

More Information About Determining a Rating

Session 5 Presentation Transcript

Building on what you learned about the Child Outcomes Summary process and the 7-point rating scale, this presentation describes how to apply the rating criteria to decisions for children in specific circumstances or with specific characteristics. In the previous session, you learned about the criteria for each of the 7 points on the rating scale. We recommend you have the definitions and criteria for each of the 7 points nearby for reference.

Decision Tree for Summary Rating Discussions

Let's start by talking about the decision tree, which is a tool to help teams understand and apply the 7 points on the scale. It is made up of a series of questions.

After reviewing the information about a child's functioning in an outcome area, the first question a team will consider is whether the child ever shows any age-expected development. If the answer is yes, then the team will continue down the right side of the decision tree.

The next question for the team to consider is, "Does the child function in ways that would be considered age-expected across all or almost all settings and situations?" If the answer is yes, then the team should be thinking about a rating of 6 or 7. Remember that a rating of 7 would mean that no one on the team has concerns about the child, while a rating of 6 indicates that the team has concerns about the child in this outcome area.

If the answer is no, then the team should be thinking about a rating of 4 or 5. If the team decides the child uses a mix of age-expected and not age-expected behaviors and skills across settings and situations, then the team would select a 5. If, on the other hand, the team decides the child makes occasional use of age-expected skills and that there is more behavior that is not age-expected, then the team would select a rating of 4.

Before we move to the left side of the decision tree, we want to talk about a question that some teams have asked about: the word "ever" in the first question. Sometimes children show only one or two isolated examples of age-expected behavior, with nearly all their everyday behavior being not age-expected. Does that one isolated example mean the question should be answered yes? One or two isolated examples of age-expected behavior do not mean the child is showing age-expected behavior. So the answer to the first question is no. For a yes answer, the child needs to use one or more age-expected skills in his or her everyday functioning in at least one setting or situation.

If the team answers no to the first question about age-expected functioning, the team would move to the left side of the decision tree to consider ratings of 1, 2, or 3. Now the team members would ask themselves if the child uses any immediate foundational skills across settings and situations.

If the answer is yes, the team should be thinking about a rating of 2 or 3. If the child uses immediate foundational skills most or all of the time across settings and situations, the team would choose a rating of 3. If the child makes occasional use of immediate foundational skills, the team would select a rating of 2.

If the team thinks the child is not using immediate foundational skills in the outcome area, then the team will assign a rating of 1. A rating of 1 indicates that the child has foundational skills and no immediate foundational or age-expected skills. Children with ratings of 1 still display many skills, but in the sequence of skill development, all their skills are more than one step removed from age-expected skills.

Using the Decision Tree Effectively

It is important to note that the decision tree was **not** written as a script for individuals to read during the meeting. The decision tree is a guide to help teams reflect on the questions they need to answer to reach a rating and helps the team use the criteria consistently to decide between ratings.

Special Considerations

Let's talk about some special considerations when using the 7-point scale.

Always Provide Ratings for All Three Outcomes

Teams sometimes ask whether children need ratings in all three outcome areas. The answer is yes. Ratings are always provided on all three outcome areas. This is true even if no one has any concerns about a child's development in an outcome area or if a child is showing delays in only one or two of the outcome areas. Ratings on all three outcomes are needed to provide a complete picture of the child's functioning.

Do Not Adjust Age for Prematurity

It is common practice in early intervention to assess children born prematurely using their adjusted ages; however, chronological age, **not** adjusted age, is used for Child Outcomes Summary ratings.

One of the reasons we collect data on child outcomes is to examine the effectiveness of early intervention and early childhood special education programs. Using the child's chronological age provides a truer picture of the effect of services on the child's development. The data will show how children born prematurely catch up, which demonstrates the impact of early intervention services.

Children Who Have Only Communication Delays

Practitioners sometimes ask whether children with only communication delays, especially articulation delays, should be rated automatically as typically developing on Outcomes 1 and 3. The answer is **no**. The team needs to consider how the child's communication, including articulation, is affecting the child's functioning in all three outcome areas. When thinking about how a child with articulation delays would be rated on all three outcomes, the team members should focus their discussion on how articulation or other aspects of the child's communication are affecting the child's functioning across settings in each of the outcome areas.

Discussion Points for the Team

For example, when considering Outcome 1, the team should focus on how well the child is understood during social interactions and how well the child communicates with other children. When considering Outcome 3, the team should ask questions about the impact of articulation delays on the child's ability to make his or her wants and needs known or to convey critical safety needs to different people or in different situations.

Children With Atypical Functioning

Most of our discussion has focused on the mix of foundational, immediate foundational, and age-expected skills observed across settings and situations. However, children sometimes display behaviors that do not represent delays in the usual progression of skills. Rather, they exhibit a pattern of consistently reoccurring behaviors that are atypical. These kinds of atypical behaviors are uncommon and are markedly different from what is observed in the child's peers. Examples include self-stimulating behaviors, perseveration on specific activities, strict adherence to daily rituals, and echolalia.

Considering Atypical Functioning in Ratings

How should teams consider these atypical behaviors in rating the child's functioning?

The team must consider the extent to which atypical behaviors influence the child's level of functioning in each outcome area across settings and situations. For example, if the child spends a lot of time engaged in self-stimulating behaviors, then she is not able to interact as much with people around her. If the child displays self-stimulating behaviors in response to others' actions instead of reciprocating and extending interactions with those people around her, then the self-stimulation has a functional impact on her relationships with others. The team must consider the extent of this impact on age-expected functioning across settings and situations.

Sometimes, teams focus on the atypical behaviors but overlook what the child is doing in an age-expected way. For example, a child may be overly focused on cars, have several rituals related to toy cars, and perseverate on making car sounds. All of these may be interfering with the child's interactions with

children and with the child's availability to engage in learning about new things. On the other hand, the child may also have strengths in an outcome area. For example, he may interact with books appropriately, be age-appropriate with regard to doing puzzles, and be able to provide good descriptions of past events. When deciding a rating in an outcome area, the team needs to examine the entire repertoire of the child's skills and determine which are and are not age-appropriate.

Assistive Technology Devices

Another important consideration is the role of assistive technology devices when considering a rating. Ratings should reflect the child's functioning using whatever assistive technology devices are used in his or her everyday routines and activities. For example, teams discussing a child who wears glasses or hearing aids or who uses a walker or wheelchair should consider the child's functioning *with* the use of these items. In some cases, a child may have more access to assistive technology in particular settings than others. If so, then that variability in the child's use of the technology will probably mean he or she shows a mix of functioning across settings and situations.

Can a Child Have All 7's at Entry?

A common question about the 7-point scale is whether teams can appropriately rate a child's functioning as a 7 across all three outcome areas at program entry. The answer is yes. We do see that some children in early intervention or early childhood special education will have ratings of 7 in all three outcome areas. People may ask, "Why would a child with all 7s be receiving early intervention or early childhood special education services?"

The team needs to remember that eligibility determination is independent of the child outcomes rating. A rating is based on the child's everyday functioning in the outcome area across setting and situations.

There are a number of examples of children who may have 7's on all three outcomes at entry, such as:

- A child who has sensory impairments but functions at age-expected levels when assistive technology is in place.
- A child with a diagnosed condition who displays age-expected functioning as an infant but for whom delays are likely later in development. Early intervention or early childhood special education for these children is trying to prevent delays in development from occurring.

Final Points to Ponder

We encourage you to repeatedly review the definitions of the 7 points on the COS rating scale and their criteria, the decision tree, and guidance about ratings for special circumstances until you are very familiar with them. Having a strong understanding of these is important for identifying a rating that meaningfully reflects the child's current functioning. Also, go back and review resources for age anchoring, because understanding child development is critical to the rating process.

As always, we also encourage you to talk with your supervisor or others knowledgeable about the Child Outcomes Summary process in your state. Information may be available about state-specific policies and guidance for situations not covered in this session.