at particular ages. What is expected of a 2 year old in one culture may not be an age expectation in another culture.
- Determining the achievement of outcomes would **not be complete with only looking at a child's performance in terms of assessment results**. Thus, the measurement of the achievement of outcomes must include other critical information such as observations of care-givers across settings, and progress on child-focused outcomes and objectives on the child's IFSP. (This will be discussed in more detail in the next section.)
- IDEA Part C requires assessment and a summary in the IFSP concerning the child's developmental status in five "domains" (cognitive, physical, communication, social/emotional, adaptive) but these domains do not directly provide the information needed for the three early childhood outcomes. Further, **a single outcome may include specific behaviors/assessment items that come from more than one domain**.
- There is **overlap of specific behaviors across the three outcomes** and that's ok because behavior is integrated.

The descriptions on the following page include examples from the national ECO Center and the NM ECO Stakeholders. These are **just examples** of things to consider for each of the Childhood outcomes. These items are not meant to show all the ways outcomes could be demonstrated across the birth to three age span or across the range of abilities and disabilities of children served in early intervention.

1. Positive social-emotional skills (including positive social relationships)

Involves:

- Relating with adults
- Relating with other children
- For older children - following rules related to groups or interacting with others.

FOR EXAMPLE, children:

- Demonstrate attachment with the significant caregivers in their lives.
- Initiate and maintain social interactions.
- Behave in a way that allows them to participate in a variety of settings and situations, for example, on the playground, at dinner, at the grocery store, in childcare, etc.
- Demonstrate trust in others.
- Build and maintain relationships with children and adults.
- Regulate their emotions.
- Understand and follow rules.
- Solve social problems.
- Use a system of communication to interact in social situations.

2. Acquisition and use of knowledge and skills (including early language/communication)

Involves:

- Thinking
- Reasoning
- Remembering
- Problem Solving
- Using symbols and language
- Understanding physical and social worlds.

FOR EXAMPLE, children:

- Display curiosity and an eagerness for learning.
- Explore their environment.
- Explore and play with people and objects including toys, books and other materials
- Engage in daily learning opportunities through manipulating toys and other objects in an appropriate manner.
- Use vocabulary either through spoken means, sign language, or through augmentative communication devices to communicate in an increasingly complex form.
- Learn new skills and use these skills in play, for example, by completing a puzzle or building a fort.
- Acquire and use the precursor skills that will allow them to begin to learn reading and mathematics in kindergarten.
- Show imagination and creativity in play.

3. Use of appropriate behaviors to meet their needs

Involves:

- Taking care of basic needs
- Getting from place to place
- Using objects as "tools" (e.g., forks, sticks, crayons, switches)
- In older children, contributing to their own health and safety

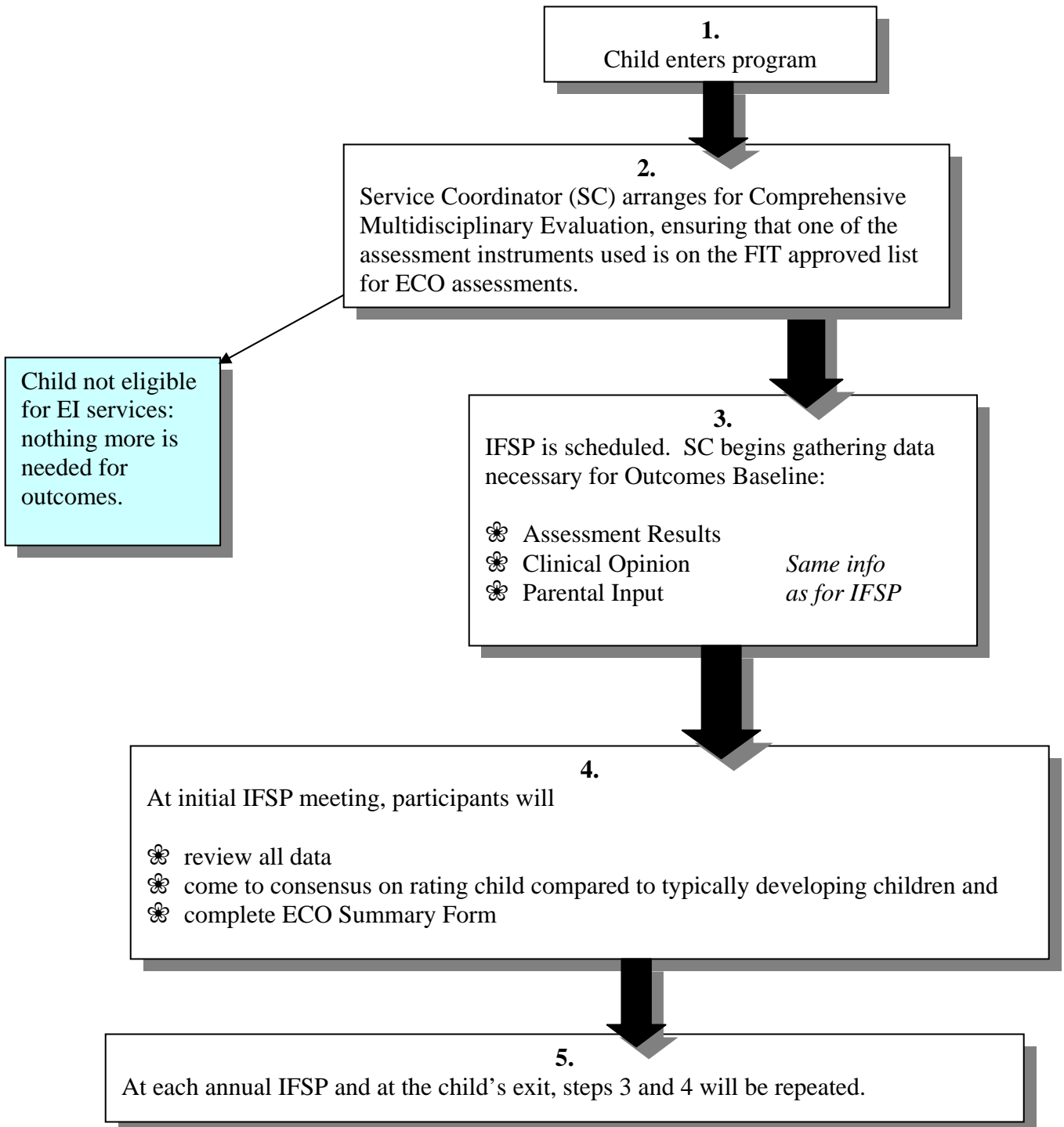
FOR EXAMPLE, children:

- Use gestures, sounds, words, signs or other means to communicate wants, needs, thoughts and preferences.
- Meet their self-care needs (feeding, dressing, toileting, etc.). Their ability to meet self-care needs allows them to participate in everyday routines and activities.
- Use their ability to modulate themselves.
- Use objects (for example, forks, sticks, pencils, crayons, clay, scissors, switches, other devices, etc.) as tools in appropriate ways.
- Move from place to place or seek help to do so in order to participate in everyday activities, play, and routines.
- Seek help when necessary to assist with basic care or other needs.
- Demonstrate understanding of rules related to health and safety.
- Adapt to new settings and situations (transitions, such as moving from home to school, from playtime to naptime, etc.)

II. PROCEDURES (The Who, When & How of It)

A BASIC OVERVIEW

A good place to begin might be by looking at the entire picture. The flow chart below offers an overview of the entire process. The pages following the flow chart contain the details of each step.



THE CHILDREN INCLUDED IN OUTCOME MEASUREMENT

All children entering early intervention services will be included in the baseline measurement with the exception of children who are enrolled with less than 6 months before the scheduled transition date.

FREQUENCY OF OUTCOMES MEASUREMENT

The early child outcome measurement will occur at **entry** during the development of the child's initial IFSP and at the time of the **annual IFSP**, and when a child exits/transitions out of the FIT Program. Every child will be included in the outcomes measurement process twice or more while they are receiving Part C early intervention services through the FIT Program. The first measure is the child's baseline measurement. The second, and for some, the third, fourth or fifth measurements are compared to the baseline measurement to determine the child's level of progress while in Part C services.

Points in Time for Child Outcome Measurement

- At entry
- At each annual IFSP
- At exit

The outcomes measurement at **exit** frequently will occur when the child "transitions" from the FIT Program due to their third birthday. In these cases specific transition activities are planned in the child's IFSP and certain transition requirements must be met. Other children may have a planned exit from the program before they turn three, because they are no longer eligible for FIT supports and services.

Some children may however exit the FIT program for a variety of other reasons that may not be predicted including: family moving out of state; family not able to be contacted, family withdraws from the FIT program; or a child dies. Obviously, an outcome measurement at exit in these circumstances may be challenging. In these cases the most recent outcomes measurement information will be used as exit data. If there is no second outcomes data point, it may be decided in consultation with the FIT Program, to not include this child's information in the data collection system.

SOURCES OF INFORMATION USED FOR DETERMINING EARLY CHILDHOOD OUTCOMES

Multiple sources of information will be used to determine the status for each of the childhood outcomes. Most of this information needed is collected as part of the planning for the development of the child's IFSP or as part of a child's transition.

The use of **multiple sources of information** as part of the initial evaluation and ongoing assessment is currently required in Part C services in New Mexico, is considered to be best practice (research-based), and is recommended practice in the FIT Evaluation and Assessment Technical Assistance Document and by the Division of Early Childhood (Council for Exceptional Children). Thus, collecting child assessment information is currently part of the process in developing an effective IFSP development with the family and is not an added step.

At a minimum, the following sources of information are required in determining a child's status relating to the three early childhood outcomes.

- 1. Results of assessment instrument(s)**
- 2. Parent/Caregiver input**
- 3. Informed clinical opinion**

More detailed information on each area is listed below:

Results of Assessment

One of the following assessment instruments is required for use in the measurement of the 3 statewide indicators for improvement in infants and toddlers with IFSPs. (with the exception of infants under the age of 6 months)

Best Practice Recommendations For Use in Outcomes Measurement²
✿ Hawaii Early Learning Profile (HELP)
✿ AEPS
✿ The Ounce
✿ IDA

Acceptable For Use in Outcomes Measurement³	
✿ High Scope COR Infant Toddler	✿ Birth to 3: Comp. Test of Developmental Abilities
✿ Batelle Developmental Inventory	✿ Oregon Project: For Visually Impaired & Blind Preschool Children - Skills Inventory
✿ ELAP	
✿ DAYC	

² These instruments have met all "best practice" criteria established by the Tools and Methodology subcommittee for the NM Early Childhood Outcomes Stakeholders

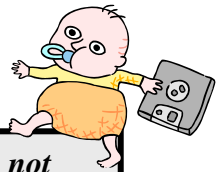
³ These instruments have been or are being "cross walked" by the national Early Childhood Outcomes Center for reference to the OSEP outcomes.

Current early childhood assessments are not designed to measure the three early childhood outcomes directly. However, the authorized assessment instruments for New Mexico include items that describe behavior that are a part of or directly related to one or more of the three early Childhood *outcomes*. The key question is, "How much information will the assessment provide about the attainment of the three outcomes?" The assessment instruments authorized for use by NM FIT Providers were chosen because of their ability to provide information on these outcome indicators, because they have been cross walked (or will be cross walked) nationally with the OSEP indicators, and because of the familiarity most providers have with these tools.

Instruments that are not on the list may be considered upon request to the FIT Program. These requests must be accompanied by the following information:

- ✿ Justification for use of the requested tool and how it will adequately address the three outcome indicators, and
- ✿ Explanation of why the requested tool is more beneficial to your agency than the tools listed above.

Prerequisite skills for appropriately completing early childhood assessment measures include a good understanding of typical early childhood development. Further, providers need to have a good understanding of atypical development. Providers should also thoroughly know and be able to complete one of the authorized assessment tools.



Important Note for Infant Assessment: For infants under the age of 6 months, it may not always be helpful to use one of the assessment tools required for all other children. Providers may be exempt from using one of the otherwise required tools as long as they utilize a tool of their choice along with clinical observation/opinion to assess infants under the age of 6 months.

Parent/Caregiver Information and Input

The summary information for childhood outcomes is expected to take into account the child's functioning across a full range of situations and settings. Parents and other caregivers are the key source of information for developing an IFSP that reflects their priorities and concerns. Likewise, parents and family caregivers have unique insights about their child's abilities across settings and daily routines. Gathering information about children from parents concerning

early childhood outcomes is an important and required component of this system. Gathering information from parents should be infused into the information gathering process that is completed as part of the steps for the child's evaluation, developing the IFSP and collecting child outcome data.

Parents need to know that child outcome information is being collected as part of required program accountability. A parent brochure entitled, *How Do We Know Early Intervention Services Help Infants, Toddlers and Families?* (See Appendix E) should be discussed and shared with parents.

In addition to parental input, it may be helpful to solicit information from childcare providers and other family members, as appropriate.

Clinical Opinion

Service providers, professionals, child care providers, etc. have valuable information about a child's developmental status regarding the three child outcomes, as well as input for IFSP planning and evaluation. Again, gathering information for the early childhood outcomes should just be part of routine information gathering to develop, implement and evaluate a child's IFSP. The information may come from reports or assessments completed by professionals (e.g., speech/language specialist), observations of the child, and review of medical and other records, etc.

The Service Coordinator should specifically inquire about the child's development with service providers who are familiar with the child, through direct questions concerning the child outcomes. For instance, in a discussion with an Occupational Therapist who sees the child every other month, the Service Coordinator may ask a direct question, "Do you think Billy's use of appropriate actions or behaviors to meet his routine needs is comparable to other children his age?" If the answer is no, then ask, "Do you think Billy has improved his functioning in this area since you have been working with him?" If the answer is yes, then ask, "Do you think he is getting closer in his performance in this area to children his age than where he was at when you first saw him?"

In addition to direct verbal input from service providers, other methods to gather clinical opinion include: service providers' notes about the child's performance in different situations and settings, progress made on IFSP outcomes/objectives, and issues identified in the IFSP planning, implementation and/or evaluation processes. It may also be appropriate to include physicians' input.

BRINGING THE INFORMATION TOGETHER: UTILIZING THE NEW MEXICO EARLY CHILDHOOD OUTCOME SUMMARY FORM AND PROCESS

New Mexico will utilize the Early Child Outcome Summary Form (see Appendix B) to document early child outcomes and methods used for making child outcome decisions. (This form and its use are based on the work of the National Early Childhood Outcomes Center.)

Using a Team Approach

Each early intervention provider will use a team process to complete the NM Early Childhood Outcomes Summary Form. The Service Coordinator, working with the child and family, will be responsible for gathering all the information outlined above (e.g., assessment and evaluation results, observations of the child performance across settings and situations by individuals, including parents and other caregivers, who regularly interact with the child). This Summary Form is being used because it allows providers to use various child assessments in reporting child outcomes and aggregates multiple sources of information about the child to make child outcome decisions.

In addition to the Service Coordinator, the team will include at least one other discipline or supervisor with a thorough understanding of early childhood development and early childhood assessments. The team will review the information collected by the Service Coordinator about the child, decide if

Key features of the Early Childhood Outcome Summary Form and practices include:

- It uses information from assessments and observations to get a global sense of how the child is doing.
- It is not an assessment.
- It is based on a rating scale that considers a child's functioning compared to other children of the same age - their distance from typical.
- It is based on a child's functioning, what a child generally does across settings and situations, and not what a child can do under ideal circumstances.
- It documents children's movement toward typical development, which is one type of evidence that early intervention is effective.
- It documents the extent of children's progress which is further evidence of effectiveness of early intervention.
- It provides a rating of the overall sense of a child's current functioning for the three outcomes.
- It does not rate or summarize:
 - Information *on the services* provided to the child,
 - The family's satisfaction with services,
 - An explanation of why the child is functioning at a specific level, or
 - Information for planning for the individual child. Information at a rich, detailed level will be more helpful for early intervention planning purposes.
- It can be used in a team process to enrich decisions made about a child.
- It provides a common framework for deciding on child outcomes, which promotes uniformity in implementation of the overall child outcome system in an agency and across the state.

further information is needed, and once all the necessary information is collected, they will come to consensus on rating each child outcome, and complete the Early Childhood Outcomes Summary Form. Details for this process are listed in the Section 2.

Completion of the New Mexico Early Childhood Outcomes Summary Form

Overview: The New Mexico Early Childhood Outcomes Summary Form consists of a cover sheet and one page to rate each outcome. For each outcome there is a page to record the status of the child outcome based on seven categories. For subsequent measures, progress is also recorded and there is space for listing the supporting evidence.

The Early Childhood Outcome Summary Form includes summary ratings that have several advantageous features:

Ratings on each child outcome are a snapshot of:

- The whole child,
- Child functioning, and
- The child across settings and situations.

Rather than ratings based on:

- Skill by skill,
- In only one standardized way, or
- Domains.

Ratings require:

- Looking at functional behaviors, and
- Collecting and synthesizing input from many sources familiar with the child in many different settings and situations.

Ratings account for:

- The many different ways that children function effectively,
- Forms of effective functioning that are less common,
- Patterns of behavior that may interfere with future development, and,
- The use of assistive technologies and accommodations.

The Definitions for Outcome Ratings table contains details of each of the rating categories. This can be found on the last page of the Early Child Outcome Summary Form (see Appendix B).

The highest category in the scale is considered typical or age-appropriate development. Each successive category is a degree of distance from age expectations.

The ratings scale spans from "completely" - for a child who shows behaviors and skills expected for their age, to "not yet" - for a child that does not yet show behaviors and skills expected for their age, nor any immediate

foundational skills upon to build age expected skills.

Rating categories are described for "Completely," "Somewhat," "Emerging," and "Not Yet." Additionally, there are rating categories to use for a child that is between two of the described rating categories and has some of the characteristics of each category.

Children included in the early child outcomes system for OSEP will have at least

two measures completed that must be at last six months apart. At the child's initial IFSP the first child outcome category is determined on the rating scale, which becomes the base line for that child.

When the child has their annual IFSP or exits/transitions from services (so long as it is at least 6 months from the baseline measure), there would be another rating for each outcome.

Also, for each outcome the team should answer the question, "Has the child shown any new skills or made progress for the outcome?" Remember, this can be documented from any of the sources previously described and not just from an assessment instrument. Even though a child is rated as "not yet" on the scale at the second rating, a child can still have progressed from where they were one year ago. That is why the second question is asked about progress for each outcome.

Detailed Instructions for Completion of the NM ECO Form

(1) The Service Coordinator will complete the Early Childhood Outcomes Summary Form's first page. **It is extremely important that all information on the form matches the information that has been entered into FIT KIDS.**

- a. **Date Summary Form Completed:** This will almost always be the date that the IFSP was held.
- b. **Name of Service Coordination Agency:** Only the agency who is providing the service coordination on the child/family will initiate this form. A space is provided for use of your agency's stamp, or the agency's name can be written in.
- c. **Child's Name:** Remember to use the name that was used in FIT KIDS.
- d. **Child's Date of Birth**
- e. **Child's Social Security Number**
- f. **Child's eligibility category:** Please be accurate with this.
- g. **Persons Involved in Deciding the Summary Ratings:** The team members' names in "deciding the summary ratings" can be added at the meeting.
- h. **Family Information on Child Functioning:** Check the box that applies.

Want even more direction? Additional instructions from the National ECO Center for completion of this form can be found in Appendix C.

- (2) The Service Coordinator will gather all the information related to the three early child outcomes and will have access to the child's record if additional information is needed.
- (3) The team will review the Definitions for Outcome Ratings (last page of Appendix B) and will consider the following:

Does the information collected about child outcomes include:

- Assessment information about the child's development?
- Assessment information reported in ways that reflect the child's development according to what children of a particular age are expected to do within their culture?
- Information about the child's functioning in different settings?
- Information about the child's functioning in different situations and across normal routines?
- If appropriate for the child, information about any assistive technology and/or accommodations available across settings that assist the child's functioning?
- Parent information related to outcomes about their child's abilities and progress?
- Professionals and other service provider's information and input related to the outcomes about the child's abilities and progress?
- Progress made on IFSP outcomes/objectives?
- Developmental status notes identified in the IFSP planning, implementation and/or evaluation processes?
- Information about the child's functioning related to the child outcomes from any other observations, notes, etc.?

- (4) For each child outcome, the team will:
 - review the child outcome information collected by the Service Coordinator about the child,
 - decide if further information is needed for any child outcome,
 - discuss and come to consensus about a rating on the scale for each child outcome.
 - Check off the rating on the Early Childhood Outcomes Summary Form for each child outcome, and

- enter the information to the "Supporting evidence for answer to question "a" for each child outcome (1a., 2a., and 3a.). This includes:
 - the source(s) of the evidence listed under, "Sources of early child information on page 18.
 - Date the evidence was collected (e.g., date of the assessment, last observation date, date of conversation with professional about child outcomes), and
 - Summary of Relevant Results (e.g., the items most relevant to the specific outcome).

An example of a completed evidence table is provided below (Adapted from the , National Early Childhood Outcomes Center.

Source of Information	Date	Summary of Relevant Results
Candace's Mom	8/12/06	Mom reports that when Candace eats by herself, she makes a big mess. She eats finger foods, but does not use a fork or spoon. She uses a "sippy cup" with two hands. Mom reports that she has not begun to toilet train Candace. Candace does not let Mom know when she has a wet or soiled diaper. She pulls off her socks when getting ready for bed.
Candace's Child Care Provider	8/4/06	Child care provider said that Candace is learning to use a spoon, but usually uses her fingers to feed herself. Candace uses diapers and tugs on the diaper after it is wet or soiled.
Assessment Instrument (List the name of the tool used)	Administered 7-25-06	Depending on tool used, indicate the child's level of development in age ranges, if possible. For example, Self-Help: Eating – 12-15 months Self-Help: Dressing – 15-18 months Self-Help: Grooming – 18-21 months Self-Help: Toileting -- <15-18 months
Developmental Specialist	Observed over 3 week period in July and August, 2006	Observed at her child care providers' site during structured activities and during unstructured play time. She clapped and jumped during a group song. During free play, Candace tended to sit quietly unless engaged in a play activity by her caregiver. Candace did not object to having her hands washed by the caregiver, but needed assistance.

Note: How many decisions the team makes and how much of the form is completed will depend on whether this is, (1) the first measurement (baseline) for the child across the three outcomes or (2) subsequent outcome measurement for the child.

Baseline Measurement: During the baseline outcome rating, the team only completes items, 1a., 2a., and 3a., which includes, (1) the rating for each outcome and (2) the "Supporting Evidence" information for each outcome.

Do not complete items 1b., 2b., or 3b., during the baseline measure.

Use the Definitions for Outcome Ratings Table to make the rating for each child objective (back page of Appendix B)

Subsequent Measurement will begin with the child's first annual IFSP:

During the subsequent outcome ratings for a child, the team completes all items, (1) 1a., 2a.; and 3a. (the 7 point rating for each outcome), (2) "Supporting Evidence" information, **and** (3) items 1b., 2b., or 3b. First complete all items for Outcome 1, then 2, then 3.

Reporting Child Outcome Progress

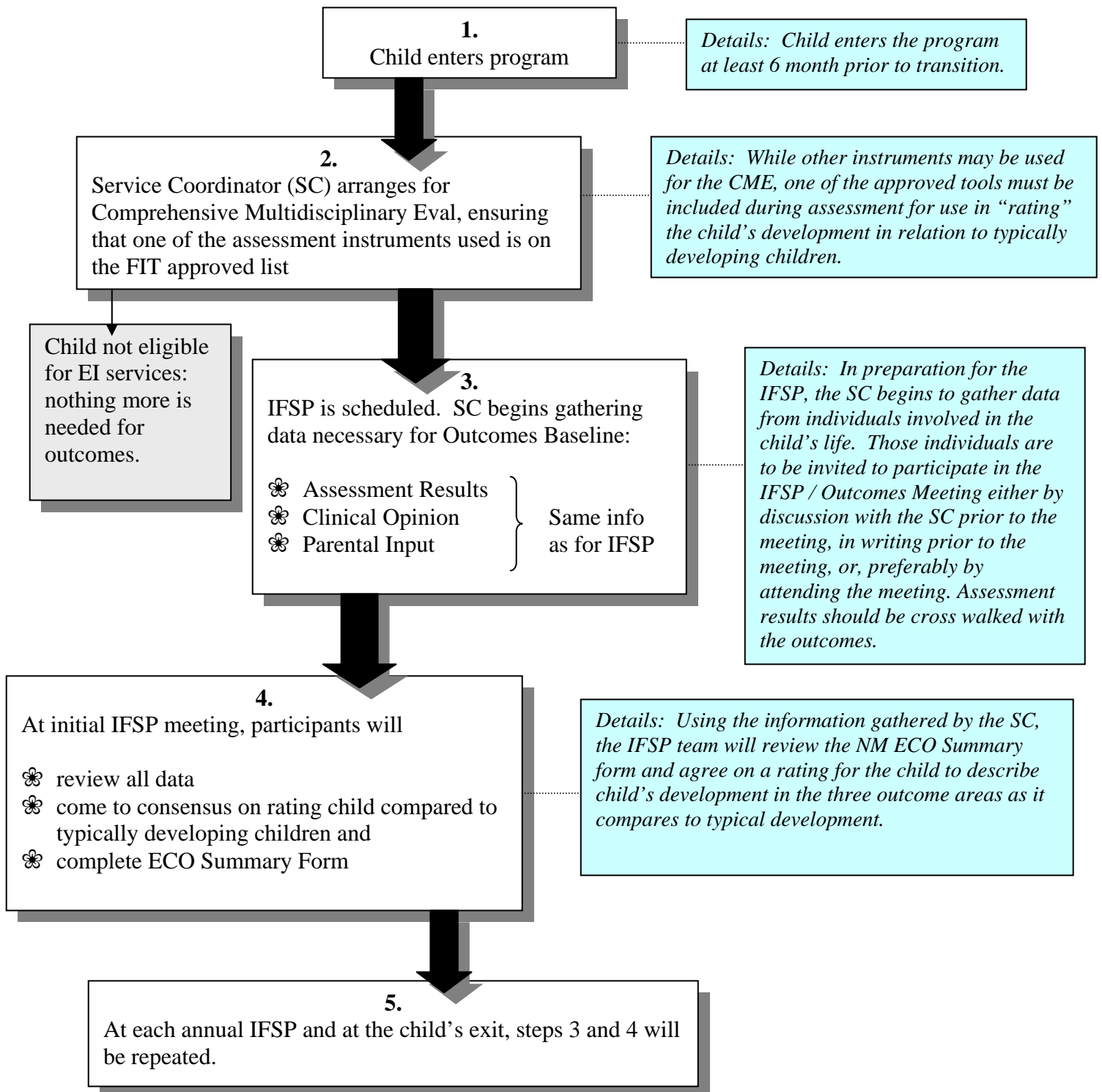
For the OSEP reporting purpose, the completion of the Early Childhood Outcomes Summary Form will be sufficient for each of the early intervention agencies. The data on the form will be converted to match OSEP measurement levels at the state level.

Monthly, please send a copy of all completed Early Childhood Outcomes Summary Forms to your Regional Manager until otherwise directed.

Storage of the NM ECO Summary Form

The NM ECO Summary Form(s) for each child should be stored in each child's file after a copy has been sent to the FIT Regional Manager. For most children, there will be two or more Early Child Outcome Summary Forms that will be completed for a child over their time in the FIT Program. In order to complete all forms after the baseline, the Service Coordinator and Team will need the previously completed Child Summary Forms to complete the current rating form. Since the team may ask questions that the Service Coordinator will have to find elsewhere in the child's files (e.g., specific assessment items, report from a PT), the file will need to be brought to the meeting. In addition, it is important for Service Coordinators to follow a child's progress, both for providing the best services for the child and to track how he or she is doing relative to the child outcomes. Thus, this information needs to be readily accessible.

REVIEW OF PROCESS FOR MEASURING EARLY CHILDHOOD OUTCOMES



APPENDIX A: DEFINITIONS OF TERMS

Different sources use words like “outcomes” and “indicators” differently. Accordingly, for purposes of communication, the ECO Center has adopted the following definitions:

- ✿ **Outcome** A statement of a measurable condition(s) desired for the population of children with disabilities or their families (e.g., children show physical and motor competence). *(See example below.)*
- ✿ **Indicator** A measure or metric that serves to quantify whether the outcome has been obtained (e.g., an assessment of motor skills). Indicators may reflect only one aspect of an outcome or one perspective, and thus multiple indicators sometimes provide better evidence of the achievement of an outcome. *(See example below.)*
- ✿ **Measure or measurement** The method or tool used to collect the data for the indicator (e.g., a survey or a specific assessment such as the Battelle Developmental Inventory).
- ✿ **Evidence statement** A statement that incorporates a statistic and provides evidence as to whether or not an outcome has been achieved (e.g., the percentage of children showing gains in motor skills). *(See example below.)*
- ✿ **Outcomes system** A process for the regular collection, analysis, reporting, and use of indicator data.

Outcome	Indicator	Evidence Statement
As a result of services, children demonstrate positive social emotional skills	% of children who <ul style="list-style-type: none"> • Maintain... • Reach... • Improve... • Do not improve... ...functioning at a level comparable to same-aged peers	% of children who reached or improved functioning at a level comparable to same-aged peers

APPENDIX B: New Mexico Early Childhood Outcomes Summary Form

Date Summary Form Completed:

Month		Da		Year			

Type of ECO Summary Form Completed (please check):

Initial
 Annual
 Exit

Name of Service Coordinating Agency

Child's Name:

Last Name

First Name

Middle Initial.

Child's Birthdate:

Month		Day		Year			

Month

Day

Year

Child's eligibility category (please check)

- Developmental Delay
- Estab. Medical Condition
- Medical/Biological risk
- Environmental risk

Child's Social Security Number:

			-			-				
--	--	--	---	--	--	---	--	--	--	--

Persons Involved in Deciding Summary Ratings

Name	Role

Family Information on child functioning (Check all that apply):

- Received in team meeting
- Collected separately
- Incorporated into assessment



NEW MEXICO
Family Infant Toddler Program



**1. POSITIVE SOCIAL-EMOTIONAL SKILLS
 (INCLUDING SOCIAL RELATIONSHIPS)**

To answer questions 1a and 1b below, think about the child's functioning in these and closely related areas, as indicated by assessments and based on observations from individuals in close contact with the child. **The following examples may not be age appropriate, particularly for infants, and are included only for general guidance.**

- ❁ *Demonstrate attachment with the significant caregivers in their lives.*
- ❁ *Initiate and maintain social interactions.*
- ❁ *Behave in a way that allows them to participate in a variety of settings and situations, for example, on the playground, at dinner, at the grocery store, in childcare, etc.*
- ❁ *Demonstrate trust in others.*
- ❁ *Build and maintain relationships with children and adults.*
- ❁ *Regulate their emotions.*
- ❁ *Understand and follow rules.*
- ❁ *Solve social problems.*
- ❁ *Use a system of communication to interact in social situations*

1a. To what extent does this child show **age appropriate functioning**, across a variety of settings and situations, on this outcome? (Check a category below)

Rate child's functioning in comparison to a typically developing child of the same age!

Not Yet	Emerging	Somewhat	Completely

Supporting evidence for answer to Question 1a.

Source of Information	Date	Summary of Relevant Results
Assessment Instrument Results: Instrument Used: <hr/>		
Clinical Observation/Opinion by: _____ (SLP, DS, OT, etc.)		
Caregiver Input:		

1b. (If Question 1a has been answered on a previous outcome summary): Has the child shown any new skills or behaviors related to positive social-emotional skills (including positive social relationships) since the last outcomes summary? (Circle one number)

Yes **1.** Describe progress:

No **2.**



2. ACQUIRING AND USING KNOWLEDGE AND SKILLS

To answer questions 2a and 2b below, think about the child's functioning in these and closely related areas, as indicated by assessments and based on observations from individuals in close contact with the child. **The following examples may not be age appropriate, particularly for infants, and are included only for general guidance.**

- ❁ *Displays curiosity and an eagerness for learning.*
- ❁ *Explores their environment.*
- ❁ *Explores and plays with people and objects including toys, books and other materials.*
- ❁ *Engages in daily learning opportunities through manipulating toys and other objects in an appropriate manner.*
- ❁ *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, for example, by completing a puzzle or building a fort.*
- ❁ *Acquires and use the precursor skills that will allow them to begin to learn reading and mathematics in kindergarten.*
- ❁ *Shows imagination and creativity in play.*

2a. To what extent does this child show age appropriate functioning, across a variety of settings and situations, on this outcome? (Check a category below)

Rate child's functioning in comparison to a typically developing child of the same age!

Not Yet	Emerging	Somewhat	Completely

Supporting evidence for answer to Question 2a.

Source of Information	Date	Summary of Relevant Results
Assessment Instrument Results: Instrument Used:		
Clinical Observation/Opinion by: _____ (SLP, DS, OT, etc.)		
Caregiver Input:		

2b. (If Question 2a has been answered on a previous outcome summary): Has the child shown any new skills or behaviors related to acquiring and using knowledge and skills since the last outcomes summary? (Circle one number)

Yes **1.** Describe progress:

No **2.**



3. USING APPROPRIATE ACTION TO MEET NEEDS

To answer questions 3a and 3b below, think about the child's functioning in these and closely related areas, as indicated by assessments and based on observations from individuals in close contact with the child. **The following examples may not be age appropriate, particularly for infants, and are included only for general guidance.**

- ❖ *Use gestures, sounds, words, signs or other means to communicate wants, needs, thoughts and preferences.*
- ❖ *Meet their self-care needs (feeding, dressing, toileting, etc.). Their ability to meet self-care needs allows them to participate in everyday routines and activities.*
- ❖ *Use their ability to modulate themselves.*
- ❖ *Use objects (for example, forks, sticks, pencils, crayons, clay, scissors, switches, other devices, etc.) as tools in appropriate ways..*
- ❖ *Move from place to place or seek help to do so in order to participate in everyday activities, play, and routines.*
- ❖ *Seek help when necessary to assist with basic care or other needs.*
- ❖ *Demonstrate understanding of rules related to health and safety.*
- ❖ *Adapt to new settings and situations (transitions, such as moving from home to school, from playtime to naptime, etc.)*

3a. To what extent does this child show age appropriate functioning, across a variety of settings and situations, on this outcome? (Check a category below)

Rate child's functioning in comparison to a typically developing child of the same age!

Not Yet	Emerging	Somewhat	Completely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Supporting evidence for answer to Question 3a.

Source of Information	Date	Summary of Relevant Results
Assessment Instrument Results: Instrument Used:		
Clinical Observation/Opinion by: _____ (SLP, DS, OT, etc.)		
Caregiver Input:		

3b. (If Question 3a has been answered on a previous outcome summary): Has the child shown any new skills or behaviors related to taking appropriate action to meet needs since the last outcomes summary? (Circle one number)

Yes **1.** Describe progress:

No **2.**



DEFINITIONS OF OUTCOME RATINGS

<p>Completely means</p>	<ul style="list-style-type: none"> • Child shows functioning expected for his or her age in all or almost all everyday situations that are part of the child's life. Functioning is considered appropriate for his or her age. • No one has any concerns about the child's functioning in this outcome area.
<p>Between Completely and Somewhat</p>	<ul style="list-style-type: none"> • Child's functioning generally is considered appropriate for his or her age but there are some concerns about the child's functioning in this outcome area. These concerns may be substantial enough to suggest monitoring or possible additional support. • Although age-appropriate, the child's functioning may border on not keeping pace with age expectations.
<p>Somewhat means</p>	<ul style="list-style-type: none"> • Child shows functioning expected for his or her age some of the time and/or in some situations. Child's functioning is a mix of age appropriate and not appropriate functioning. • Child's functioning might be described as like that of a slightly younger child.
<p>Between Somewhat & Emerging</p>	<ul style="list-style-type: none"> • Child shows some but not much age-appropriate functioning.
<p>Emerging means</p>	<ul style="list-style-type: none"> • Child does not yet show functioning expected of a child of his or her age in any situation. • Child's behaviors and skills include immediate foundational skills upon which to build age appropriate functioning. • Functioning might be described as like that of a younger child.
<p>Between Emerging & Not Yet</p>	<ul style="list-style-type: none"> • Child's behaviors and skills include some immediate foundational skills but these are not displayed very often across settings and situations.
<p>Not Yet means</p>	<ul style="list-style-type: none"> • Child does not yet show functioning expected of a child his or her age in any situation. • Child's skills and behaviors also do not yet include any immediate foundational skills upon which to build age appropriate functioning. • Child's functioning might be described as like that of a much younger child.

APPENDIX C: INSTRUCTIONS FOR COMPLETING THE EARLY CHILDHOOD OUTCOMES SUMMARY FORM

Directions for Completing the Form:

1. Page 1: Provide all the requested information. Please print legibly.
2. Questions 1A, 2A and 3A: Check only one rating for each outcome. Definitions for the scale categories are provided with each summary form.
3. Supporting evidence: Provide the evidence that supports the rating. Indicate the source of the evidence (e.g., parent, speech therapist, day care provider, XYZ assessment) and the nature of the evidence from the source. A sample completed evidence table is provided on page 26.
4. Questions 1B, 2B and 3B: (*do not complete for baseline rating*) Circle one number to indicate if the child has made progress since the previous outcomes rating. Progress is defined as the acquisition of at least one new skill or behavior related to the outcome.

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

This outcomes summary asks you to consider and report on what is known about how this child behaves across a variety of settings and situations. Children are with different people (for example, mother, big brother, babysitter) and in different settings (for example, home, grocery store, playground). The purpose of the summary is to get an overall picture of how the child behaves across the variety of people and settings in his or her life. For each of the three summary questions, you need to decide the **extent to which the child displays behaviors and skills expected for his or her age** related to each outcome area.

The summary scale is based on a developmental framework that assumes:

1. Children develop new skills and behaviors and integrate those skills and behaviors into more complex behaviors as they get older;
2. These skills and behaviors emerge in a somewhat predictable developmental sequence in most children, thus allowing for descriptions of what 2 year olds generally do, what 3 year olds generally do, etc.;
3. The development of children with disabilities can be compared to the development of their same-age peers.
4. Some of the skills and behaviors that develop early serve as the foundation for later skills and behavior, or expressed another way, later skills build on earlier skills in predictable ways. Teachers and therapists can use the earlier skills to help children move to the next higher level of functioning developmentally. We refer to these earlier

skills that serve as the base and are conceptually linked to the later skills, as “**immediate foundational skills.**” For example, children play along side one another before they interact in play.

5. Some children’s development is characterized by delays, meaning they acquire skills and behaviors at a substantially slower pace than other children.
6. Some children’s development is atypical in that their functioning is so different from that of other children their age that it is considered outside the limits of age expected behavior for children of that age.

Use the following information to help you answer each question:

- ✿ Ratings are expected to take into account the child’s functioning across a full range of situations and settings. Therefore, information from many individuals in contact with the child could be considered in deciding on a rating. These may include (but are not limited to): parents and family members, caregivers or child care providers, therapists, service providers, case managers, teachers, and physicians. If there is not enough information available about a child’s functioning across settings and situations, you will need to gather more information before you can decide on a rating.
- ✿ Many types of information could be considered in selecting a rating. These may include (but are not limited to): parent and clinical observation, curriculum-based assessments, norm-referenced assessments, service provider notes about performance in different situations, and progress and issues identified in the IFSP/IEP or individualized planning process.
- ✿ Depending on the assessment tool, assessment tools can be a useful source of information for reaching a summary decision but resulting information should be placed in context with other information available about a child. Many assessment tools are domain-based and were not designed to provide information about functional behaviors and functioning across a variety of situations. Knowing that a child has or has not mastered assessment items that are related to the outcome provides helpful information but the information should be used in conjunction with what else is known about the child. A high score on a set of items in a domain related to the outcome might not mean the child has achieved the outcome and, conversely, a low score might not mean the child has not achieved it.
- ✿ Ratings should reflect the child’s current functioning across settings and in situations that make up his/her day. Ratings should convey the child’s functioning across multiple settings and in everyday situations, *not* his/her capacity to function under ideal circumstances.
- ✿ A standardized testing situation is an unusual setting for a young child. If the child’s functioning in a testing situation differs from the child’s everyday functioning, the rating should reflect the child’s everyday functioning.

- ✿ If the child is from a culture that has expectations that differ from published developmental milestones for when young children accomplish common developmental tasks, such as feeding themselves or dressing themselves, use the expectations for the child's culture to decide if child's functioning is at the level expected for his or her age.
- ✿ If assistive technology or special accommodations are available in the child's everyday environments, then the rating should describe the child's functioning using those adaptations. However, if technology is only available in some environments or is not available for the child, rate the child's functioning with whatever assistance is commonly present. Ratings are to reflect the child's **actual** functioning across a range of settings, *not* his/her capacity to function under ideal circumstances if he or she had the technology.

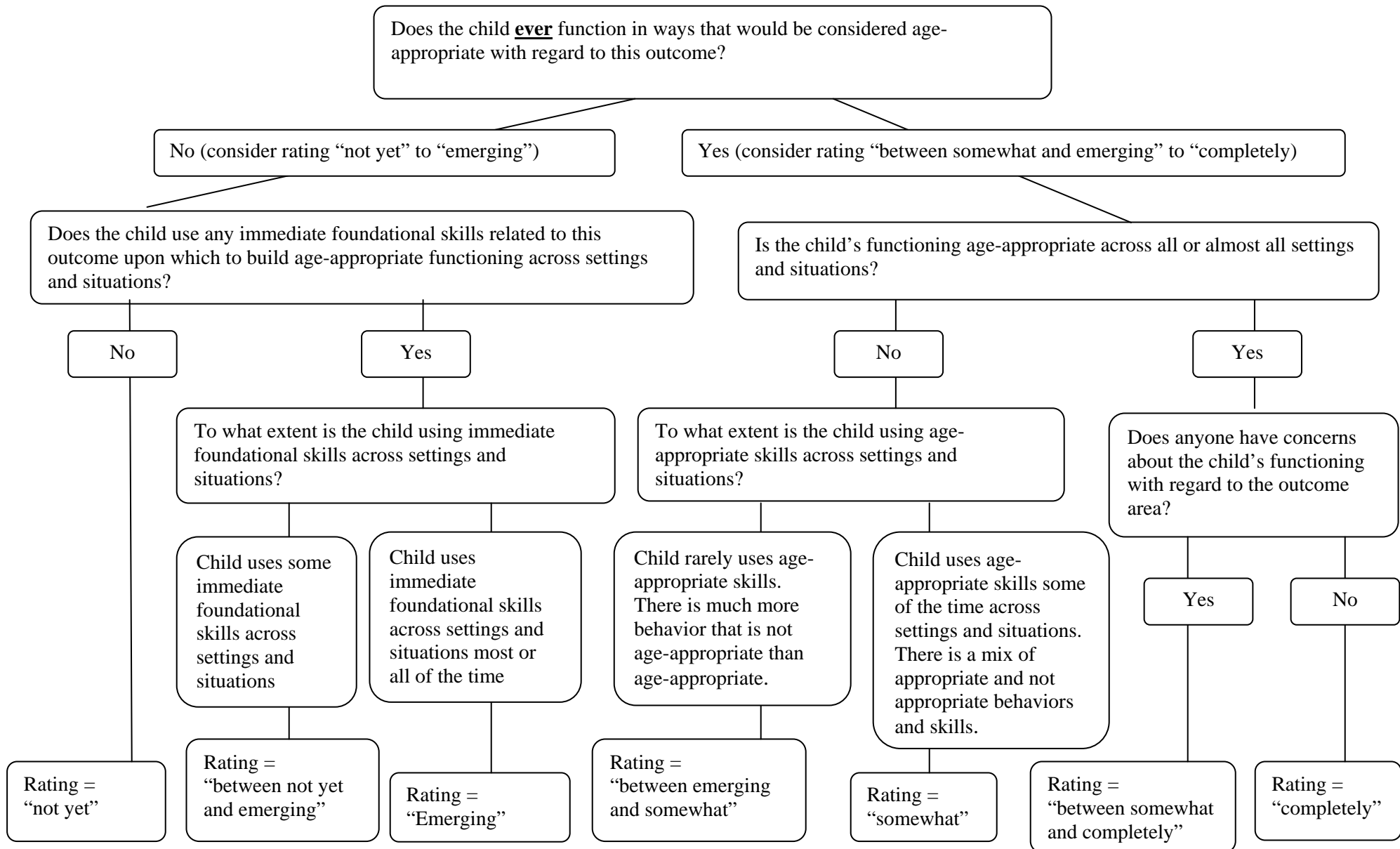
Additional Information

The outcomes reflect several beliefs about young children:

- ✿ It is important that all children be successful participants in a variety of settings both now and in the future. Achieving the outcomes is key to being successful participants.
- ✿ Programs for young children and their families are working to ensure that all children will have the best possible chance of succeeding in kindergarten and later in school – even though school might be several years off for some children. Children who have achieved the outcomes prior to kindergarten entry have a high probability of being successful in kindergarten.
- ✿ Learning and development occur continuously in the years preceding kindergarten. There is much variation in how children develop but children whose development is consistently below what is expected for their age are at risk of not being successful in kindergarten and later school years.

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

APPENDIX D: DECISION TREE FOR SUMMARY RATING DISCUSSIONS



Appendix E: Parent/Caregiver Information Regarding Outcomes Assessment

The overarching goal of early intervention is:

To enable young children to be active and successful participants during the early childhood years and in the future in a variety of settings - in their homes with their families, in child care, preschool or school programs, and in their community.

Children receiving early intervention services move toward this goal by demonstrating improvement in the following outcome areas.

1. Positive social-emotional skills (including positive social relationships)
2. Acquisition and use of knowledge and skills (including early language/communication)
3. Use of appropriate behaviors to meet their needs

The Family Infant Toddler (FIT) Program contracts with more than 30 early intervention agencies throughout the state of New Mexico to provide services locally.

FIT Program staff can be reached:

- by phone at 505-827-2574
- or toll free at 877-696-1472
- by fax at 505-827-2455
- or on the web at <http://www.health.state.nm.us/ddsd/fit>

**New Mexico
Department of
Health**



How Do We Know Early Intervention Services Help Infants, Toddlers and Families?

Information for Caregivers About
Measuring Early
Childhood Outcomes



How Do We Know Early Intervention Helps?

The federal government requires each state to report information about whether early intervention programs have positive results for children served. This is part of the national push for accountability - the government simply needs to show that money spent on early intervention makes a difference. This is not additional reporting about your individual child. It is more like a "report card" for the program itself.

Who needs this information?

The required information will be reported to the Family Infant Toddler (FIT) Program in the New Mexico Department of Health and to the U.S. Department of Education's Office of Special Education Programs. This information will be available to parents and the general public.

Information with your name or your child's name will never be attached to federal reports.

U.S. reporting is done in terms of **percentages of all children served.**

Why is this information needed?

Outcome information is required by the IDEA law (Individuals with Disabilities Education Act of 2004). This information is needed to make improvements in statewide services, to justify money spent on early intervention, and to try to get more federal and state funding for these services in New Mexico.

What information about my child is required?

Developmental assessment information about each child is needed to determine if progress has been made. The information includes three early childhood outcomes: (1) Children have positive social relationships, (2) Children acquire and use knowledge and skills (like early communication skills), and (3) Children take appropriate action to meet their needs.

Where will the information about my child's development come from?

Information will be gathered at the time of your initial and annual Individualized Family Service Plan (IFSP). Some of this information is gathered from formal child assessment but other information is gathered from talking with you, any other caregivers who are involved in your child's life, and professionals who work with your child regularly.

Will my child need to have any additional assessments?

No, the only assessment information needed will come from the assessment information used to develop your IFSP.

How can I be involved as a parent?

Parents are always encouraged to be involved in their child's assessment. You know your child best! Parents, as part of the IFSP team, help determine their child's development under this early childhood outcomes measurement process.

When the information about my child is gathered, will our names be attached?

No, your name or your child's name will not be attached to any of the information that needs to be reported outside of the FIT Program.

Is other information collected about early intervention services?

Yes. At some point during each year, some families will receive a survey. The survey will ask about how helpful early intervention services have been in supporting your family.

Where can I get additional information?

- Talk to your Service Coordinator.
- Contact the FIT Program at the numbers on the other side of this brochure.
- Visit the FIT website at <http://www.health.state.nm.us/ddsd/fit>



