

# Educational & Developmental Intervention Service (EDIS) Measuring Outcomes Initiative

## Child Outcome Supplemental Guidance

### Responses to Child Outcome Module Two Training Questions April 2008

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*An Army EDIS Personnel Development Publication*

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#### General Data Collection and Use Questions

**1. What is the purpose of measuring child outcomes? How did this initiative come about?**

We all believe that early intervention is a good program. Yet, we do not have the program-wide performance data to verify the results. In this age of accountability, we need data that addresses the results of the program. The outcomes data will provide information about how our programs make a difference for the children and families receiving early intervention support and services.

Emphasis on accountability is driven by the Government Performance and Results Act (GPRA) of 1993. GPRA was designed to improve government-wide program effectiveness, government accountability, and ultimately public confidence. GPRA requires agencies to identify measurable performance goals against which actual achievement can be compared. In addition, the reauthorization of IDEA in 2004 placed increased emphasis on accountability efforts. Aligning with the Office of Special Education Programs (OSEP) in the U.S. Department of Education requirements, the Department of Defense (DOD) now requires programs to collect and report outcome data for children and families receiving early intervention support and services. *Refer to Module One for more background information.*

**2. How, when, and where will the child outcome data be used?**

Individual child outcome data will be combined with data and ratings for other children participating in early intervention to provide an overall picture of child outcomes. The outcome data collected will be used in combination with other data (qualitative and quantitative) as a means to measure the effectiveness of the entire program, to identify opportunities for improvement across the program, and to demonstrate results to all stakeholders – to families, to our Commanders, to resource managers, and to the taxpayers. Child outcome data will become a required reporting element in the Department of Defense (DOD) annual report of compliance. Initial data will be regarded as preliminary, as it will take a few years to have data representative of children in the program for the maximum timeframe of three years. *Refer to Module One for more background information.*

**3. Who will be looking at the data? Who will have access to the data?**

Raw data (individual child data) will be collected at the local program level and rolled up through SNPMIS. Copies of the Child Outcomes Summary Form (COSF) will be maintained in the child's EDIS record and rating results will be entered in SNPMIS. Individuals with access to the record and/or SNPMIS will have access to the raw data. Aggregate data, including data converted to the five reporting categories, will be available at a program level through SNPMIS reports. Given the relatively small number of children at the local program level, caution should be taken when looking at those reports. Also note that initial data must be regarded as preliminary, as it will take a few years to have data representative of children in the program for the maximum timeframe of three years. Aggregate data will also be included in annual DOD reports.

**4. How do we know that child outcome data will not reflect poorly on a program (i.e., if children are not consistently displaying an increase on successive measures)?**

Child outcome data will be used to identify areas for supervision of personnel and monitoring, as well as where additional training may be needed for early intervention personnel, in order to effectively support families in promoting progress and development of their children receiving early intervention services. Remember that child outcome data will be reviewed in combination with other data and with local program personnel, as needed, to fully understand local program needs.

**5. How will children who have degenerative disorders and possibly do not make progress be accounted for in the data? How will their lack of progress influence the data?**

It is acknowledged that there will be children who do not make progress or even regress. This is anticipated to be a small percentage of the children in early intervention. However, until these data are collected the percentage is impossible to know. These will be the children in reporting category "a."

**6. How will the data take into account children with different types of delays or disabilities (e.g., children with developmental delays versus children with biological risk conditions) relative to their rate of developmental progress/regression? What about the duration of time in program and the number or mix of services a family received? What about families that have had limited participation (for a variety of reasons). How will this be considered in looking at children's progress?**

SNPMIS is the data system being used to store and examine the child outcome data. Therefore, it will be possible (when sufficient data are available) to analyze the data relative to these and many other factors. For example, child outcome data could be analyzed relative to race/ethnicity, sponsor rank, time in program, mix of services provided, and age at entry. Putting timely, complete, and accurate information into SNPMIS will be even more important.

**7. What if my program data is different from another program (e.g., fewer children moving closer to age-expected development – higher percentages of children in categories "a" and "b")? Could child outcomes measurement reflect poorly on programs that have more severely involved children?**

The aggregate data will not be a definitive statement of effectiveness of any one program, region, or service branch (Army, Navy, Air Force). The outcome data will not and cannot provide a complete picture of success or failure for any local, region, or branch program. It will simply be one piece of information, which can be combined with others, to provide a complete picture. Because of the extensive data collected through SNPMIS, we will be able to control for various factors, including type or severity of disability or delay. By linking outcome data with other data collected we'll be able to understand how outcomes are related to key child, family, and service characteristics.

**8. How will measuring child outcome affect me as a provider? What if I am the provider who supports a large number of children with degenerative conditions or severe delays?**

The data collected will be aggregated and will not be used to look at an individual provider. Individual child data will be combined with data and ratings for other children participating in early intervention to provide an overall picture of child progress and child outcomes in EDIS early intervention programs. It is recognized that some children will not make progress and may even regress. Until these data are collected it will be difficult to know what that percentage is.

### General COSF Tool Questions

**9. Why is progress for children with delays or disabilities being compared to expectations for same age peers without delays or disabilities?**

Age expectations provide a common standard for all young children. To merely record that children made progress between entry and exit would not provide strong evidence for the effectiveness of the program. Also, one of the goals of early childhood services is to prepare children to succeed in kindergarten and, in kindergarten, children will be expected to meet grade level standards. It is recognized that not all children will be able to function comparable to same age peers at the end of early intervention, but the system will now be tracking how many have achieved or moved closer to functioning at an age expected level.

**10. Considering variations of interpretations among providers, what process are we going to use to assure that we have reliable and valid child outcome ratings?**

The process that will be used is “team decision making.” Based upon rigorous studies, “team decision making” is a viable method for reaching valid conclusions about the abilities/performance of children with disabilities” (Bailey, Buysee, Simeonsson, Smith, & Keyes, 1995; Bailey, Simeonsson, Buysee, & Smith, 1993; Buysee, Smith, Bailey, & Simeonsson, 1993; Suen, Logan, Neisworth, & Bagnato, 1995; Suen, Lu, & Bagnato, 1993).” In Greenwood, Walker, Hornbeck, Hebbeler, & Spiker, 2007 TECSE 17:1, 2-18.

Ratings outcomes must be a collaborative decision-making process that draws upon many different types of information gathered through the IFSP process. This information must include naturalistic observation, information about the child’s present levels of functional development, parent input, and multidisciplinary team involvement.

**11. How do we get away from making a purely subjective rating?**

Through the collaborative decision-making process, the multidisciplinary team uses the mix of subjective and objective information available about the child’s functioning relative to each of the three outcomes. Objective data alone will fall short on providing all the information needed to make a rating decision. Including subjective data will provide significant insights not obtainable by objective methods alone. Ensuring effective use of the rich information available about the child’s functioning and applying a thoughtful team consensus decision-making process is needed to yield ratings that are not purely subjective.

**12. Will all EDIS programs use the same information/resources to gauge where the child is relative to age-expected functioning?**

Army EDIS is preparing a list of suggested resources that teams can use for information on child development and developmental milestones. Teams will be encouraged to use these as the primary resources.

**13. Can progress in one little skill be marked as progress on the COSF? Does progress need to come from the work we have done with the child and family? What if the child progresses just because he/she is older?**

Yes, incremental progress can be marked as progress. It would be difficult to be certain about the exact or sole basis of progress. Accordingly, any degree or type of progress should be regarded as progress.

**14. On the back side of the COSF what would be listed under “sources of information?”**

Sources of information could include any additional assessment instruments, observations, parent/caregiver information, progress data, or any other type of information gathered to assist with making COSF ratings. This would be information beyond what is included on the child’s IFSP.

## Questions About Completing the COSF

### **15. When and how often will child outcomes be measured?**

Child outcome data is collected initially, annually, and at discharge for families that have been in the program at least six months from their initial IFSP.

- Within 30 days (on either side) of the initial IFSP for eligible children regardless of the child's age. May be completed as part of the evaluation process.
  - ☒ *SNPMIS will alert you if outcomes are not entered within 30 days of their IFSP development or upon exiting the IFSP window, if no child outcomes have been entered.*
- Within 30 days (on either side) of each annual IFSP. Generally completed as part of the annual re-evaluation.
  - ☒ *SNPMIS will alert you if outcomes are not entered within 30 days of their IFSP development or upon exiting the IFSP window, if no child outcomes have been entered.*
- At exit unless child outcomes were measured within the past 60 days (i.e., as part of an initial or annual IFSP).
  - ☒ *SNPMIS will require you to enter outcome data if no outcome data was entered in the past 60 days. (See # 17 for what to do if the family leaves unexpectedly.)*
- At exit unless the family has been in the program for less than six months from the date of their initial IFSP.

### **16. How do you complete outcome ratings and the COSF if a family leaves unexpectedly?**

It is recognized that families may leave unexpectedly. If the departure occurs before the child is in the program six months then an exit COSF is not completed. If the child had been in the program six months or longer then the team can use information available to determine outcome ratings and complete the COSF. If sufficient information is not available to make an accurate rating on any or all of the outcomes then enter data unavailable in SNPMIS and complete the COSF indicating why the data is unavailable.

### **17. Do we collect child outcome data for space available children?**

No, collect data only for children who are eligible and receiving IDEA early intervention services.

### **18. Do we have to complete an initial COSF for children that will not be in the program for more than 6 months?**

Yes, in part, because it can be difficult to be sure that a child will exit within 6 months. Furthermore, the initial data provide status data at entry for each outcome (e.g., the percentage of children at entry who are functioning at a level comparable to same-aged peers, the percentage of children at entry functioning at a level below same-aged peers.).

### **19. What if a child comes in at 30mos + 1 day – how many times / which timelines are we completing the COSF?**

The COSF would be completed initially and at exit. Six months is calculated from the date of referral to exit. As long as the child has had some services in the sixth month then complete an exit COSF. If the child/family transitioned/departed and no services were not provided in the sixth month then an exit rating would not be completed.

### **20. How do we handle measuring outcomes for children that are transferring to another program?**

As a sending program, you would measure child outcomes in accordance with previously stated timelines and junctures. See question 15 above.

**21. If a child is leaving and never had an initial COSF completed, should we do an exit COSF?**

No, annual and exit ratings are only completed for children that had an initial COSF. Over time all eligible children will have child outcomes measured. During the start up period children already in early intervention will not have child outcomes measured.

**22. Should a COSF be completed at annual for children that did not have a prior COSF (i.e., initial COSF)?**

No. Following module two training programs begin collecting child outcome data for new children referred and found eligible. As of 1 July all programs will complete an initial COSF for new children. Thereafter, annual COSF would be completed for children that had an initial COSF rating, and exit COSF would be completed for children exiting the program after being in for at least six months.

**23. How do we handle measuring outcomes for children that are transferring to our program from another program?**

As a receiving program you can use the child's outcome exit data from the sending program as entry data, provided the exit outcome data was collected within the past 60 days. If it has been more than 60 days, you (the receiving program) would collect new outcome entry data for the child. Thereafter, outcomes are measured in accordance with previously stated timelines and junctures. See question 15 above.

**24. Who has to be involved with completing the COSF? Minimally, who must be involved?**

A team process will be used to complete the COSF. Completion of the COSF must include parent input and involve at least the primary provider/service coordinator and one other provider with an understanding of early childhood development, early childhood assessment tools, and child outcomes. Even if the family has a single provider and exits before a new evaluation, completion of the COSF must involve a second provider and include parent input. If a second provider (or supervisor) does not see the child, they should review the child's record and assist with the COSF rating process.

**25. Will the service coordinator be the individual responsible for completing the COSF?**

For individual children, the service coordinator will take the lead to ensure that the COSF is completed at required times and that team consensus is used to determine COSF ratings. At a program level, it is the responsibility of the Program Manager to oversee child outcome data collection.

**26. Can two team members completing the COSF ever be of the same discipline?**

Generally no, just like an evaluation rating the COSF must include team members from at least two different disciplines. However, under very rare circumstances, such as a supervisor (of the same discipline) or peer reviewer serving as the team member, it might be possible to have two individuals of the same discipline completing the COSF. Please note the emphasis under very rare circumstances – this should happen extremely infrequently and when it does it should occur with Program Manager awareness.

**27. How should parents be included in completing the COSF?**

Sharing information and discussing the child's functioning relative to age expectations is part of the IFSP process. Parent input is essential for determining a COSF rating. Parents may, but do not have to be physically present when the team completes the COSF.

**28. Is prior written notice or parent permission necessary?**

The outcome information is collected for program performance purposes. It is not intended to be used for evaluation purposes to determine initial or continuing eligibility. Therefore, it does not require prior written parental consent. However, providers must inform parents about the measuring outcomes initiative (see the parent tri-fold).

**29. Is adjusted or chronological age used for premature babies?**

The COSF rating scale is based on age expectations, comparing children's functioning to their same-age "non disabled" peers. The purpose of the scale is to generate data for accountability purposes that can ultimately be compared across children, across programs, across states, etc. Adjusting the age would not make the data comparable. At entry, the team reviews available information about the child and makes a decision. The scale utilizes the terminology "appropriate for a child's age" and programs should consider how the child is functioning based on their chronological age. As the child develops, progress data at exit may indicate that the child has reached "appropriate for child's age."

**30. How do we complete the rating for very young infants?**

It is recognizably difficult to identify seven points of difference for very young children. For very young children (i.e., under 4 months of age) teams can use a limited number of points on the scale (i.e., 1, 3, and 7).

**31. What if a parent reports their child does something, but the providers do not see it?**

It is understandable that parents will see their children doing things that professionals never have the pleasure of observing. After all professionals see only reliable snapshots of children's behaviors, whereas parents see full-length feature films (Suen, Logan, Neisworth, & Bagnato, 1995). Rather than questioning parent's observations, it is important to appreciate the value of each observer's insight to fully understand the child's functional abilities in the company of people and in a variety of settings. Parent report should always be valued and regarded as reliable information even if providers have not seen the specific behavior/skill the parent reports.

**32. What is done when a child demonstrates a particular skill or ability in one setting (e.g., at home) but does not use the skill in another setting (e.g., daycare)?**

When this occurs the team must take into consideration that the child does not yet demonstrate the particular skill/ability in all situations. Rather the child demonstrates the skill in some settings. Teams should be sure to consider the child's integrated functional development and not focus on discrete skills. The COSF rating definitions include reference to functioning in all or some situations. This distinction will help you with a rating decision. However, depending on the discreteness of the functioning it may or may not influence the overall outcome rating.

**33. What names/roles should be listed on the bottom of the COSF under "Persons involved in deciding the summary rating: Names – Roles?"**

Include only the names of the people present at the meeting to actually decide upon the rating and complete the COSF. Completing the COSF must include multidisciplinary team participation and may or may not include the physical presence of the parents. Only include the parent/s name/s on the bottom of the COSF if they were present at the meeting when the ratings were determined and the COSF was completed.

**34. When completing the “Documenting the Basis Worksheet” what would be regarded as atypical behavior and go under the heading “behavior that is not age appropriate but not like that of a younger child or other serious developmental concerns in this outcome?”**

Atypical behavior refers to behaviors that would not fall on a typical developmental continuum, for example flapping hands, an obsession with a particular object (e.g., flipping sticks, spinning wheels on a car).

**35. How should the time spent completing the outcomes rating process and COSF be logged into SNPMIS?**

In SNPMIS time is logged under professional consultation.

**36. Where should the COSF and accompanying worksheets be filed?**

File the COFS and accompanying worksheets in section two of the child’s EDIS record.

**37. Will the COSF rating effect eligibility requirements?**

No, the early intervention eligibility process is separate and is not changed.

**38. Do we have to match the IFSP outcomes to the functional child outcomes?**

No, IFSP outcomes will still reflect family priorities identified through the assessment and RBI process. IFSP teams may consider the functional child outcome areas, as well as the family outcomes, while discussing the family’s priorities, but the three functional child outcomes being measured across all programs do not drive individualized IFSP outcomes.

**39. Is a checklist developed or being developed to assist with data collection relative to each of the three outcomes? Could this help with consistency in data collection across EDIS programs?**

Because of the functional nature of the outcomes it is difficult to rely on one tool or checklist to assist with determining outcome ratings. As new tools come available Army EDIS will encourage consideration of useful resources but will not encourage use of such resources until they are agreed upon through the MEDCOM CSPD review process. This is to encourage consistent use of resources across the EDIS programs. Teams are encouraged to use the ECO crosswalks already developed for many commonly used evaluation instruments. Crosswalks are available at: <http://www.fpg.unc.edu/~eco/crosswalks.cfm> Teams are also encouraged to share new resources with the CSPD Coordinator for consideration.

**40. Is this rating done both in SNPMIS and a hard copy?**

Yes, the paper copy of the COSF includes information that is not entered into SNPMIS.

**41. When do we enter data into SNPMIS?**

Once the data are collected (per timelines addressed in question #) entry should be made into SNPMIS. As a rule, entry of child outcome ratings in SNPMIS should never exceed one week (7 days) from the date the COSF was completed.

Please direct questions about and ideas for improving measuring child outcomes to:  
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