

**Delaware Child Outcomes Summary Form (COSF) Training**  
**March 10, 2009**  
**Dover, DE**

**Process Agenda with Links to Handouts and Trainer Materials**  
(note: trainer materials highlighted in yellow)

Objectives:

As a result of this event, participants will be able to

1. Describe various purposes for collecting and reporting child outcomes data
2. Use the Child Outcomes Summary Form (COSF) with increased accuracy
3. Appreciate the need for data quality

9:00 – 9:10 **Welcome and overview for the day**

9:10 – 9:30 **Review of key information**

- History and background
- Why collect outcomes data?
- What we're learning about child outcomes measurement
- The nation's child outcomes data
- Delaware's child outcomes data

9:30 – 10:30 **Child Outcomes Summary Form (COSF) refresher**

- Essential knowledge for completing the COSF
- Outcomes jeopardy
- Understanding the 1-7 ratings
- Immediate foundational skills

Handouts and exercises –

State COSF

Decision tree

[http://www.fpg.unc.edu/~eco/assets/pdfs/Decision\\_Tree.pdf](http://www.fpg.unc.edu/~eco/assets/pdfs/Decision_Tree.pdf)

Rating definitions

[http://www.fpg.unc.edu/~eco/assets/pdfs/Definitions\\_Outcome\\_Ratings.pdf](http://www.fpg.unc.edu/~eco/assets/pdfs/Definitions_Outcome_Ratings.pdf)

Immediate foundational skills

[http://www.fpg.unc.edu/~eco/assets/pdfs/Immediate\\_foundational\\_skills.pdf](http://www.fpg.unc.edu/~eco/assets/pdfs/Immediate_foundational_skills.pdf)

Age-expected child development resources

[http://www.fpg.unc.edu/~eco/assets/pdfs/Age-expected\\_child\\_dev\\_9-5-07.pdf](http://www.fpg.unc.edu/~eco/assets/pdfs/Age-expected_child_dev_9-5-07.pdf)

COSF rating scale descriptor statements

[http://www.fpg.unc.edu/~eco/assets/pdfs/COSF\\_Scale\\_Descriptors\\_w-buckets.pdf](http://www.fpg.unc.edu/~eco/assets/pdfs/COSF_Scale_Descriptors_w-buckets.pdf)

Matching COSF ratings with statements

[http://www.fpg.unc.edu/~eco/assets/pdfs/Matching\\_COSF\\_Ratings\\_with\\_statements.pdf](http://www.fpg.unc.edu/~eco/assets/pdfs/Matching_COSF_Ratings_with_statements.pdf)

Matching COSF ratings with statements answer key

Immediate foundational skills exercise

[http://www.fpg.unc.edu/~eco/assets/pdfs/AE-IF-F\\_activity\\_30\\_month\\_old.pdf](http://www.fpg.unc.edu/~eco/assets/pdfs/AE-IF-F_activity_30_month_old.pdf)

Immediate foundational skills answer key

[http://www.fpg.unc.edu/~eco/assets/pdfs/AE-IF-F\\_activity-ANSWER\\_KEY.pdf](http://www.fpg.unc.edu/~eco/assets/pdfs/AE-IF-F_activity-ANSWER_KEY.pdf)

10:30 – 10:45 **Break**

10:45 – 11:30 **Best practice for outcomes measurement**

- Functional assessment for outcomes measurement
- The COSF team process
- Involving the family

Handouts and exercises –

Bayley III crosswalk – Attachment 1

Vineland crosswalk – Attachment 2

Carolina Curriculum for Infants and Toddlers with Special Needs

[http://www.fpg.unc.edu/~eco/assets/pdfs/Carolina\\_inf-todd\\_crosswalk.pdf](http://www.fpg.unc.edu/~eco/assets/pdfs/Carolina_inf-todd_crosswalk.pdf)

Carolina Curriculum for Preschoolers with Special Needs

[http://www.fpg.unc.edu/~eco/assets/pdfs/Carolina\\_preschool\\_crosswalk\\_12-13-06.pdf](http://www.fpg.unc.edu/~eco/assets/pdfs/Carolina_preschool_crosswalk_12-13-06.pdf)

“What are ‘Functional’ Skills and Outcomes?”

[http://www.fpg.unc.edu/~ECO/assets/pdfs/Functional\\_outcomesHO.pdf](http://www.fpg.unc.edu/~ECO/assets/pdfs/Functional_outcomesHO.pdf)

Activity- What is a functional outcome

[http://www.fpg.unc.edu/~eco/assets/docs/Functional\\_skills\\_exercise.doc](http://www.fpg.unc.edu/~eco/assets/docs/Functional_skills_exercise.doc)

“What are ‘Functional’ Skills and Outcomes?” – answer key

[http://www.fpg.unc.edu/~eco/assets/docs/Functional\\_skills\\_exercise\\_answers.doc](http://www.fpg.unc.edu/~eco/assets/docs/Functional_skills_exercise_answers.doc)

Quality review – COSF team discussion – Scenario 2

[http://www.fpg.unc.edu/~eco/assets/pdfs/Quality\\_Review\\_Team\\_discussion.pdf](http://www.fpg.unc.edu/~eco/assets/pdfs/Quality_Review_Team_discussion.pdf)

Link to team discussion video

<http://www.wiu.edu/users/starnetv/mov/Outcomesb.mov>

Quality review – family participation – Scenario 3

[http://www.fpg.unc.edu/~eco/assets/pdfs/Including\\_Families\\_video\\_handout.pdf](http://www.fpg.unc.edu/~eco/assets/pdfs/Including_Families_video_handout.pdf)

[Link to team discussion video](http://www.wiu.edu/users/starnetv/mov/Outcomesb.mov)

<http://www.wiu.edu/users/starnetv/mov/Outcomesb.mov>

Role of Families in Outcomes Measurement

[http://www.fpg.unc.edu/~eco/assets/pdfs/Role\\_of\\_Families.pdf](http://www.fpg.unc.edu/~eco/assets/pdfs/Role_of_Families.pdf)

11:30 – 11:45 **How the data will be used**

- The five progress categories
- Getting from the COSF ratings to OSEP progress categories

Handouts and exercises –

Federal reporting categories --

[http://www.fpg.unc.edu/~eco/assets/pdfs/Federal\\_Reporting\\_Categories.pdf](http://www.fpg.unc.edu/~eco/assets/pdfs/Federal_Reporting_Categories.pdf)

Exercise – Converting COSF data to OSEP progress categories

[http://www.fpg.unc.edu/~eco/assets/pdfs/COSF\\_to\\_progress\\_categories.pdf](http://www.fpg.unc.edu/~eco/assets/pdfs/COSF_to_progress_categories.pdf)

[Exercise – Converting COSF data to OSEP progress categories – answer key](http://www.fpg.unc.edu/~eco/assets/pdfs/COSF_to_OSEP_requirements_9-29-06.pdf)

[http://www.fpg.unc.edu/~eco/assets/pdfs/COSF\\_to\\_OSEP\\_requirements\\_9-29-06.pdf](http://www.fpg.unc.edu/~eco/assets/pdfs/COSF_to_OSEP_requirements_9-29-06.pdf)

11:45 – 12:45 **Lunch**

12:45 – 1:45 **COSF demonstration and implementation discussion**

- Local teams demonstrate COSF process
- Q&A with local team
- Implementation discussion – results of implementation survey

Handouts and exercises --

COSF discussion prompts –

[http://www.fpg.unc.edu/%7EECO/assets/pdfs/COSF\\_discussion\\_prompts\\_4-4-07.pdf](http://www.fpg.unc.edu/%7EECO/assets/pdfs/COSF_discussion_prompts_4-4-07.pdf)

[Guidance for running a COSF team demonstration](http://www.fpg.unc.edu/~eco/assets/pdfs/Guidance_for_COSF_Demonstration.pdf)

[http://www.fpg.unc.edu/~eco/assets/pdfs/Guidance\\_for\\_COSF\\_Demonstration.pdf](http://www.fpg.unc.edu/~eco/assets/pdfs/Guidance_for_COSF_Demonstration.pdf)

1:45 – 2:00 **Data quality**

- Quality assurance strategies to implement before, during, and after the completion of the COSF

2:00 – 2:30 **Quality indicators for the completed COSF**

- Checking the form for completeness, accuracy, and relevance

Handouts and exercises --

Guidance for reviewing a completed COSF –

[http://www.fpg.unc.edu/~eco/assets/pdfs/Guidance\\_for\\_reviewing\\_COSFs.pdf](http://www.fpg.unc.edu/~eco/assets/pdfs/Guidance_for_reviewing_COSFs.pdf)

Preschool -- Emily – check for errors

[http://www.fpg.unc.edu/~eco/assets/pdfs/COSF\\_review\\_EmilyRev.pdf](http://www.fpg.unc.edu/~eco/assets/pdfs/COSF_review_EmilyRev.pdf)

Preschool -- Emily – check for errors – answer key

[http://www.fpg.unc.edu/~eco/assets/pdfs/COSF\\_Review\\_Emily\\_TRAINERNOTES.pdf](http://www.fpg.unc.edu/~eco/assets/pdfs/COSF_Review_Emily_TRAINERNOTES.pdf)

Part C –Theresa – check for errors

<http://www.fpg.unc.edu/~eco/assets/pdfs/COSF-Review-TheresaRev1-23-09.pdf>

Part C –Theresa – check for errors – answer key

[http://www.fpg.unc.edu/~eco/assets/pdfs/COSF\\_Review\\_Theresa\\_TRAINERNOTESrev1-23-09.pdf](http://www.fpg.unc.edu/~eco/assets/pdfs/COSF_Review_Theresa_TRAINERNOTESrev1-23-09.pdf)

2:30 – 3:00     **Documenting the rating**

- How and why summarize relevant results

Handouts and exercises --

COSF with evidence boxes -

[http://www.fpg.unc.edu/~eco/assets/pdfs/COSF\\_documentation-supporting\\_evidence\\_activity.pdf](http://www.fpg.unc.edu/~eco/assets/pdfs/COSF_documentation-supporting_evidence_activity.pdf)

Documentation key –

[http://www.fpg.unc.edu/~eco/assets/pdfs/Documentation\\_Key-Mecklenburg.pdf](http://www.fpg.unc.edu/~eco/assets/pdfs/Documentation_Key-Mecklenburg.pdf)

Preschool child example -- Kim – 35 months old (Attachment 3)

Part C child example -- Kim—17 months old (Attachment 4)

3:00 – 3:30

**Wrap up and next steps**

Putting it all together

**Attachment 1**

**Bayley Scales of Infant and Toddler Development – Third Edition:  
Crosswalk to Child Outcomes**

Note: Because the Bayley is a norm-referenced, standardized assessment, the subscale scores are the smallest unit of information that can be used to reach conclusions about the extent to which a child is demonstrating each of the functional outcomes. This table shows how the subscales map to the three outcomes. Under each subscale, the X indicates the outcome area to which the subscale score contributes information. The item information under the X provides the rationale for why the subscale was classified as providing information for that outcome.

	<b>Outcome 1 Positive social relationships</b>	<b>Outcome 2 Acquire and use skills and knowledge</b>	<b>Outcome 3 Takes action to meet needs</b>
<b>Subscale: COGNITIVE (Cog)</b>		X	
<b>Cognitive (Cog)</b>		<ul style="list-style-type: none"> <li>▪ Cog 1-39 (Precursor Skills: attention and anticipatory behavior; exploration of environment; self awareness; object retention; cause and effect; object permanence)</li> <li>▪ Cog 40 – 55 (Simple problem solving; relational play; following instructions)</li> <li>▪ Cog 56-69 (problem solving; attends to story; object assembly, matching; representational play; imitation; imaginary play)</li> <li>▪ Cog 70- 91 (numeracy; multischeme combination play; grouping; sorting; classification; spatial memory; discrimination)</li> </ul>	
<b>Subscale: LANGUAGE (Lang)</b>	X	X	X
<b>Language: Receptive Communication (RC)</b>	<ul style="list-style-type: none"> <li>▪ RC 9-14 (Responds to name; responds to words; attends others; responds to request)</li> </ul>	<ul style="list-style-type: none"> <li>▪ RC 1-8 Precursor Skills: turns head to sound; regards person momentarily; responds to voice, discriminates sound, interacts with objects)</li> <li>▪ RC 9-14 (Responds to name; responds to words; attends others; responds to request)</li> <li>▪ RC 15-29 (Identification; following directions)</li> <li>▪ RC 30-49 (Grammar; labels for mass and size; understanding more, most, less, and least; understanding negatives;</li> </ul>	

		tense; descriptive labels; categorizing objects)	
<b>Language:</b> Expressive Communication	<ul style="list-style-type: none"> <li>▪ EC 2-7 (Precursor skills: smiling; vocalizing mood; social vocalization; gaining attention)</li> <li>▪ EC 11 (Participates in play routine)</li> <li>▪ EC 17 (Initiates play interaction)</li> </ul>	<ul style="list-style-type: none"> <li>▪ EC 1-13 (Precursor skills: making sounds; smiling; vocalizing mood; social vocalization; vowel sounds, consonant sounds; gaining attention; using gestures; expressive jabbering)</li> <li>▪ EC 14- 29 (One word approximations; imitation; Directing others attention; appropriate use of words; naming object or picture, responding to questions)</li> <li>▪ EC 30-48 (Grammar; questioning, tense; Describing pictures; object usage; answering questions)</li> </ul>	<ul style="list-style-type: none"> <li>▪ EC 3-12 (Precursor skills: social vocalization; gaining attention, using gestures; expressive jabbering)</li> <li>▪ EC 19 (uses words to make wants known)</li> </ul>

<b>Subscale:</b> <b>MOTOR</b>			X*
<b>Motor:</b> Fine Motor (FM)			▪ FM 1-66 (Movement precursors to taking action)*
<b>Motor:</b> Gross Motor (GM)			▪ GM1-72 (Movement precursors to taking action)*

<b>Subscale:</b> <b>SOCIAL-EMOTIONAL (SE)</b>	X	X	X
<b>Social Emotional (SE)</b>	<ul style="list-style-type: none"> <li>▪ SE 1-11 (getting attention; responsiveness)</li> <li>▪ SE 12-13 (Happy response when sees person; responds by making sounds or faces, interaction through expressions or actions)</li> <li>▪ SE 15-16, 21 (Exchanges looks, sounds, or actions; responds with appropriate gesture, uses words)</li> <li>▪ SE 35 (Has conversations)</li> </ul>	<ul style="list-style-type: none"> <li>▪ SE 18 (Imitation,)</li> <li>▪ SE 22, 24-27, 29, 34 (Imitates play, uses words, plays make-believe)</li> </ul>	<ul style="list-style-type: none"> <li>▪ SE 14 (Gestures to show what he/she wants)</li> <li>▪ SE 17, 19, 20, 23, (Actions to show what he/she wants; searches for what he/she wants with or without help; says what he/she wants)</li> <li>▪ SE 28, 31-33 (describes feelings and wants; explains wants; asks for what he/she wants)</li> </ul>

<b>Subscale:</b> <b>ADAPTIVE BEHAVIOR</b>	X	X	X
<b>Adaptive Behavior:</b> Communication (Com)**	<ul style="list-style-type: none"> <li>▪ Com 1-2, 4, 9 (Attends to others; cries; laughs)</li> <li>▪ Com 23-24 (Ends conversation appropriately, refrains from interrupting)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Com 6-18 (Names people and objects ; points to objects; responds to question; follows directions)</li> <li>▪ Com14-22 (Sings song, grammar, sentence usage, names objects, asks</li> </ul>	<ul style="list-style-type: none"> <li>▪ Com 3, 5 (Expresses feelings and needs vocally; raises voice for attention)</li> </ul>

		questions)	
<b>Adaptive Behavior:</b> Community Use (CU)			<ul style="list-style-type: none"> <li>▪ CU 2, 16,18-20 ( Walks on sidewalk; looks both ways before crossing street, Finds restroom in public places, orders meals, makes purchases)</li> </ul>
<b>Adaptive Behavior:</b> Functional Pre-Academics (FA)		<ul style="list-style-type: none"> <li>▪ FA 1-23 (Colors; counting; knowing, reading, and spelling name; age; writing; days of the week, knows nursery rhymes)</li> </ul>	<ul style="list-style-type: none"> <li>▪ FA 18 (Reading and obeying signs)</li> </ul>
<b>Adaptive Behavior:</b> Home Living (HL)			<ul style="list-style-type: none"> <li>▪ HL 1-2, 5-9, 11-12, 14-18, 20-25 (Performs household chores and tasks , feeds self, cleans up after self, makes bed, folds clothes)</li> </ul>
<b>Adaptive Behavior:</b> Health and Safety (HS)**			<ul style="list-style-type: none"> <li>▪ HS 1-24 (Follows directions to avoid danger; expresses when hurt; takes action to avoid injury; cares for own minor injuries)</li> </ul>
<b>Adaptive Behavior:</b> Leisure (LS)**	<ul style="list-style-type: none"> <li>▪ LS 1-22 (Playing alone, with adults, or in groups; following game rules)</li> </ul>		<ul style="list-style-type: none"> <li>▪</li> </ul>
<b>Adaptive Behavior:</b> Self Care (SC)**			<ul style="list-style-type: none"> <li>▪ SC (Feeds self; drinks from cup; assists caretaker with self care activities; asks for food, washes hands, toileting, brushes teeth, dresses self, bathes self)</li> </ul>
<b>Adaptive Behavior:</b> Self Direction (SD)**	<ul style="list-style-type: none"> <li>▪ SD 10, 12-14, 18,20-21,22,23 (Follows adult request and rules, controls temper, asks permission, discusses ways to solve conflicts)</li> </ul>		<ul style="list-style-type: none"> <li>▪ SD 11, 24 (Tries to do things without adult help; chooses own clothes)</li> </ul>
<b>Adaptive Behavior:</b> Social (Soc)**	<ul style="list-style-type: none"> <li>▪ Soc 1-24 (Smiles; sense of humor; responds differently to familiar and unfamiliar persons; shares toys; says thank you; shows sympathy; seeks friendship; expresses feelings; refrains from saying hurtful things.</li> </ul>		
<b>Adaptive Behavior:</b> Motor (MO)**			<ul style="list-style-type: none"> <li>▪ MO 1-27 (Movement precursors to taking action)*</li> </ul>

\*Precursor skills for functional behaviors. These skills may not be appropriate or expected for some children with motor impairments

\*\* For children younger than one year, the GAC is calculated using only those skill areas indicated by an asterisk.

**Note: Draft developed at state request. This draft has not been through the ECO review process to establish consistency with the crosswalks posted on the ECO web site.**

**Attachment 2**

**Vineland Adaptive Behavior Scales Second Edition (Vineland-II): Crosswalk to Child Outcomes**

Note: Because the Vineland is a norm-referenced, standardized assessment, the subdomain scores are the smallest unit of information that can be used to reach conclusions about the extent to which a child is demonstrating each of the functional outcomes. This table shows how the Vineland’s subdomains map to the three outcomes. Under each subdomain, the X indicates the outcome area to which the subdomain score contributes information. The item information under the X provides the rationale for why the subdomain was classified as providing information for that outcome.

Domain/Subdomain	<b>Outcome 1 Positive social relationships</b>	<b>Outcome 2 Acquire and use skills and knowledge</b>	<b>Outcome 3 Takes action to meet needs</b>
Communication/ Expressive	X	X	X
	Interactive speech	Pre-speech expression, beginning to talk, interactive speech, expressing complex ideas	Expresses wants or needs
Communication/ Receptive		X	
		Understanding, listening and attending, following instructions	
Communication/ Written		X	
		Beginning to read, reading skills, writing skills	
Daily Living Skills/ Personal			X
			Eating and drinking, toileting, grooming, dressing, bathing, health care
Daily Living Skills/ Community			X
			Telephone skills, restaurant skills, job skills, computer skills
Daily Living Skills/ Domestic			X
			Safety at home, kitchen chores, housekeeping
Socialization/ Interpersonal Relationships	X		
	Expressing emotions		

Socialization/ Play and Leisure Time	X		
	Playing, sharing and cooperating, going places with friends		
Socialization/ Coping Skills	X		X
	Controlling impulses, apologizing, transitions, responsibility, manners		Appropriate social caution
Motor Skills			X
			Drawing and using scissors, manipulating objects, using keyboard

**Note: Draft developed at state request. This draft has not been through the ECO review process to establish consistency with the crosswalks posted on the ECO web site.**

**Attachment 3****Preschool Child Example – Kim at 35 Months of Age****A. Medical and Developmental Background:**

Kim Doe, who is currently 35 months of age, was referred to the 619 program from Early intervention. She had been referred to Early Intervention at 17 months, by her pediatrician, Dr. Johnson, due to failure to thrive associated with cardiac anomalies, encephalitis, spasticity (most likely cerebral palsy) and seizures. Dr Johnson's current health report for Kim provides a diagnosis of cerebral palsy, with significant spasticity. The history of seizure activity has resolved and Kim no longer takes medication. Her heart function has stabilized. Kim is still followed by neurology, in addition to her pediatrician, Dr. Johnson.

Kim had been hospitalized off and on in a hospital out of town for the majority of her first 14 months of life due to seizures, numerous viral infections and significant nutritional issues. Kim had an NG tube from 6 months of age until she was successfully weaned from it by 20 months. Since that time she has been able to maintain steady, typical weight gain. She has maintained height and weight in the 25- 30<sup>th</sup> percentile for her age. However, she remains a very picky eater, who is orally hypersensitive with frequent choking or gagging when trying new foods.

Mrs. Doe thinks that early intervention has helped Kim make significant gains and supported the families' capacity to care for her. Mrs. Doe is really interested in getting special education and related services started without delay. Now that Kim is more medically stable, Mrs. Doe is interested in returning to work, and wants to explore a preschool placement where Kim can receive special education services.

The most recent report from the early intervention occupational therapist included home observation and discussion with Kim's Mom.

Kim was able to hold and drink from a souted cup, but arm movements remain spastic and she often splashes and or knocks over the cup when setting it down. She can finger feed a variety of small, soft foods, such as cut soft bread sandwiches, soft cooked vegetables, soft fruits, etc. She is beginning to use a spoon more effectively. Although she can chew effectively, she continues to have choking responses to rough, hard or chewy textures (meats, raw vegetables, fruits, etc) Her mother reports she continues to feed baby food to maintain nutrition, while having Kim practice using her spoon to feed herself at least half the meal. Mrs. Doe has a list of foods she is gradually introducing in small bites to increase Kim's ability to accept the foods the family typically eats.

Kim was able to assist with dressing (raise an arm, step into a pants leg when held). But due to significant challenges in moving her arms and legs she can not yet undress or dress independently. She can open and close Velcro tabs. Mrs. Doe reports that Kim has strong preferences and insists on choosing her clothes each day.

Kim has functional receptive language skills and routinely follows 2-3 step directions. She knows the names of her toys, colors, and various household objects. Kim uses 2-3 word phrases, expresses her wishes and dislikes with both words and gestures. Her pronunciation has not kept up with the vocabulary she tries to use. Kim tantrums 1-3 times daily when she can not communicate her desires, especially to her sister Jana (5 1/2 years old), since Kim is very motivated to play with her. Kim both initiates and reciprocates play interactions with adults and other children. She picks up and hands others books to read or toys to play with. She seeks the attention of her family "Look Kim". When other children visit, Kim wants to play, but motorically can not keep up. She needs a lot of adult facilitation and direction to imitate what the other children are doing. She loves making noises and shaking noisy toys. She laughs easily and cries when frustrated. She can sit with support or rise up from her stomach to play on the floor with toys. Outdoors, she loves swinging in her adapted seat and pool play if an adult can help her balance.

Kim can sit without support, but may lose her balance when reaching for and grabbing toys. She sometimes can sit back up on her own but not always. She can crawl and roll. She has a wheel chair, but spends much play time out of it. When put in a standing position, she can hold a couch or chair and stand 1-2 minutes on her own. She is just beginning to try a side ways step.

## **B. Family Routines and Priorities**

What are the daily routines/activities of your child and family (**where and with whom your child spends time**)?

- Mrs. Doe gets the 2 girls up together, and dresses Kim. Kim uses her highchair to join Jana at the table. Breakfast for both girls is usually hot cereal and fruit (soft bits for Kim). Mrs. Doe usually lets Kim try to feed herself while she gets Jana 's breakfast set up, then feeds Kim to finish efficiently.
- During the week Mr. Doe takes Jana to school on the way to work. Mrs. Doe spends most of the time at home during the day with Kim. She can run errands and pick Jana up at 3:00.
- Kim eats small meals every 3-4 hours. Mrs. Doe with the help of the EI OT has developed a list of foods she is gradually introducing to Kim, so she eats more of the foods her family eats. This has been successful, with Kim motivated to eat “big girl” foods. Rough textured or hard to chew foods are the most difficult. Kim is just beginning to eat v. small bites of hamburger or meatloaf.
- Kim likes to play on the living floor with Jana. She does so several times a day. Jana likes to interact with Kim during the play time, looking at books together or handling toys. When Jana doesn't understand a vocalization, Kim gets frustrated and Jana walks away, often resulting in Kim's temper displays and crying
- Mrs. Doe's parents live close by and visit several times during the day each week. They almost always spend time with Kim and Jana after church on Sundays. They are more comfortable caring for Kim for short periods, but only if Kim is in her wheel chair. They worry they could hurt her if they have to lift her into the chair.
- TV time, after supper is also a chance to have Kim practice standing by holding the coach, or a parent's fingers, sit up on the floor without support and play with toys. Both girls take baths, often together, in the evening. Mrs. Doe has been helping Kim sit, but Jana has been able to steady her recently and Mom can just monitor closely. This a favorite time of day and helps Kim relax. Mr. Doe usually reads to both girls and bedtime is 8:00-8:30.

Are there other routines or activities you would like to establish? These can be routines or activities that your family would like **to do now or in the future**.

- Mrs. Doe would like Kim to stand and walk during their TV play time so she can more independently access her environment
- Just recently, Mrs. Doe has been trying to do her floor exercises and Jana and Kim want to join her, as well. Mrs. Doe wants ideas about what they could all do that especially will help Kim get stronger and more flexible.
- Mrs. Doe wants to go back to work as a nurse, at least part time. She wants Kim to go to a preschool near her sister's school and receive special education services there.
- Kim is willing to be “potty-trained” but often doesn't communicate her need to go in time. This frustrates Kim, often resulting in tears.
- Mrs. Doe would like to have more support from Mr. Doe and Kim's grandparents in caring for Kim and Jana. She is hoping they could learn how to handle her when she is not in the wheel chair, so they don't worry about “hurting her”.

Who are the people and what are the toys, activities, routines, and places your child **enjoys** the most?

- Kim likes riding in the car. The Doe's have an adapted car seat for Kim.

- Kim likes to be read books by her grandparents. She also enjoys playing games with them (rhyming songs, clapping games)
- She likes to make noise and toys that make noises.
- She likes to play with Jana and the neighbor children. However, she needs adult support to interact. She is often frustrated and cries when the children don't understand her. Jana is usually willing to play and figure out what Kim wants, but not when the other kids are visiting.
- Kim loves water play.
- Kim enjoys being with most adults, especially her grandparents.

Which routines or activities are **challenging** for you or your child?

- Mealtime
- Playtime with other children
- Potty-time

**What are your family concerns related to your child's development** (Including anything your family identifies that would help to improve your ability to meet the needs of your child)?

- Mrs. Doe wants Kim to walk. The wheel chair is convenient, but Mom wants Kim to keep getting stronger and learning to walk.
- Mrs. Doe wants Kim to be potty trained, but hates to have her upset by "accidents"
- Several times a day, Kim cries and fusses because Kim's parents and sister do not always understand what she wants or needs.
- Kim needs more activities she can successfully play with other children. Mom hopes preschool will help.
- Mom is worried that Kim's need to eat many small meals may not fit well with a preschool schedule. She wants to learn what foods the preschool serves so she can start working with Kim on accepting those foods. She's worried Kim may not maintain her weight if she (Mom) isn't there to feed her.

**What are your family priorities related to your child's development?**

Kim's mom has prioritized the following concerns to be addressed immediately by the team:

- Kim goes to a preschool where she can learn more ways to play with other children.
- Kim is able to get the number of meals and foods she needs to maintain weight at preschool, but also learn to eat more foods that the others eat.
- Kim can better communicate what she wants to other children.
- Kim gets stronger so she can walk. Mom wants to learn floor exercises she and the girls can do together.
- Kim learns ways to tell adults she needs the potty and she not to get so upset with accidents.

**What are your family resources**, including family, friends, community groups, financial supports, etc., that are helpful to you?

- Kim usually spends her day at home with her mom and sister.
- Kim's maternal grandparents spend time with Kim and her family almost every Sunday after the family returns from church. Her grandparents are helpful with Kim and Jana.
- Transporting Kim to the store, church, etc. is easy.
- Evening play time, bath time and bed time is fun for everyone.

### **C. Child Developmental Information**

**Child Strengths:** At 35 months of age, Kim is a very social child, motivated to please others and interact with adults and children. Her receptive vocabulary is clearly a strength. She knows many words, but she is hard to understand, due to poor oral motor control and articulation issues. It typically takes 1-2 weeks to have Kim accept a new food, going from tiny to more normal size pieces. She is motivated to keep building her list (kept on the cabinet) of “big girl” foods she eats. Kim watches people and is very interested in what is happening around her; she tries to join in play. Kim is able to sit independently, but can lose her balance. She is beginning to stand supported.

**Child Concerns:** Some of Kim’s challenges or needs include reducing the choking or gagging and tolerating a wider array of foods; improving communication and reducing crying; learning ways to play with other children without constant adult assistance. She also needs to continue to improve self feeding with a spoon and assisting in dressing.

**Expressive and Receptive Language:** (\*E-LAP-24 months) Regularly follows a sequence of 2 directions. Recognizes names of familiar objects. Answers yes and no questions. Refers to self by name. Uses 2-3 word phrases. Uses action verbs. Asks questions. Knows and repeats simple songs and rhymes. Pronunciation, articulation is poor, Mom frequently interprets Kim’s responses for others.

**Gross Motor:** (\*E-LAP-10 months) Sits independently. Rolls, crawls. When placed at a couch or pulled to a stand, Kim can stand supported for 1-2 minutes. She tries to take a step while supported or holding to couch.

**Cognitive:** (\*E-LAP-27 months) Uses toys functionally (hits with hammer; rocks a doll). Uses tools and people to make things happen. Knows and anticipates routines. Differentiates colors. Can name and sort “like things.” It is hard to assess Kim’s cognitive level due to motoric challenges.

**Social-Emotional:** (\*E-LAP-33 months) Kim seeks and is motivated by praise; enjoys interacting with others, and is strongly attached to her parents, sister and maternal Grandparents. She is very interested in playing with other children. She cries and fusses when she is not understood. She can be soothed by reassurance and problem-solving. She is happy and often pleased with her activities. “Kim good girl”. She is somewhat shy with new adults but warms to them quickly.

**Self Help /Adaptive:** (\*E-LAP 12 months) Finger feeds, uses spoon, holds and drinks from lidded cup with frequent spills and messes. She spoon feeds herself slowly. She is increasing the kinds of foods she can eat. She can sit independently for short periods and assists in bathing herself. Can hold, and shake toys. Can turn pages of thick card board books. She is not able to assist much in dressing/undressing due to her motor challenges.

**Hearing:** (Normal)

**Vision:** (Normal)

**Health:** Kim’s health has steadily improved. She is followed by neurology with regular check ups, but no seizures have been noted for over a year. Height and weight is in the 20-30% range of normal for her age.

Assessment Summary included observations, interview with mother, Use of various tools:

\*Early Learning and Development (E-LAP) primary source for estimated developmental age in months.

See

### Summary of Assessment Information for Outcome 1

#### From observation and parent report

Kim tantrums 1-3 times daily when she can not communicate her desires, especially to her sister Jana (5 1/2 years old), since Kim is very motivated to play with her. Kim both initiates and reciprocates play interactions with adults and other children. She picks up and hands others books to read or toys to play with. She seeks the attention of her family "Look Kim". When other children visit, Kim wants to play, but motorically can not keep up. She needs a lot of adult facilitation and direction to imitate what the other children are doing. She loves making noises and shaking noisy toys. She laughs easily and cries when frustrated.

#### From parent report

- Kim likes to play on the living floor with Jana. She does so several times a day. Jana likes to interact with Kim during the play time, looking at books together or handling toys. When Jana doesn't understand a vocalization, Kim gets frustrated and Jana walks away, often resulting in Kim's temper displays and crying
- She likes to play with Jana and the neighbor children. However, she needs adult support to interact. She is often frustrated and cries when the children don't understand her. Jana is usually willing to play and figure out what Kim wants, but not when the other kids are visiting.
- Kim loves water play.
- Kim enjoys being with most adults, especially her grandparents.

#### From E-LAP

**Social-Emotional:** (\*E-LAP-33 months) Kim seeks and is motivated by praise; enjoys interacting with others, and is strongly attached to her parents, sister and maternal Grandparents. She is very interested in playing with other children. She cries and fusses when she is not understood. She can be soothed by reassurance and problem-solving. She is happy and often pleased with her activities. "Kim good girl." She is somewhat shy with new adults but warms to them quickly.

### Documenting the Rating for Kim for Outcome 1

The team who has assessed and discussed Kim's social skills and behaviors decides upon a rating of '2' for Outcome 1. Using the Documentation Key, determine which information from the assessment summary should be used as supporting evidence for the rating. Complete the COSF with supporting evidence boxes on the next page.

After completing the COSF with supporting evidence boxes for Outcome 1, do you agree or disagree with the rating of 2?

What other information would be helpful to know to verify the rating?

What are some ways to obtain additional information about this outcome area?

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

To answer the questions 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):

- *Relating with adults*
- *Relating with other children*
- *Following rules related to groups or interacting with others (if older than 18 months)*

**1a. To what extent does this child show age-appropriate functioning, across a variety of settings and situations, on this outcome? (Circle one number)**

Not Yet	(2)	Nearly	4	Somewhat	6	Completely
<b>1</b>	<b>(2)</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>

**Supporting evidence for answer to Question 1a**

Age-appropriate functioning  Concerns? No Yes _____ (describe)
Immediate foundational skills/ Functioning that is not age-appropriate
Functioning that is not yet age appropriate or immediate foundational

**1b. (If Question 1a has been answered previously): 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)**

<b>Yes</b>	<b>1</b> →	Describe progress:
<b>No</b>	<b>2</b>	

**Attachment 4****Early Intervention (Part C) Child Example  
Kim at 17 Months****B. Medical and Developmental Background:**

Kim Doe, who is currently 17 months of age, was referred to the early intervention program by David Johnson, MD, her pediatrician, one month ago due to failure to thrive associated with cardiac anomalies, encephalitis, spasticity (most likely cerebral palsy) and seizures. Kim is followed by neurology and cardiology in addition to her pediatrician, Dr. Johnson.

Mrs. Doe reported that she was very stressed by Kim's hospitalizations, especially since she was unable to stay with her near the hospital (out of town) due to her need to care for Kim's sister, Jana. Jana is 4 and does not attend school. Mrs. Doe shared that her parents live nearby and that they have helped care for Jana when she was with Kim. Her parents are not in good health and it is difficult for them to help for long periods of time with Jana and/or Kim. Her greatest concern for Kim is her health. She also wants Kim to continue to gain weight so she can get off the NG tube. Mrs. Doe reports that she has not had a complete night sleep since Kim came home from the hospital due to the night tube feeding.

Kim was last seen by Ms. Davis, her hospital occupational therapist, 2 months ago when Kim had her follow-up neurologist appointment at the hospital out of town. The following developmental information was shared by Ms. Davis based on her evaluation of Kim at that time:

Kim was able to drink about one ounce of liquid from a spouted cup when it was held for her. She accepted a variety of foods (different tastes, different textures) by spoon and she was able to move the food around in her mouth with her tongue. She had good lip closure. Kim was taking between 5-10 spoonfuls of food per meal (mostly baby food) when seated in an adapted high chair. Mrs. Doe told Ms. Davis that Kim was not eating the same foods that her family eats during mealtime. Kim was starting to make munching motions. She was swallowing liquids of varying consistencies, as well as soft foods, without choking. When new textures or foods were introduced Kim choked/gagged initially. It was not clear if her gagging and choking was due to oral hypersensitivity as a result of her NG tube or due to neurological concerns. She was holding a spoon and waving it when it was placed in her hand; however, she was not controlling the spoon to scoop food or bring food to her mouth or to finger feed. Kim had continued to gain weight, though Mrs. Doe reports that Dr. Johnson wants Kim to gain more weight before she can come off the night feeding tube.

Kim was not able to assist with dressing due to significant challenges in moving her arms and legs. She attempted to move her arms and legs when dressing but due to spasticity was unable to control her movements. Mrs. Doe reported that Kim enjoyed bath time.

Kim was playing by reaching for and batting toys, touching pictures and making sounds, and watching and making sounds in response to what happened around her. Mrs. Doe described the sound as a "guttural sound in the back of her throat." She was attempting to engage in imitative sound play by making throaty sounds following sounds made by others. She was not babbling or making consonant sounds, which Ms. Davis believed was most likely due to her NG tube since she appeared to have good movement of her lips and tongue. Mrs. Doe reported that Kim sometimes used gestures and sounds to let her mom and dad know when she wanted to be picked up, when she was full or didn't like a particular food. Kim sometimes made choices about which book she wanted to have read to her. Mrs. Doe informed Ms. Davis that Kim cries and fusses when she is not understood (and this was happening several times every day).

Kim was able to support her head well when in an adapted seat, when she was held either in sitting or standing supported at her trunk, and when on her tummy or side. She was able to balance momentarily when propped in the sitting position (hands on the floor or on her knees), but was not able to regain her balance or get herself into the sitting position. She lifted her head and used her abdominals to help get to sitting when assisted to sit toward one side. Kim was able to roll by herself from her stomach to her back but with some difficulty. Kim was also able to roll from her back to her stomach. She moved short distances forward, sideways and backwards lying on her stomach mostly by twisting her body to inch along, though she was trying to pull with her arms and to push with her legs. She was motivated to move to get her toys although she was not able to move far.

Kim appeared to enjoy being with adults and other children. When with other children, especially her sister, Kim watched them, laughed, and attempted to imitate sounds they made. Kim enjoyed sound play with her sister and her mother. She had a preference for toys that made sounds (by moving to, looking at and/or smiling when the toy was presented to her). She especially liked ones that played tunes. She showed recognition of a number of toys and objects by looking at them when they were named.

Kim reached with both hands and was able to move objects by swiping at them. She patted pictures and banged toys. She was able to grasp toys and other objects that were placed in her hand, but was not able to consistently open her hand to pick up an object by herself. She did not bring toys or hands to her mouth due to spasticity.

## **B. Family Routines and Priorities**

What are the daily routines/activities of your child and family (**where and with whom your child spends time**)?

- Jana usually is up before Kim in the morning so Mrs. Doe has time to feed Jana and get her dressed before Kim gets up.
- During the week when Mr. Doe is working, Mrs. Doe spends most of the time at home during the day with Kim and Jana. She is beginning to do some errands with the girls during the day now that Kim is healthy – she had been doing shopping at night when Mr. Doe could be at home with Kim.
- Kim eats small meals every 3-4 hours. She is tube fed twice a day, around 1:00 AM and around 1:00 PM – she will be weaned from the lunch feeding within the next week or so. Mrs. Doe prepares different foods for Kim than the rest of the family.
- Kim likes to play on the living floor with Jana. She does so several times a day. Jana likes to interact with Kim during the play time, showing her books and toys, and attempting to engage her in play.
- Mrs. Doe's parents live close by and visit several times during the day each week. They almost always spend time with Kim and Jana after church on Sundays.
- Jana plays with neighborhood children almost everyday and Kim likes to watch them play and seems to want to play with them.
- Jana usually naps around 2:00 PM everyday and Kim naps around 3:00. Mrs. Doe has about an hour each day to do chores at home when both girls are napping.
- Jana goes to bed at night around 8:00 and Kim goes to bed around 9:30. Mr. And Mrs. Doe usually go to bed around 10:00.
- Mr. Doe and Kim's grandparents are "uncomfortable" feeding Kim and spending long periods of time caring for her. Mr. Doe is not home a lot due to his long hours of work.

Are there other routines or activities you would like to establish? These can be routines or activities that your family would like **to do now or in the future.**

- Mrs. Doe would like to be able to have the family eat the same foods at mealtime and not have to feed Kim different foods. Mrs. Doe has been working on introducing new textures and different foods over the past several months. Kim still gags when new textures/tastes are introduced but gagging reduces as she adjusts to the foods.
- Mrs. Doe would like the girls to be on the same sleep schedule so she has some time to herself and to do household chores.
- Mrs. Doe would like Kim to be around children her own age, especially since she really enjoys watching Jana play with neighbor children. Mrs. Doe would like to explore some child care, respite care opportunities for Kim.
- Mrs. Doe would like to have more support from Mr. Doe and Kim's grandparents in caring for Kim and Jana. She is hoping that Kim's grandparents will be more willing to help with Kim when she is able to eat table foods and not gag. Mrs. Doe understands their reluctance and also recognizes that they are not in the best of health. She knows that caring for Kim is stressful for them – they are afraid they will do something to ‘hurt’ Kim.

Who are the people and what are the toys, activities, routines, and places your child **enjoys** the most?

- Kim likes riding in the car. The Doe's have a car seat for Kim that with guidance from the OT at the hospital they have adapted.
- Kim likes to be read books by her grandparents. She also enjoys playing games with them (peek-a-boo, pat-a-cake)
- She likes toys that make sound.
- She likes to watch Jana and the neighbor children play. She especially likes Jana to interact with her, showing her toys and books.
- Kim enjoys being with most adults, especially her grandparents.

Which routines or activities are **challenging** for you or your child?

- Mealtime
- Nap and bedtime

**What are your family concerns related to your child's development** (Including anything your family identifies that would help to improve your ability to meet the needs of your child)?

- Kim gags and chokes when new foods/liquids are introduced and Kim's mom has to spend a good amount of time working to help Kim overcome her dislikes of new foods and textures – Kim's mom is concerned about how long it will take to transition Kim to table food that the rest of the family eats.
- Kim and her sister are not on the same sleep schedule (going to bed, awaking in the morning or napping during the day) so Kim's mom doesn't always finish all of her chores and is frequently tired as Kim does not yet sleep through the night.
- Several times a day, Kim cries and fusses because Kim's parents and sister do not always understand what she wants or needs.
- Kim attempts to initiate play with her sister but is unable to move very far around the living room on her own and is unable to tell her sister what she wants to play with.
- Grandmother doesn't like to feed Kim because she gags/chokes on new foods.
- Kim is fed every 3-4 hours during the day and is on a feeding tube at night.
- Kim wakes several times during the night taking 10-15 minutes to get back to sleep.

**What are your family priorities related to your child's development?**

Kim's mom has prioritized the following concerns to be addressed immediately by the team:

- Would like Kim to sleep through the night and get both Kim and her sister on the same sleep routine so Kim's mom feels rested and better able to do daily chores.
- Would like Kim to be able to gain enough weight to be off the night tube feeding and for Kim to be able to eat table foods with the rest of the family at meal times.

- Would like Kim to be able to let people know what she wants.

**What are your family resources**, including family, friends, community groups, financial supports, etc., that are helpful to you?

- Kim usually spends her day at home with her mom and sister.
- Kim's maternal grandparents spend time with Kim and her family almost every Sunday after the family returns from church. Her grandparents are helpful with Kim and Jana.
- Transporting Kim to the store, church, etc. is easy.
- Kim spends about 30 minutes 2x/day playing on the living room floor with her sister.

### **C. Child Developmental Information**

**Child Strengths:** At 17 months of age, what's working well for Kim is she is able to drink from a spouted cup (about 1 oz. of liquid) if the cup is held for her. She accepts a variety of foods (different tastes, textures) by spoon when fed, holds a spoon when placed in her hand and waves and bangs it. She is swallowing liquids of varying consistencies, as well as soft foods, without choking. Kim watches people and is very interested in what is happening around her; recognizes and enjoys familiar people and children, likes toys that make sounds, shows recognition of toys and objects by looking at them when named. Kim plays by reaching for and batting toys, patting pictures, holds toys when placed in her hand. Kim is able to hold her head up when in her adapted seat, held supported in a sitting or standing position or when on her tummy or her side; sits momentarily when propped in a sitting position, She lifts her head and uses her abdominals to help get to sitting. She is able to roll from her back to her stomach and moves short distances forward, sideways and backwards lying on her stomach (twisting her body to inch along. She is motivated to move to get her toys, although she is not able to move very far. Kim is able to make throaty sounds and gestures to let her family know when she wants to be picked up, when she is full or doesn't like a particular food; sometimes makes sounds and gestures to indicate what books she wants read to her; enjoys sound play with familiar adults and children and attempts to imitate sounds. Kim enjoys being with familiar adults and children; she watches other children, frequently laughing and smiling at others, cries and fusses when she is not understood (several times a day).

**Child Concerns:** Some of Kim's challenges or needs include choking or gagging when new foods are introduced, does not scoop food or bring spoon to mouth, does not finger feed, needs assistance when drinking from a cup, is not able to assist with dressing or bathing.

### **Assessment Summary**

Assessment included observations, interview with mother and use of the Early Learning and Development (E-LAP) as the primary source for estimated developmental age in months.

**Expressive and Receptive Language:** (5-6 months) Kim is making throaty sounds and gestures to let her parents know when she wants (i.e., when she wants to be picked up, is full or doesn't like a food, or wants a particular book). Kim enjoys sound play with adults and children and attempts to imitate sounds and toys that make sounds. Her ability to make sounds may have been affected by the presence of the NG tube.

**Gross Motor:** (6 months) Kim is able to hold her head up when in her adapted seat, is held in a sitting or standing position and when on her tummy or sided. She is able to sit momentarily when propped in a sitting position with hands on floor. She is able to roll by herself from her stomach to her back with difficulty. She is able to move short distances forward (twisting her body to inch along) and is motivated to get her toys. Kim is challenged by her limited movement to be able participate in independent feeding and/or dressing.

**Fine Motor:** (4 months) Kim plays by reaching for and batting toys, patting pictures and banging toys, holds toys when placed in her hand. She is able to hold objects (toys, spoon) if placed in her hand. Kim is challenged by her limited movement to be able to explore her environment and play.

**Cognitive:** (7 – 8 months with scattering to 14 months) Kim watches people and is very interested in what is happening around her; looks for toys when dropped or rolled from view; likes toys with sound, and shows some recognition of objects when named, and recognizes mom, dad, sister, grandparents. It is difficult to determine Kim's level of understanding due to her motor challenges and limited ways of communicating thoughts, wants and needs.

**Social-Emotional:** (6 – 9 months) Kim enjoys being with familiar adults and children. She watches children and adults, laughs and smiles at others. She cries and fusses when she is not understood. The NG tube affects her sleeping at night, which leaves Kim fussy during the day.

**Adaptive:** (Under 6 months) Kim is able to drink a 1 ounce of liquid at a time out of a cup held for her. She is accepting a variety of foods (different textures and tastes) by spoon; however, while she is holding a spoon, she is unable to bring it to her mouth. She is not able to assist in dressing or bathing due to her motor challenges.

**Hearing:** (Normal) Passed Newborn Hearing Screen and subsequent screens by her physician. Next well-baby check is at 18 months

**Vision:** (Normal) physician checks vision at each well-baby check and no concerns. Next well-baby check is at 18 months.

**Health:** Kim has been hospitalized off and on out of town for the majority of her first 16 months of life due to seizures, numerous viral infections and significant nutritional issues. Kim has had an NG tube since 6 months of age. Repeated efforts have been made to wean Kim from the NG tube, however, her illnesses prevented that from occurring. Kim has been home from the hospital for the past 3 months and has been healthy since that time. Her primary care physician and his nutritionist have made significant gains in weaning Kim from the tube feedings since that time due to improved health and weight gain. Kim is currently is tube fed twice daily – at noon and during the night. The goal is to ensure sufficient weight gain and removal of Kim's NG tube by late summer. She is being weaned off her seizure medication. Recent EEG shows no seizure activity.

### Summary of Assessment Information for Outcome 1

#### From observation and parent report

She was attempting to engage in imitative sound play by making throaty sounds following sounds made by others. Kim appeared to enjoy being with adults and other children. When with other children, especially her sister, Kim watched them, laughed, and attempted to imitate sounds they made. Kim enjoyed sound play with her sister and her mother

#### From parent report

- Kim likes to play on the living floor with Jana. She does so several times a day. Jana likes to interact with Kim during the play time, showing her books and toys, and attempting to engage her in play.
- Jana plays with neighborhood children almost every day and Kim likes to watch them play and seems to want to play with them.

- Mrs. Doe would like Kim to be around children her own age, especially since she really enjoys watching Jana play with neighbor children.
- She likes to watch Jana and the neighbor children play. She especially likes Jana to interact with her, showing her toys and books.
- Kim enjoys being with most adults, especially her grandparents.
- Several times a day, Kim cries and fusses because Kim's parents and sister do not always understand what she wants or needs.
- Kim attempts to initiate play with her sister but is unable to move very far around the living room on her own and is unable to tell her sister what she wants to play with.
- Kim spends about 30 minutes 2x/day playing on the living room floor with her sister.

**From E-LAP**

**Social-Emotional:** (6 – 9 months) Kim enjoys being with familiar adults and children. She watches children and adults, laughs and smiles at others. She cries and fusses when she is not understood. The NG tube affects her sleeping at night, which leaves Kim fussy during the day.

**Documenting the Rating for Kim for Outcome 1**

The team who has assessed and discussed Kim's social skills and behaviors decides upon a rating of '2' for Outcome 1. Using the Documentation Key, determine which information from the assessment summary should be used as supporting evidence for the rating. Complete the COSF with supporting evidence boxes on the next page.

After completing the COSF with supporting evidence boxes for Outcome 1, do you agree or disagree with the rating of 2?

What other information would be helpful to know to verify the rating?

What are some ways to obtain additional information about this outcome area?

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

To answer the questions 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):

- *Relating with adults*
- *Relating with other children*
- *Following rules related to groups or interacting with others (if older than 18 months)*

**1a. To what extent does this child show age-appropriate functioning, across a variety of settings and situations, on this outcome?** *(Circle one number)*

Not Yet		Nearly		Somewhat		Completely
1	(2)	3	4	5	6	7

**Supporting evidence for answer to Question 1a**

Age-appropriate functioning
Concerns? No Yes _____(describe)
Immediate foundational skills/ Functioning that is not age-appropriate
Functioning that is not yet age appropriate or immediate foundational

**1b. (If Question 1a has been answered previously): 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