

# COS-TC

Child Outcomes Summary Team Collaboration

## Quality Practices



# Trainer's Guide

**March 2017**

**Naomi Younggren**

*Educational & Developmental Intervention Services,  
U.S. Department of Defense, U.S. Army*

**Lauren Barton**

*SRI International*

**Barbara Jackson**

*Munroe-Meyer Institute,  
University of Nebraska Medical Center*

**Judy Swett**

*PACER Center*

**Catherine Smyth**

*SRI International*

## Acknowledgment

Special thanks to providers and families who shared their videos with us, trainers and technical assistance providers who have piloted these materials and given feedback, and funders who helped support this work.

The contents of this document were developed under a grant from the U.S. Department of Education, #H373Z120002, and a cooperative agreement, #H326P120002, from the Office of Special Education Programs, U.S. Department of Education. However, those contents do not necessarily represent the policy of the U.S. Department of Education, and you should not assume endorsement by the Federal Government. DaSy Center Project Officers, Meredith Miceli and Richelle Davis and ECTA Center Project Officer, Julia Martin Eile.



March 2017

## Suggested citation:

Younggren, N., Barton, L., Jackson, B., Swett, J., & Smyth, C. (2017). *Child Outcomes Summary-Team Collaboration (COS-TC) Quality Practices: Trainer's Guide*. Retrieved from <http://ectacenter.org/eco/pages/costeam.asp>



## Contents

Introduction .....	1
A. Training Objectives and Planning Considerations .....	3
B. Full-Day Training Suggestions .....	4
C. Half-Day Training Suggestions .....	8
Appendix A. Annotated Slideshow for Training.....	11
Appendix B. COS-TC Video Guides “Teaching & Learning Points” .....	18
I.1. Planning for the COS - Buddy.....	19
II.1. Explaining the COS Process to Families – Alyssa .....	22
II.2. Explaining the COS Process to Families - Braylon .....	25
III.1. Understanding Child Functioning – Lucas Outcome 3.....	28
III.2: Understanding Child Functioning – Jeremiah Outcome 2 .....	31
IV.1. Building Consensus for a High-Quality COS Rating – Lucas .....	34
IV.2. Building Consensus for a High-Quality COS Rating – Jeremiah – Outcome 2 .....	37



# Introduction

## Purpose

- This Trainer's Guide provides suggestions for trainers on how to support practitioners in understanding and using the Child Outcomes Summary-Team Collaboration (COS-TC) Quality Practices. It is designed for individuals who deliver training to early intervention (Part C) staff and/or early childhood special education (Part B preschool) staff involved in the Child Outcomes Summary (COS) process.

## Uses

- The training activities described in this Guide focus on helping early intervention and early childhood special education staff involved in the COS process learn about the practices they should be using in a Child Outcomes Summary (COS) meeting. These practices demonstrate quality interactions among team members to promote collaboration during the COS process.
- This Guide provides objectives and considerations for how to provide training on the use of the *COS-TC Quality Practices Checklist and Descriptions*. A full-day training session is optimal for ensuring ample discussion, reflection, and planning. However, this may not always be feasible, so suggestions for a condensed half-day COS-TC training session also are provided. Trainers may elect to use the contents of this Guide to design a single training or a series of small or large group in-person trainings.
- Trainers using this Guide are expected to have a thorough understanding of the COS process and the contents of COS-TC and supporting content materials to effectively support learners, stimulate discussion, answer questions, and facilitate a greater depth of knowledge about high-quality COS-TC Quality Practices. ECTA and DaSy TA providers are available to support COS training activities and implementation of COS-TC Quality Practices.
- Although participants could include supervisors interested in learning about COS-TC and how it can be useful for providing staff feedback on the COS team collaboration process, the focus of training described in this guide is not on how to provide effective feedback or how to use the COS-TC to measure consistency in practice. Extensions like these are appropriate uses of the Checklist but are not described in this Guide.

## Contents

This Guide contains:

- **Training Agendas** - a full- and a half-day training agenda on using the COS-TC Quality Practices Checklist and Descriptions.
- **A PowerPoint slideshow for training** - a PowerPoint slideshow for full- and half-day trainings that supports trainers as they plan COS-TC trainings. The scripted slideshow is an example and can be modified to meet the needs of a particular state or program.
- **Video Guides with Teaching & Learning Points** - suggestions for how to use a set of video clips of COS team meetings to improve the practitioner's understanding of the practices contained in the Checklist. Completed COS-TC Quality Practices Checklist sections are included to highlight Quality Practices that are used in each video clip. The video clips are available at <http://ectacenter.org/eco/pages/costeam.asp>

## Resources for Training Agendas

All of the following resources can be accessed online at: <http://ectacenter.org/eco/pages/costeam.asp>

- ***COS-TC Quality Practices Checklist and Descriptions***

The purpose of the *COS-TC Quality Practices Checklist and Descriptions* is to assist states and programs in defining, observing, assessing, and implementing the COS-TC Quality Practices. The Checklist is organized into four sections: *Planning for the COS*, *Explaining the COS Child Outcome Summary to Families*, *Understanding Child Functioning*, and *Building Consensus for a High-Quality COS Rating*. In addition, there is a section that covers quality overall interactive practices within teams. The Checklist and Descriptions provide the foundation for all COS-TC training.

- ***COS-TC Quality Practices Checklist and Descriptions: Online Practice***

The *Online Practice* gives early intervention and early childhood special education providers an opportunity to extend their learning by watching video clips of COS team meetings with families and rating the extent to which providers in the videos use COS-TC Quality Practices.

- ***Training Scenario (with Trainer Guidance): Talking with Families about Assessment Results***

This scenario includes a description of a team's assessment practices and conversations with a family. Included are suggestions for using the scenario in provider training, such as evaluating the scenario using DEC Recommended Practices and/or the Agreed Upon Practices for Providing Early Intervention Services in Natural Environments.

- ***Training Scenario (with Trainer Guidance): COS-TC Quality Practices During Team Assessment***

This scenario prompts providers to evaluate and reflect upon the use of the COS-TC Quality Practices with families during team assessment and when determining COS ratings. Suggestions for using the scenario in provider training are included. It is a follow-up to the *Talking with Families about Assessment Results* training scenario.

- ***COS-TC Quality Practices Video Library***

The COS-TC video clips were developed as media options for use during training so participants can observe and reflect on real-world practices with families during the COS process. The videos and *Video Guides with Teaching and Learning Points* (Appendix B of this Guide) are designed to encourage discussion around COS-TC Quality Practices and missed opportunities.

**NOTE:** When using the videos, please inform participants that they are provided for shared learning. The providers and families agreed to share their experiences for the purpose of advancing understanding and application of COS-TC Quality Practices. Extra care should be taken not to evaluate parents or engage in unconstructive conversations about providers' actions.

## A. Training Objectives and Planning Considerations

### Training Objectives

The *COS-TC Quality Practices Checklist and Descriptions* is intended to promote and refine practitioners' understanding of COS team collaboration practices. As a result of receiving training on the COS-TC Quality Practices, participants will be able to:

- describe Quality Practices related to team collaboration in the COS process,
- recognize how to engage all IFSP or IEP team members, including families, in the COS decision-making process,
- analyze the presence or absence of quality team collaboration practices in video clip excerpts from COS team meetings,
- appraise the extent to which Quality Practices have been implemented in recent COS team meetings, and
- identify practices to improve upon for optimal COS team collaboration and design a plan for implementation.

### Preparing Participants for the Training

This Guide is intended for trainers of providers who are or will be involved in the COS process as part of IFSP or IEP teams. All participants should have completed the DaSy/ECTA Child Outcomes Summary (COS) Process Online Module and/or other state or local COS training as applicable prior to participating in training on the COS-TC practices. The online module can be found at: <http://dasycenter.org/child-outcomes-summary-cos-process-module-collecting-using-data-to-improve-programs/>

### Full-Day or Half-Day Training?

This Guide includes resources for a full-day and half-day in-person training and suggestions for using the COS-TC video clips. Given the comprehensive nature of the materials included in the *COS-TC Quality Practices Checklist and Descriptions*, a full-day training is encouraged. Longer trainings provide more time for discussion, application, and reflection as well as more in-depth group discussion of each of the Quality Practices. There is also increased opportunity for participants to carefully read the examples and discuss how the examples can be applied to their work. In addition, trainers may choose to include additional content that is relevant to their particular group of participants.

The half-day training option can introduce participants to the material, but it does not allow sufficient time to review each of the Quality Practices individually. However, if training time is limited, trainers can use the provided suggestions for a half-day training and encourage participants to engage in self-study and review of the material before or after the training. We recommend doing this through the use of the *COS-TC Quality Practices Checklist and Descriptions: Online Practice*.

Sections B and C of this Guide give examples of approaches for implementing each of these training options. Both the full- and half-day training address content from all four sections of the *COS-TC Quality Practices Checklist and Descriptions*. As with any training, trainers must review all materials prior to the training, including all COS-TC video clips. This will facilitate a thorough understanding of the training resources and the opportunity to effectively tailor the training to the intended audience.

## B. Full-Day Training Suggestions

The full-day training includes time for participants to review and discuss each of the COS-TC Quality Practices. The training includes an opportunity for participants to watch various video clips to identify the presence or absence of Quality Practices and to consider alternative ways providers might have facilitated the meeting. Below is a sample agenda for a full-day training. Appendix A includes a sample PowerPoint slide show that can be used in the training.

The materials needed for this full-day training are listed below. Some are provided in this document and some are available online at: <http://ectacenter.org/eco/pages/costeam.asp>.

- **Full-Day Training Agenda (this document; see below)**
- ***COS-TC Quality Practices Checklist and Descriptions* (online)**
- ***PowerPoint slideshow for full-day training* (this document; see Appendix A)**
- ***COS-TC Quality Practices Video Guides: Teaching and Learning Points* (this document; see Appendix B)**
- ***COS-TC Quality Practices Checklist and Descriptions: Online Practice* (online)**
- ***COS-TC Quality Practices Video Library* (online)**

### Full-Day Training Agenda

Time	Activity (including slide number from Appendix A of this Guide)
	<b>Introduction</b>
8:00-8:10	Introductions and review objectives for the day. ( <i>slides 1–5</i> )
8:10 -8:35	Participants discuss and share current practices for COS team collaboration. Introduce the <i>COS-TC Quality Practices Checklist and Descriptions</i> and associated resources. Provide rationale for development of COS-TC Quality Practices and give individuals time to share reactions. ( <i>slide 6</i> )
	<b>Section I. Planning For the COS</b>
8:35-8:50	Introduce <i>Section I. Planning for the COS</i> . Allow time for participants to review the practices and examples included in the section. ( <i>slides 7–8</i> )
8:50-9:10	As a full group, watch the video clip(s) associated with <i>Section I. Planning for the COS</i> . Invite participants to use the section of the Checklist to document their observations and assessment of the practices using the Checklist scale (no, partly, yes). ( <i>slide 9</i> )
9:10-9:20	Participants reflect on their observations and discuss in small groups. ( <i>slide 10</i> )
9:20-9:35	As a large group, discuss observations. Ask guiding questions to facilitate the discussion, if needed. Examples of guiding questions are included at the end of this agenda. ( <i>slide 10</i> )
9:35-9:40	Summarize key points.
<b>9:40-9:50</b>	<b>Break</b>



Time	Activity (including slide number from Appendix A of this Guide)
<b>Section II. Explaining the COS Process to Families</b>	
9:50-10:05	Introduce <i>Section II. Explaining the COS Process to Families</i> . Allow time for participants to review the practices and examples included in the section. (slides 11–12)
10:05-10:25	As a group, watch the video clip associated with <i>Section II. Explaining the COS Process to Families</i> . Invite participants to use the Checklist to document their observations and assessment practices using the Checklist scale (no, partly, yes). (slide 13)
10:25-10:35	Participants reflect on their observations and discuss in small groups. (slide 14)
10:35-10:50	As a large group, discuss observations. Ask guiding questions to facilitate the discussion, if needed. Examples of guiding questions are included at the end of this agenda. (slide 14)
10:50-10:55	Summarize key points.
<b>Section III. Understanding Child Functioning</b>	
10:55-11:10	Introduce <i>Section III. Understanding Child Functioning</i> . Allow time for participants to review the practices and examples included in the section. (slides 15–16)
11:10-11:30	As a group, watch the video clip associated with <i>Section III. Understanding Child Functioning</i> . Invite participants to use the Checklist to document their observations and assessment of practices using the Checklist scale (no, partly, yes). (slide 17)
11:30-11:40	Participants reflect on their observations and discuss in small groups. (slide 18)
11:40-11:55	As a large group, discuss observations. Ask guiding questions to facilitate the discussion, if needed. Examples of guiding questions are included at the end of this agenda. (slide 18)
11:55-12:00	Summarize key points.
<b>12:00-1:00</b>	<b>Lunch</b>
<b>Section IV. Building Consensus for a High-Quality COS Rating</b>	
1:00-1:15	Introduce <i>Section IV. Building Consensus for a High-Quality COS Rating</i> . Allow time for participants to review practices and examples included in the section. (slides 19–20)
1:15-1:35	As a large group, watch the video clip associated with <i>Section IV. Building Consensus for a High-Quality COS Rating</i> . Invite participants to use the Checklist to document their observations and assessment of practices using the Checklist scale (no, partly, yes). (slide 21)
1:35-1:45	Participants reflect on their observations and discuss in small groups. (slide 22)
1:45-2:00	As a large group, discuss observations. Ask guiding questions to facilitate the discussion, if needed. Examples of guiding questions are included at the end of this agenda. (slide 22)
2:00-2:05	Summarize key points.
<b>Section V. Interactive Practices</b>	
2:05-2:15	Introduce <i>Section V. Interactive Practices</i> . Invite participants to share and discuss examples of each interactive practice. (slide 23)
2:15-2:25	As a whole group, watch or re-watch one video clip for the purpose of rating interactive practices. Invite participants to use the <i>Section V. Interactive Practices</i> Checklist scale and extra space for taking notes. (slide 24)
2:25-2:35	Participants reflect on their observations and discuss in small groups. (slide 25)

Time	Activity (including slide number from Appendix A of this Guide)
2:35-2:45	As a large group, discuss observations. Ask guiding questions to facilitate the discussion, if needed. Examples of guiding questions are included at the end of this agenda. (slide 25)
<b>Closing</b>	
2:45-2:55	As individuals or in small teams, identify one to three particular Quality Practices to explore further. Encourage participants to identify what they will do. Share some with the larger group. (slide 26)
2:55-3:00	Wrap up by summarizing key learning points. (slides 26–28)

## Suggestions for Using Video Clips in Training

- The COS-TC video clips were developed as training examples to offer practitioners opportunities to observe and reflect on real-world practices used with families during the COS processes. When using these videos as part of a training, allow approximately 5-10 minutes for the participants to watch each video. Then, allow roughly 20 minutes for them to rate and assess the COS-TC Quality Practices using the *Checklist and Descriptions*, applying ratings of **no**, **partly**, or **yes**.
- Participants can use the notes section of the *Checklist and Descriptions* to write examples of each quality practice observed, questions about missed opportunities, or other questions or comments about what was observed.
- The *Video Guides: Teaching and Learning Points* (see Appendix B of this Guide) are designed to demonstrate and encourage discussion around quality practices and missed opportunities in actual COS meetings.

**NOTE:** When using the videos, please inform participants that they are provided for shared learning. The providers and families agreed to share their experiences for the purpose of advancing understanding and application of COS-TC Quality Practices. Extra care should be taken not to evaluate parents or engage in unconstructive conversations about providers' actions.

## Interactive Practices Video Discussion Points

When observing for quality interactive practices (Section V of the *COS-TC Quality Practices Checklist and Descriptions*), it may be helpful to show the same clip again to allow participants to carefully observe the interactive practices. Use the following discussion points to guide the group in reflecting on what was seen. Encourage participants to share thoughts with a partner or as part of a discussion group online.

- Review each interactive practice and identify examples of those practices observed in the video.
- Identify strengths of the team and their use of interactive practices in the video.
- Identify areas where the team could improve in their use of interactive practices in the video.
- Were there interactive practices that either facilitated or complicated the meeting?
- Were there interactive practices that were not needed during this specific meeting? Why or why not?

## ***Suggestions for Video Viewing Guiding Questions***

The guiding questions below can be used to:

- facilitate further discussion;
- encourage participants to write down their responses for self-reflection in the future;
- facilitate discussion in large groups as part of your presentation; and
- facilitate self-reflection on the COS-TC Online Practice in which participants will answer questions using printable interactive text boxes after viewing and rating videos for each section.

### ***Guiding Questions:***

- Which quality practices did you fully observe or partly observe in the video?
- Of the COS-TC Quality Practices you rated “Yes” in this video, do you regularly use any of these in your own practices? Can you give an example from your own practice?
- Which COS-TC Quality Practices were not observed in this video? How would the meeting have been improved if the practices were present?
- How would you implement practices that weren’t observed, or were only partly observed? What would you do differently to incorporate these Quality Practices into your team collaborations?
- What is the greatest barrier for you to implement these practices?
- Are you uncertain about the extent to which specific practices were demonstrated? If so, for which practices was there uncertainty?

After concluding the discussion, provide information on where individuals can access resources in their state to learn more about collaboration in the COS process (e.g., administration, training experiences, web content).

### ***Additional Group Extension Activities***

- Provide a more detailed review of the examples included in the COS-TC Checklist and Descriptions, and discuss other ways to introduce or have conversations with team members.
- Engage participants in a discussion about what the Quality Practices “look like” and “don’t look like” and generate examples.
- Review additional participant supplied videos.
- Role play different parts of the COS-TC Quality Practices or sections.
- Present expanded program-and/or state-specific content.
- Provide time for greater review, discussion, and action planning about next steps.
- Develop a written action plan at the end of the day to identify a goal and next steps to enhance use of one or more of the Quality Practices.
- Assign additional Checklist or Video Clip activities as self-directed learning using the *COS-TC Quality Practices: Online Practice*.

## C. Half-Day Training Suggestions

In a half-day training, the presentation of material should be brief to allow for small- and whole-group discussion of the content. Begin with a short presentation on the purpose and components of the *COS-TC Quality Practice Checklist and Descriptions*, followed by further discussion about each section of the Checklist.

The materials needed for this half-day training are listed below. Some are provided in this document and some are available online at: <http://ectacenter.org/eco/pages/costeam.asp>.

- **Half-Day Training Agenda** (this document; see below)
- ***COS-TC Quality Practices Checklist and Descriptions*** (online)
- ***PowerPoint slideshow for full-day training*** (optional—this document; see Appendix A)
- ***COS-TC Quality Practices Video Guides: Teaching and Learning Points*** (this document; see Appendix B)
- ***COS-TC Quality Practices Checklist and Descriptions: Online Practice*** (online)

### ***COS-TC Quality Practices Video Library*** (online)

A prerequisite of a half-day training is that participants review the *COS-TC Quality Practices Checklist and Descriptions* in advance. Given the breadth and depth of the content, a half-day training cannot sufficiently provide participants with an understanding of the full value of the content; therefore additional pre/post work is critical. If all participants have reviewed the *Checklist and Descriptions* ahead of time, the trainer should approach the half-day training as an opportunity to go deeper. The trainer could choose to cover each section quickly as per the half-day agenda or focus on the sections that people found the most challenging. It is also recommended that a half-day training be followed up with further professional development or coaching with participants to ensure careful review and optimal implementation of the COS-TC Quality Practices.

### Half-Day Training Agenda

Time	Activity (including slide number from Appendix A of this Guide)
	<b>Introduction</b>
8:00-8:10	Introductions and review objectives for the day. (slides 1–5)
8:10-8:30	Participants discuss and share current practices for COS team collaboration. Provide rationale for development of COS-TC Quality Practices and give individuals time to share reactions from their review. Review assigned <i>COS-TC Quality Practices Checklist and Descriptions</i> pre-work and check for understanding. (slide 6)
	<b>Section I. Planning For the COS</b>
8:30-8:35	Review <i>Section I. Planning for the COS</i> . Allow time for participants to share their reactions to the practices and examples included in the section. (slides 7–8)
8:35-8:45	As a large group, watch a video clip associated with <i>Section I. Planning for the COS</i> . Invite participants to use the Checklist to document their observations and assessment of practices using the Checklist scale (no, partly, yes). (slide 9)
8:45-8:55	Participants reflect on their observations and discuss in small groups. (slide 10)

<b>Time</b>	<b>Activity (including slide number from Appendix A of this Guide)</b>
8:55-9:05	As a large group, discuss observations. Ask guiding questions to facilitate the discussion, if needed. Examples of guiding questions are included at the end of this agenda. <i>(slide 10)</i>
9:05-9:10	Summarize key points.
	<b>Section II. Explaining the COS Process to Families</b>
9:10-9:15	Review <i>Section II. Explaining the COS Process to Families</i> . Allow time for participants to share their reactions to the practices and examples included in the section. <i>(slides 11–12)</i>
9:15-9:25	As a large group, watch a video clip associated with <i>Section II. Explaining the COS Process to Families</i> . Invite participants to use the Checklist to document their observations and assessment of practices using the Checklist scale (no, partly, yes). <i>(slide 13)</i>
9:25-9:35	Participants reflect on their observations and discuss in small groups. <i>(slide 14)</i>
9:35-9:45	As a large group, discuss observations. Ask guiding questions to facilitate the discussion, if needed. Examples of guiding questions are included at the end of this agenda. <i>(slide 14)</i>
9:45-9:50	Summarize key points.
<b>9:50-10:00</b>	<b>Break</b>
	<b>Section III. Understanding Child Functioning</b>
10:00-10:05	Review <i>Section III. Understanding Child Functioning</i> . Allow time for participants to share their reactions to the practices and examples included in the section. <i>(slides 15–16)</i>
10:15-10:25	As a large group, watch a video clip associated with <i>Section III. Understanding Child Functioning</i> . Invite participants to use the Checklist to document their observations and assessment of practices using the Checklist scale (no, partly, yes). <i>(slide 17)</i>
10:25-10:35	Participants reflect on their observations and discuss in small groups. <i>(slide 18)</i>
10:35-10:45	As a large group, discuss observations. Ask guiding questions to facilitate the discussion, if needed. Examples of guiding questions are included at the end of this agenda. <i>(slide 18)</i>
10:45-10:50	Summarize key points.
	<b>Section IV. Building Consensus for a High-Quality COS Rating</b>
10:50-10:55	Review <i>Section IV. Building Consensus for a High-Quality COS Rating</i> . Allow time for participants to share their reactions to practices and examples included in the section. <i>(slides 19–20)</i>
10:55-11:05	As a group, watch a video clip associated with <i>Section VI. Building Consensus for a High-Quality COS Rating</i> . Invite participants to use the Checklist to document their observations and assessment of practices using the Checklist scale (no, partly, yes). <i>(slide 21)</i>
11:05-11:15	Participants reflect on their observations and discuss in small groups. <i>(slide 22)</i>
11:15-11:25	As a large group, discuss observations. Ask guiding questions to facilitate the discussion, if needed. Examples of guiding questions are included at the end of this agenda. <i>(slide 22)</i>
11:25-11:30	Summarize key points.

Time	Activity (including slide number from Appendix A of this Guide)
<b>Section V. Interactive Practices</b>	
11:30-11:45	Review <i>Section V. Interactive Practices</i> . Invite participants to share and discuss examples of a few interactive practices. As a whole group, watch or re-watch one video clip for the purpose of rating interactive practices. Invite participants to use the <i>Section V. Interactive Practices</i> Checklist scale and extra space for taking notes.. (slides 23–25)
<b>Closing</b>	
11:45-11:55	As individuals or in small teams, identify one to three particular Quality Practices to explore further. Encourage participants to identify what they will do. Share some with the larger group. (slide 26)
11:55-12:00	Wrap up by summarizing key learning points. (slides 26–28)

## Suggestions for Video Viewing Guiding Questions

The guiding questions below can be used to:

- facilitate further discussion;
- encourage participants to write down their responses for self-reflection in the future;
- facilitate discussion in large groups as part of your presentation; and
- facilitate self-reflection on the *COS-TC Online Practice* in which participants will answer questions using printable interactive text boxes after viewing and rating videos for each section.


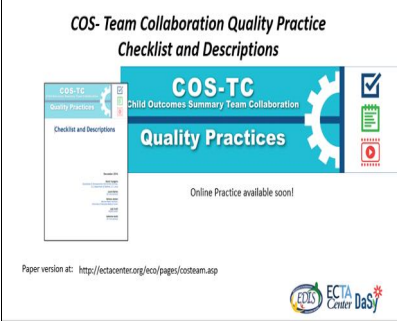
### Guiding Questions:

- Which Quality Practices did you fully observe or partly observe in the video?
- Of the COS-TC Quality Practices you rated “Yes” in this video, do you regularly use any of these in your own practices? Can you give an example from your own practice?
- Which COS-TC Quality Practices were not observed in this video? How would the meeting have been improved if the practices were present?
- How would you implement practices that weren’t observed, or were only partly observed? What would you do differently to incorporate these Quality Practices into your team collaborations?
- What is the greatest barrier for you to implement these practices?
- Are you uncertain about the extent to which specific practices were demonstrated? If so, for which practices was there uncertainty?

After concluding the discussion, provide information on where individuals can access resources in their state to learn more about collaboration in the COS process (e.g., administration, training experiences, web content).

## Appendix A. Annotated Slideshow for Training

This appendix contains an annotated slideshow that can be used to facilitate a full-day or half-day training on the *COS-TC Quality Practices Checklist and Descriptions*. Use the script in the second column of the table below. (See sections B and C of this Guide for sample agendas and activities.) For access to the PowerPoint file, go to: <http://ectacenter.org/eco/pages/costeam.asp>

Slide	Sample script for trainer
	<p><i>Slide 1.</i> Welcome to the training on the Child Outcomes Summary-Team Collaboration, or COS-TC, Quality Practices. These practices are designed to be used during the COS process to actively engage all team members, including families, in the process. Today you will learn how to use the <i>COS-TC Quality Practices Checklist and Descriptions</i> to help you define, observe, and assess Quality Practices in the COS process. First we will review the checklist, descriptions, and examples. Then we will watch videos to assess the extent to which the providers in the videos used COS-TC Quality Practices.</p>
	<p><i>Slide 2.</i> The paper version of the <i>COS-TC Quality Practice Checklist and Descriptions</i> provides explanation of a set of practices that should be incorporated into the COS process. It also provides scripted examples that explain the practices. The use of the <i>Quality Practices Checklist and Descriptions</i> also is supported through an online practice website. In the online practice, you can review the practices and descriptions and apply your learning to video clips just as we'll do in this training. After you complete this training, we encourage you to review what you have learned and deepen your learning by working through the online practice. Take a moment now to review the <i>Quality Practices Checklist and Descriptions</i>.</p>
<p><b>Objectives for the Day</b></p> <p>By the end of the day, participants will be able to...</p> <ul style="list-style-type: none"> <li>• Describe quality practices related to team collaboration in the COS process</li> <li>• Recognize how to engage all IFSP or IEP team members including families in the COS decision-making process</li> <li>• Analyze the presence or absence of quality team collaboration practices in video clip excerpts from COS team meetings</li> <li>• Appraise the extent to which quality practices have been implemented in recent COS team meetings</li> <li>• Identify practices to improve upon for optimal COS team collaboration and design a plan for implementation</li> </ul> 	<p><i>Slide 3.</i> Today's training objectives include:</p> <ul style="list-style-type: none"> <li>• Describe Quality Practices related to team collaboration in the COS process.</li> <li>• Recognize how to engage all IFSP or IEP team members, including families, in COS decision-making.</li> <li>• Analyze the presence or absence of quality team collaboration practices in video clip excerpts from COS team meetings.</li> <li>• Appraise the extent to which Quality Practices have been implemented in recent COS team meetings.</li> <li>• Identify practices to improve upon for optimal COS team collaboration and design a plan for implementation.</li> </ul>

Slide	Sample script for trainer
<p><b>Background</b></p> <p>Purpose of COS-Team Collaboration Quality Practices</p> <ul style="list-style-type: none"> <li>➤ Regular use of COS-TC quality practices to: <ul style="list-style-type: none"> <li>Actively engage all COS team members, especially families, in the COS process, however, also broadly applicable to COS teams of all compositions</li> <li>Help those who implement, supervise, or train on the COS process to identify, observe, and assess recommended team collaboration practices in COS implementation.</li> <li>Celebrate progress and identify opportunities for further improvement in COS team collaboration</li> <li>Improve the quality of COS ratings</li> </ul> </li> </ul> 	<p><b>Slide 4.</b> The <i>COS-TC Quality Practices Checklist</i> is intended to result in regular use of COS-TC Quality Practices to:</p> <ul style="list-style-type: none"> <li>actively engage all COS team members, especially families, in the COS process;</li> <li>help those who implement, supervise, or train on the COS process to identify, observe, and assess recommended team collaboration practices in COS implementation;</li> <li>celebrate progress and identify opportunities for further improvement in COS team collaboration; and</li> <li>improve the quality of COS data.</li> </ul>
<p><b>Background</b></p> <p>How COS-TC Quality Practices Came About....</p> <ul style="list-style-type: none"> <li>Observed different approaches to teaming during the COS process</li> <li>Identified a need for greater guidance about what quality practices in the COS process look like and how to partner with families effectively when implementing the COS process.</li> <li>Developed with broad input from many involved in the COS process and built on findings from ENHANCE about the COS process (<a href="http://ectacenter.org/ectas/pages/enhance.asp">http://ectacenter.org/ectas/pages/enhance.asp</a>)</li> </ul> 	<p><b>Slide 5.</b> After multiple observations of different approaches to teaming during the COS process, it became evident that there was a need for greater guidance about what quality team collaboration practices in the COS process look like and how to partner with families effectively.</p> <p>The <i>COS-TC Quality Practices</i> were developed with broad input from many involved in the COS process and built on findings from research about the COS process.</p>
<p><b>Group Share</b></p> <p>Let's share out! What happens in your COS meetings? Who does what?</p>  	<p><b>Slide 6.</b> Let's share! What happens in your COS meetings? Who does what?</p>
<p><b>I. Planning for the COS</b></p>  	<p><b>Slide 7.</b> This is Section 1 of the <i>COS-TC Checklist and Descriptions, Planning for the COS</i>. In this section, you will learn Quality Practices for preparing for the COS meeting with families. For each Quality Practice, consider what a meeting might look like if the Quality Practice was fully, partly, or not at all implemented.</p>
<p><b>I. Planning for the COS</b></p>  	<p><b>Slide 8.</b> This portion of the <i>COS-TC Quality Practices Checklist and Descriptions</i> provides a description and additional background information for <i>Section I: Planning for the COS</i>. Take a few minutes to read the descriptions and scripted examples for each Quality Practice. Then, we will discuss as a whole group.</p>










Slide	Sample script for trainer
<div>II. Explaining the COS Process to Families</div> <div></div>	<p><i>Slide 13.</i> Now, let’s watch a video of a provider explaining the COS process to a family. As you watch the video, use the <i>COS-TC Quality Practices Checklist and Descriptions</i> to assess evidence of the Quality Practices.</p> <p>Invite participants to discuss in small groups, then engage the larger group in a reflective discussion using some or all of the following guiding questions:</p> <ul style="list-style-type: none"><li>• Which Quality Practices did you fully observe or partly observe in the video?</li><li>• Of the COS-TC Quality Practices you rated “Yes” in this video, do you use any of these in your own practices regularly? Can you give an example from your own practice?</li><li>• Which COS-TC Quality Practices were <b>not observed</b> in this video? Think through whether the meeting would have been improved if the practices were present.</li><li>• How would you implement practices that weren’t observed or were only partly observed? What would you do differently to incorporate these Quality Practices into your team collaborations?</li><li>• What is the greatest barrier for you to implement these practices?</li><li>• Are you uncertain about the extent to which specific practices were observed? If so, for which practices was there uncertainty?</li></ul>
<div>Look at section</div> <div>II. Explaining the COS to Families</div> <div><ol style="list-style-type: none"><li>1. Identify how or if you are accomplishing the identified quality practices (1-4)</li><li>2. What parts are going well?</li><li>3. Where are there opportunities for enhancement?</li><li>4. What do you want to try?</li></ol></div> <div></div> <div>II. Explaining the COS Process to Families</div>	<p><i>Slide 14.</i> As we wrap up our discussion on <i>Section II. Explaining the COS Process to Families</i>, take the next few moments to reflect on your learning by answering the questions on this slide.</p> <p>[Individual reflection followed by whole group discussion.]</p>
<div>III. Understanding Child Functioning</div> <div></div>	<p><i>Slide 15.</i> Review <i>Section III: Understanding Child Functioning</i>. For each Quality Practice, consider what a meeting might look like if the practice was fully, partly, or not at all implemented.</p>
<div>III. Understanding Child Functioning</div> <div></div>	<p><i>Slide 16.</i> This section focuses on essential elements of discussions about the child’s functioning relative to each outcome. Take a few minutes to read the descriptions and examples for each Quality Practice. Then, we will discuss as a whole group.</p>

Slide	Sample script for trainer
<div data-bbox="154 277 170 493" data-label="Page-Header">III. Understanding Child Functioning</div> <div data-bbox="186 277 500 499" data-label="Image"> </div>	<p><i>Slide 17.</i> Now, let's watch a video of a team discussing a child's functioning. As you watch the video, use the <i>COS-TC Quality Practices Checklist and Descriptions</i> to assess evidence of the Quality Practices.</p> <p>Invite participants to discuss in small groups, then engage the larger group in a reflective discussion using some or all of the following guiding questions:</p> <ul style="list-style-type: none"> <li>• Which Quality Practices did you fully observe or partly observe in the video?</li> <li>• Of the COS-TC Quality Practices you rated “Yes” in this video, do you use any of these in your own practices regularly? Can you give an example from your own practice?</li> <li>• Which COS-TC Quality Practices were <b>not observed</b> in this video? Think through whether the meeting would have been improved if the practices were present.</li> <li>• How would you implement practices that weren't observed, or were only partly observed? What would you do differently to incorporate these Quality Practices into your team collaborations?</li> <li>• What is the greatest barrier for you to implement these practices?</li> <li>• Are you uncertain about the extent to which specific practices were observed? If so, for which practices was there uncertainty?</li> </ul>
<div data-bbox="194 997 430 1218" data-label="Complex-Block"> <p>Look at section III. Understanding Child Functioning</p> <ol style="list-style-type: none"> <li>1. Identify how or if you are accomplishing the identified quality practices (1-9)</li> <li>2. What parts are going well?</li> <li>3. Where are there opportunities for enhancement?</li> <li>4. What do you want to try?</li> </ol> </div> <div data-bbox="467 997 483 1218" data-label="Page-Header">III. Understanding Child Functioning</div>	<p><i>Slide 18.</i> As we wrap up our review of <i>Section III. Understanding Child Functioning</i>, take the next few moments to reflect on your learning by answering the questions on this slide.</p> <p>[Individual reflection followed by whole group discussion.]</p>
<div data-bbox="154 1270 186 1459" data-label="Page-Header">IV. Building Consensus for a High-Quality COS Rating</div> <div data-bbox="214 1306 451 1428" data-label="Image"> </div>	<p><i>Slide 19.</i> Review <i>Section IV: Building Consensus for a High-Quality COS Rating</i>. For each Quality Practice, consider what a meeting might look like if the practice was fully, partly, or not at all implemented.</p>
<div data-bbox="154 1543 186 1732" data-label="Page-Header">IV. Building Consensus for a High-Quality COS Rating</div> <div data-bbox="251 1507 462 1759" data-label="Image"> </div>	<p><i>Slide 20.</i> In this section, you will review Quality Practices associated with the final rating process. Take a few minutes to read the descriptions and scripted examples for each Quality Practice. Then we will discuss as a whole group.</p>

Slide	Sample script for trainer
<div data-bbox="151 300 180 474" data-label="Page-Header">IV. Building Consensus for a High-Quality COS Rating</div> <div data-bbox="188 275 496 506" data-label="Image"> </div>	<p><i>Slide 21.</i> Now, let's watch a video of a team building consensus for a high-quality rating. As you watch the video, use the <i>COS-TC Quality Practices Checklist and Descriptions</i> to assess evidence of the Quality Practices.</p> <p>Invite participants to discuss in small groups then engage the larger group in a reflective discussion using some or all of the following guiding questions:</p> <ul style="list-style-type: none"> <li>• Which Quality Practices did you fully observe or partly observe in the video?</li> <li>• Of the COS-TC Quality Practices you rated “Yes” in this video, do you use any of these in your own practices regularly? Can you give an example from your own practice?</li> <li>• Which COS-TC Quality Practices were <b>not observed</b> in this video? Think through whether the meeting would have been improved if the practices were present.</li> <li>• How would you implement practices that weren't observed, or were only partly observed? What would you do differently to incorporate these Quality Practices into your team collaborations?</li> <li>• What is the greatest barrier for you to implement these practices?</li> <li>• Are you uncertain about the extent to which specific practices were observed? If so, for which practices was there uncertainty?</li> </ul>
<div data-bbox="175 999 240 1014" data-label="Text">Look at section</div> <div data-bbox="175 1016 399 1115" data-label="List-Group"> <p>IV. Building Consensus for High Quality COS Rating</p> <ol style="list-style-type: none"> <li>1. Identify how or if you are accomplishing the identified quality practices (1-4)</li> <li>2. What parts are going well?</li> <li>3. Where are there opportunities for enhancement?</li> <li>4. What do you want to try?</li> </ol> </div> <div data-bbox="302 1104 431 1230" data-label="Image"> </div> <div data-bbox="456 1020 485 1203" data-label="Page-Header">IV. Building Consensus for a High-Quality COS Rating</div>	<p><i>Slide 22.</i> As we wrap up our discussion on <i>Section IV: Building Consensus for a High-Quality COS Rating</i>, take the next few moments to reflect on your learning by answering the questions on this slide.</p> <p>[Individual reflection followed by whole group discussion.]</p>
<div data-bbox="159 1293 175 1444" data-label="Page-Header">V. Interactive Practices</div> <div data-bbox="264 1257 407 1478" data-label="Form"> </div>	<p><i>Slide 23.</i> <i>Section V. Interactive Practices</i> focuses on practices that promote effective teaming and full engagement of all involved. However, when considering these practices, participants should always keep in mind the cultural background of all team members. Take a few moments to review these practices, then we will discuss your questions and comments with the whole group.</p>
<div data-bbox="151 1541 167 1680" data-label="Page-Header">V. Interactive Practices</div> <div data-bbox="188 1505 496 1724" data-label="Image"> </div>	<p><i>Slide 24.</i> Now, let's re-watch a video to assess the extent to which providers used quality interactive practices. As you watch the video, use the checklist in Section V to assess evidence of the practices.</p>

Slide	Sample script for trainer
<div> <div> Look at section  V. Interactive Practices <ul style="list-style-type: none"> <li>1. Identify how or if you are accomplishing the identified quality practices (a–k)</li> <li>2. What parts are going well?</li> <li>3. Where are there opportunities for enhancement?</li> <li>4. What do you want to try?</li> </ul> </div> <div>  <p>Reflect</p> </div> <div>V. Interactive Practices</div> </div>	<p><i>Slide 25.</i> As we wrap up our discussion on <i>Section V: the Interactive Practices</i>, take the next few moments to reflect on your learning by answering the questions on this slide.</p> <p>[Individual reflection followed by whole group discussion.]</p>
<div> <div> Wrap up activity <ul style="list-style-type: none"> <li>1. Get into small groups or partners</li> <li>2. Identify one to three quality practices</li> <li>3. Explore how you will apply that quality practice in your role</li> <li>4. Share out with the whole group</li> </ul> </div> <div>  <p>Reflect</p> </div> <div>Put it all Together</div> </div>	<p><i>Slide 26.</i> For our wrap-up activity, work in partners or small groups to select one to three Quality Practices for further exploration. Consider how you will apply these Quality Practices to your role. Be prepared to share with the whole group.</p>
<div> <div>Questions</div> <div>  </div> <div>  </div> </div>	<p><i>Slide 27.</i> (Take this time to ask the participants if they have any remaining questions about the training).</p>
<div> <div> Child Outcomes Summary – Team Collaboration  Thank you! </div> <div>  </div> </div>	<p><i>Slide 28.</i> Thank you for attending today. (Consider sharing your contact information in case participants have follow-up questions.)</p>

## Appendix B. COS-TC Video Guides “Teaching & Learning Points”

This appendix supplies trainers with specific information about each of the COS-TC video clips. Trainers will find a brief summary that explains what is covered in each video, a list of the materials to use with the video clips, and completed *COS-TC Quality Practices Checklist and Descriptions* for each section, including the *Interactive Practices*.

Trainers can use these documents to facilitate discussions around Quality Practices demonstrated in real-life COS meetings. The completed COS-TC Checklists have been reviewed and rated for each of the Quality Practices, and examples of each practice (if present) are described in the Observation Notes section.

### **COS-TC Training Videos:**

#### **I.1. Planning for the COS - Buddy**

#### **II.1. Explaining the COS Process to Families – Alyssa**

#### **II.2. Explaining the COS Process to Families – Braylon**

#### **III.1. Understanding Child Functioning – Lucas Outcome 3**

#### **III.2. Understanding Child Functioning – Jeremiah Outcome 2**

#### **IV.1. Building Consensus for a High-Quality COS Rating – Lucas Outcome 3**

#### **IV. 2. Building Consensus for a High-Quality COS Rating – Jeremiah Outcome 2**

## COS-TC Video Guide

### I.1. Planning for the COS - Buddy

You will need:

- Video Clip: I.1. Planning for the COS – Buddy
- *COS-TC Checklist and Descriptions* to refer to for clarification, as needed (see pages 1–5 in the document)
- Blank and completed COS-TC Checklist – Section I. Planning for the COS (see page 23 in this Guide)
- Blank and completed COS-TC Checklist – Section V. Interactive Practices, if reviewing those as well (see page 24 in this Guide)

**Video summary:** This video shows two providers preparing for a child’s COS rating. They have collected assessment information, reviewed the child’s Present Levels of Development (PLOD), and talked with the child’s mother and other adults in his life. The parent is not present for this meeting, although her input is mentioned frequently in the video. You will also hear these team members discussing plans for a future meeting with the family. These individuals have worked together before and demonstrate a confident level of understanding of the COS process.

## I.1. Planning for the COS - Buddy

Place a checkmark in the appropriate column to indicate the extent to which there is evidence that each quality practice is observed. 'No' indicates that the practice is not observed; 'partly' indicates that the practice is observed some of the time, or some, but not all, of the practice is observed; 'yes' indicates the practice is fully observed most or all of the time.

Quality Practices	No	Partly	Yes	Observation Notes
1. Providers <b>review COS background information</b> , including the meaning of the three outcomes, the rating criteria, the decision tree, the descriptor statements, and COS process ( <i>as needed</i> ).		X		Partly. This is not specifically addressed in the video, but providers appear to have requisite background knowledge. They use appropriate language and procedure.
2. Providers <b>review age-expected growth and development</b> for the age of the child ( <i>as needed</i> ).			X	Yes. There is a good deal of this conversation. Assessment tools, observations, and parent report are all reviewed to consider the child's functioning relative to same age peers.
3. Providers ensure that <b>multiple sources of information</b> about the child's functioning are available for review ( <i>e.g., parent report, child care provider, observation, evaluation, progress reports, etc.</i> ).			X	Yes. Providers list Present Levels of Development (PLOD); write-ups from the Routines Based Interview; the Measure of Engagement, Independence, and Social Relationships (MEISR); parent report; and their own observations to refer to during their discussions at the COS meeting..
4. Providers confirm there is information about the child's functioning for each of the <b>three child outcomes</b> .		X		Partly. There are comments made that a review was done in all areas and documented on the PLOD, using highlighted information that corresponds with age-expected (AE), immediate foundational (IF), and foundational (F) skills for each outcome (i.e., red highlight for foundational skills, yellow for immediate foundational and green for age-expected). However, the team discussion is specific to just one outcome and the use of tools is present for one outcome only.
5. Providers check for information about the child's <b>current</b> functioning <b>across settings and situations</b> .			X	Yes. Good conversations about home, playgroup, and assessment data.
6. Providers consider the child's functioning in terms of <b>AE-IF-F</b> with reference to <b>age-anchoring</b> tools and resources. ( <i>AE- age-expected, IF- immediate foundational, F- foundational</i> )			X	Yes. Consistent references to this terminology and use of highlighting in all written documents to distinguish among age-appropriate, immediate foundational, and foundational skills. One provider can see immediately that there are no AE skills, and then conversation supports that with age anchoring.
7. Providers <b>review plans for sharing information</b> about the COS and how to engage the family in the COS decision-making process.	X			No. The providers reference information provided by the parent that was included in the review. They also discuss what additional information is needed from the family. However, there is no specific mention about how to engage the family in the discussion.



## V. Interactive Practices - Buddy

Place a checkmark in the appropriate column to indicate the extent to which there is evidence that each quality practice is observed. 'No' indicates that the practice is not observed; 'partly' indicates that the practice is observed some of the time, or some, but not all, of the practice is observed; 'yes' indicates the practice is fully observed most or all of the time.

Quality Practices	No	Partly	Yes	Observation Notes
a. Providers share and/or synthesize information <b>clearly and concisely</b> .			X	Yes. There is a brief review between providers of information already collected (assessment, present levels of development, family input) and coding into outcome or developmental levels.
b. Providers <b>display good affect</b> (e.g., tone, facial expressions, responsiveness, etc.).			X	Yes. Professional conversation with collaborative tone. Consensus easily reached.
c. Providers give <b>eye contact</b> appropriately.			X	Yes. Eye contact is present throughout the meeting.
d. Providers <b>do not use jargon</b> and <b>clearly explain technical terms</b> .		X		Partly. Use of professional jargon evident but appears to be mutual understanding between professionals.
e. Providers <b>actively include all team members</b> in the discussions.			X	Yes. Both providers are active participants in the discussion. They refer to input from the family and others.
f. Providers <b>show responsive behaviors</b> that illustrate active listening and responding.			X	Yes. Back and forth conversation between providers demonstrating active listening through confirmation and clarifying explanations.
g. Providers <b>let team members finish their thought</b> before replying or moving on.			X	Yes.
h. Providers <b>ask good follow-up questions</b> to check for understanding or collect rich detail.			X	Yes. There seems to be a level of mutual understanding between professionals here. No one checks for understanding, which appears appropriate.
i. Providers <b>use descriptive examples</b> , paraphrasing, and summarizing to check understanding.			X	Yes. Providers share many rich descriptions of functional skills demonstrated by this child.
j. Providers <b>listen empathetically</b> , being sensitive to emotional needs and environmental demands (e.g., phone ringing, child fussing, etc.).	NA			NA. There is no need to address this interactive practice as there are no family members present or environmental distractions.
k. Providers <b>acknowledge and respect family input</b> about the child's functioning.			X	Yes. Providers include family input throughout their discussion. They acknowledge some different perspectives between providers and parent regarding the presence of some skills, yet they also do not make judgement statements about this.

## COS-TC Video Guide

### II.1. Explaining the COS Process to Families - Alyssa

**You will need:**

- Video Clip: II.1. Explaining the COS Process to Families – Alyssa
- *COS-TC Checklist and Descriptions* to refer to for clarification, as needed (see pages 6–9 in the document)
- Blank and completed COS-TC Checklist – Section II. Explaining the COS Process to Families (see page 26 in this Guide)
- Blank and completed COS-TC Checklist – Section V. Interactive Practices, if reviewing those as well (see page 27 in this Guide)

**Video summary:** This video shows a provider and a child’s parents meeting in the family’s home. The provider explains why the COS information is collected and how it is used, gives brief definitions of the three child outcomes, and checks for parent understanding. One of the child’s/family’s other providers was not able to attend this meeting but did send input which the provider shares later in the meeting (not included in this clip).

## II.1 Explaining the COS Process to Families - Alyssa

Place a checkmark in the appropriate column to indicate the extent to which there is evidence that each quality practice is observed. 'No' indicates that the practice is not observed; 'partly' indicates that the practice is observed some of the time, or some, but not all, of the practice is observed; 'yes' indicates the practice is fully observed most or all of the time.

Quality Practices	No	Partly	Yes	Observation Notes
1. Providers <b>explain to the family why</b> outcomes data are collected and <b>how</b> they are used.		X		Partly. Provider explains how the outcomes data help us see Alyssa's progress in early intervention. There is, however, no mention of how the outcomes data help inform program progress, or how data are used.
2. Providers <b>describe the three child outcomes</b> that are measured.			X	Yes. Provider indicates that the COS tells us how Alyssa is doing in each of the three child outcome areas and where she is with respect to other children her age. Descriptions are simplified and free of jargon.
3. Providers <b>describe how</b> the outcome data are collected.		X		Partly. Through a collection of information from the parents and a conversation that the provider had with another provider regarding the child's assessment, the team will determine where Alyssa is relative to other children who are three years old.
4. Providers <b>check for family understanding</b> before moving on.		X		Provider briefly stops and asks (a closed-ended question), "Does that make sense?" Parents nod their heads and she continues.

## V. Interactive Practices - Alyssa

Place a checkmark in the appropriate column to indicate the extent to which there is evidence that each quality practice is observed. 'No' indicates that the practice is not observed; 'partly' indicates that the practice is observed some of the time, or some, but not all, of the practice is observed; 'yes' indicates the practice is fully observed most or all of the time.

Quality Practices	No	Partly	Yes	Observation Notes
a. Providers share and/or synthesize information <b>clearly and concisely</b> .		X		Partly. Provider describes outcomes and explains how they are used.
b. Providers <b>display good affect</b> (e.g., tone, facial expressions, responsiveness, etc.).			X	Yes. Provider has a pleasant tone and gives encouraging smiles.
c. Providers give <b>eye contact</b> appropriately.			X	Yes. Provider makes a conscious effort to look at parents while talking.
d. Providers <b>do not use jargon</b> and <b>clearly explain technical terms</b> .			X	Yes. There is no evidence of jargon. For instance, she says "areas" instead of "outcomes."
e. Providers <b>actively include all team members</b> in the discussions.		X		Partly. Both parents are included, but the provider is talking more than the parents because she is explaining the process. Yet, there are missed opportunities to seek their input and/or understanding. Provider mentions a conversation she had with the other provider involved in COS process (not present).
f. Providers <b>show responsive behaviors</b> that illustrate active listening and responding.		X		Partly. Provider asks parents if something makes sense. This could have been stated as an open-ended question instead.
g. Providers <b>let team members finish their thought</b> before replying or moving on.			X	Yes. Provider waits for both parents to respond in the affirmative before moving on.
h. Providers <b>ask good follow-up questions</b> to check for understanding or collect rich detail.		X		Partly. The provider asks a question to check family understanding ("Does that make sense?"). However, this question is stated as a closed-ended question that does not facilitate further input from the family to check their understanding.
i. Providers <b>use descriptive examples</b> , paraphrasing, and summarizing to check understanding.	NA			This is not part of this video example.
j. Providers <b>listen empathetically</b> , being sensitive to emotional needs and environmental demands (e.g., phone ringing, child fussing, etc.).			X	Yes. The provider shares information and demonstrates listening when the family shares information. The provider also demonstrates good eye contact. This clip doesn't include any distractions.
k. Providers <b>acknowledge and respect family input</b> about the child's functioning.	NA			This is not part of this video example.

## COS-TC Video Guide

### II.2. Explaining the COS Process to Families - Braylon

You will need:

- Video Clip: II.2. Explaining the COS Process to Families – Braylon
- *COS-TC Checklist and Descriptions* to refer to for clarification as needed (see pages 6–9 in the document)
- Blank and completed COS-TC Checklist – Section II. Explaining the COS Process to Families (see page 29 in this Guide)
- Blank and completed COS-TC Checklist – Section V. Interactive Practice, if reviewing those as well (see page 30 in this Guide)

**Video summary:** This video shows two providers and a mother meeting in the family's home. One provider explains why the COS information is collected and how it is used and gives brief definitions of the three child outcomes. The other provider interacts with the child during the meeting.

## II.2 Explaining the COS Process to Families - Braylon

Place a checkmark in the appropriate column to indicate the extent to which there is evidence that each quality practice is observed. 'No' indicates that the practice is not observed; 'partly' indicates that the practice is observed some of the time, or some, but not all, of the practice is observed; 'yes' indicates the practice is fully observed most or all of the time.

Quality Practices	No	Partly	Yes	Observation Notes
1. Providers <b>explain to the family why</b> outcomes data are collected and <b>how</b> they are used.			X	Yes. One provider explains how measuring outcomes helps us know how Braylon is doing and about the early intervention program as a whole. She states that by measuring outcomes we will have a picture of what kind of progress was made relative to same-age peers. Information about measuring the three outcomes for all children in early intervention is also provided.
2. Providers <b>describe the three child outcomes</b> that are measured.			X	Yes. There is a brief explanation of all three outcomes.
3. Providers describe <b>how</b> the outcome data are collected.			X	Yes. One provider describes the discussions that occur during the beginning and the end of early intervention services. She states that understanding whether Braylon's skills are age-expected at both times is important for helping to determine results of early intervention.
4. Providers <b>check for family understanding</b> before moving on.		X		Partly. Parent understanding is shared and acknowledged several times, but it is not explicitly asked about by the providers.

## V. Interactive Practices - Braylon

Place a checkmark in the appropriate column to indicate the extent to which there is evidence that each quality practice is observed. 'No' indicates that the practice is not observed; 'partly' indicates that the practice is observed some of the time, or some, but not all, of the practice is observed; 'yes' indicates the practice is fully observed most or all of the time.

Quality Practices	No	Partly	Yes	Observation Notes
a. Providers share and/or synthesize information <b>clearly and concisely</b> .			X	Yes. Some brief explanations are given by one provider.
b. Providers <b>display good affect</b> (e.g., tone, facial expressions, responsiveness, etc.).			X	Yes. The meeting has a friendly tone.
c. Providers give <b>eye contact</b> appropriately.			X	Yes. The provider speaking to the parent maintains eye contact with the parent even though there are multiple distractions during the conversation.
d. Providers <b>do not use jargon</b> and <b>clearly explain technical terms</b> .			X	Yes. No jargon is used.
e. Providers <b>actively include all team members</b> in the discussions.	X			No. One provider interacts with the child throughout the meeting. There is no evidence of her participation in the discussion in this clip.
f. Providers <b>show responsive behaviors</b> that illustrate active listening and responding.		X		Partly. Parent has very short responses and there is little encouragement to elaborate.
g. Providers <b>let team members finish their thought</b> before replying or moving on.		X		Partly. Parent has very short responses. No contribution from one of the providers during the discussion.
h. Providers <b>ask good follow-up questions</b> to check for understanding or collect rich detail.		X		Partly. Provider primarily shares information and misses some opportunities to ask for further detail or pause to encourage the parent to continue. The family indicates understanding by adding on to what the provider shares.
i. Providers <b>use descriptive examples</b> , paraphrasing, and summarizing to check understanding.			X	Yes. Descriptive examples of the outcomes are shared with the family. The family is not heard sharing much because the provider is sharing information. However, the provider does respond "right" in response to the parent's comment as a way to acknowledge her understanding.
j. Providers <b>listen empathetically</b> , being sensitive to emotional needs and environmental demands (e.g., phone ringing, child fussing, etc.).			X	Yes. One provider interacts with the child the entire time so that the other provider can explain the COS process. The provider speaking pauses sometimes to allow for parent-child interaction.
k. Providers <b>acknowledge and respect family input</b> about the child's functioning.			X	Yes. Both providers confirm parent's understanding of Braylon's progress.

## COS-TC Video Guide

### III.1. Understanding Child Functioning - Lucas Outcome 3

#### You will need:

- Video Clip: III.1. Understanding Child Functioning – Lucas Outcome 3
- *COS-TC Checklist and Descriptions* to refer to for clarification, as needed (see pages 10–17 in the document)
- Blank and completed COS-TC Checklist – Section III. Understanding Child Functioning (see page 32 in this Guide)
- Blank and completed COS-TC Checklist – Section V. Interactive Practice, if reviewing those as well (see page 33 in this Guide)

**Video summary:** This video clip shows team collaboration between two providers and a mother. The team is having a rich discussion about the child’s functioning to take appropriate action to meet his needs (Outcome 3). The meeting takes place on the patio of the family’s home, and one provider is videotaping the conversation. Even though she cannot be seen on camera, she should be considered part of the team when watching the video. Additional challenges to the team process include the needs of the three-year-old child as he explores, jumps, interacts, and plays with the adults while they continue their COS discussion.



### III.1 Understanding Child Functioning - Lucas Outcome 3

Place a checkmark in the appropriate column to indicate the extent to which there is evidence that each quality practice is observed. 'No' indicates that the practice is not observed; 'partly' indicates that the practice is observed some of the time, or some, but not all, of the practice is observed; 'yes' indicates the practice is fully observed most or all of the time.

Quality Practices	O3 No	O3 Partly	O3 Yes	Observation Notes
1. Team members discuss the full <b>breadth of each outcome</b> (i.e., across the range of functioning pertinent to each outcome).			X	Yes. Provider reviews outcome content briefly and accurately with those at the meeting. Parent and providers do talk about the child's current functioning fully for all the skills discussed. Yet, there is limited mention of his use of communication to get his needs met.
2. Providers invite the <b>family to share information</b> about their child's functioning for each outcome area.			X	Yes. Provider asks parent, "Why don't you tell us how he's doing with all those kinds of things?" Lucas's mom shares her perspective and the provider reinforces the mother's speaking and encourages her to continue.
3. Team members discuss the child's <b>current functioning</b> in each outcome area.	X			No. Provider and parent talk, but provider only facilitates parent input; she misses opportunities to add information, discuss what other people have seen, or reference assessment tools, etc.
4. Team members discuss <b>information from multiple sources</b> (e.g., family input, other observations, assessments, progress monitoring, child care providers, specialists, neighbors) for each outcome.	X			No. There is no discussion of sources of information (assessments, observations, other providers) other than the parent's viewpoint and observations at the meeting.
5. Team members discuss the child's functioning <b>across settings and situations</b> .	X			No. In this video, there is no discussion of settings and situations other than the home.
6. Team members discuss the child's functioning for each outcome in sufficient <b>depth</b> to describe how the child uses skills in meaningful ways.			X	Yes. In the context of what they discuss, (behavior at home) there is depth in discussion of all the areas.
7. Team members focus on the child's <b>functional use of skills</b> versus discrete skills.			X	Yes. Parent shares child's functioning as functional use of skills within daily routines. "He can use a knife and cut with it. He cuts onions and strawberries with me."
8. Team members discuss <b>skills the child has and has not yet mastered</b> .		X		Partly. Parent shares that "The only thing he is still struggling with is the potty training. We are taking a break for a little while." She also shares that Lucas does not tell when he is wet. There is good discussion about Lucas's skills but little reference to skills not yet mastered/expected for a child his age.
9. Team members discuss how the child's <b>current use of skills relates to age-expected development</b> (AE-IF-F).		X		Partly. When the mother shares about Lucas's use of utensils and mealtime behaviors, one of the team members comments that that all the examples are "typical behavior" for a three-year-old. There are no other references to how his skills relate to age-expected development.

## V. Interactive Practices - Lucas Outcome 3

Place a checkmark in the appropriate column to indicate the extent to which there is evidence that each quality practice is observed. 'No' indicates that the practice is not observed; 'partly' indicates that the practice is observed some of the time, or some, but not all, of the practice is observed; 'yes' indicates the practice is fully observed most or all of the time.

Quality Practices	No	Partly	Yes	Observation Notes
a. Providers share and/or synthesize information <b>clearly and concisely</b> .			X	Yes. Right away the provider gives a brief explanation of Outcome 3 with specific examples.
b. Providers <b>display good affect</b> (e.g., tone, facial expressions, responsiveness, etc.).			X	Yes. Provider remains cheerful, responsive, and supportive throughout, presenting a positive attitude.
c. Providers give <b>eye contact</b> appropriately.			X	Yes. Eye contact is appropriate and shifts appropriately between mother, child, and other provider.
d. Providers <b>do not use jargon</b> and <b>clearly explain technical terms</b> .			X	Yes. Explanation of Outcome and clarifying questions are clear and jargon-free.
e. Providers <b>actively include all team members</b> in the discussions.		X		Partly. The provider invites the mother to share her observations: "Tell us what it looks like....." Other provider (not on camera) volunteers observations, but is not specifically invited to share.
f. Providers <b>show responsive behaviors</b> that illustrate active listening and responding.			X	Yes. The provider nods head and smiles in response, and also asks clarifying questions to the parent, which support active listening techniques.
g. Providers <b>let team members finish their thought</b> before replying or moving on.			X	Yes. This happens many times as there are frequent interruptions to the conversation. Provider is patient and sometimes supports completion of a thought.
h. Providers <b>ask good follow-up questions</b> to check for understanding or collect rich detail.			X	Yes. There is evidence of many instances of this practice, such as asking about details and underlying routines (toileting, dressing, etc.).
i. Providers <b>use descriptive examples</b> , paraphrasing, and summarizing to check understanding.			X	Yes. An excellent example of this is the provider paraphrasing the parent's challenges with leaving the house versus coming back inside. Parent affirms the provider's paraphrasing.
j. Providers <b>listen empathetically</b> , being sensitive to emotional needs and environmental demands (e.g., phone ringing, child fussing, etc.).			X	Yes. Provider is able to support the parent despite an active child who needs attention due to safety concerns. She is willing to keep the yoga mat on her lap, interacts with the child appropriately, and keeps the meeting on track.
k. Providers <b>acknowledge and respect family input</b> about the child's functioning.			X	Yes. Parent is the primary source of information in this meeting. There is clear evidence of the parent being the expert on her child from all involved.

## COS-TC Video Guide

### III.2: Understanding Child Functioning - Jeremiah Outcome 2

You will need:

- Video Clip: III.2. Understanding Child Functioning - Jeremiah
- *COS-TC Checklist and Descriptions* to refer to for clarification, as needed (see pages 10–17 in the document)
- Blank and completed COS-TC Checklist – Section III. Understanding Child Functioning (see page 35 in this Guide)
- Blank and completed COS-TC Checklist – Section V. Interactive Practice, if reviewing those as well (see page 36 in this Guide)

**Video summary:** This video shows team collaboration between two providers and a mother having a discussion of the child’s skills and behavior in Outcome 2. The meeting takes place at the family’s kitchen table. Challenges to the team process include the needs of the other children in the room as they play and show interest in the camera; this presents some distraction. It should be noted that the meeting is recorded with a fish-eye, wide-angle lens on the video camera, so although it frequently looks as though one provider is not looking at the parent, she actually is.

### III.2 Understanding Child Functioning - Jeremiah Outcome 2

Place a checkmark in the appropriate column to indicate the extent to which there is evidence that each quality practice is observed. 'No' indicates that the practice is not observed; 'partly' indicates that the practice is observed some of the time or some, but not all, of the practice is observed; 'yes' indicates the practice is fully observed most or all of the time.

Quality Practices	O2 No	O2 Partly	O2 Yes	Observation Notes
1. Team members discuss the full <b>breadth of each outcome</b> (i.e., across the range of functioning pertinent to each outcome).		X		Partly. In this video, team members only discuss the talking and understanding skills as part of Outcome 2. Although other parts of the video touch on other portions of the outcome, the full breadth of the outcome was not addressed.
2. Providers invite the <b>family to share information</b> about their child's functioning for each outcome area.			X	Yes. Jeremiah's mother is invited to share which words Jeremiah seems to understand and how he uses the language he has in different settings.
3. Team members discuss the child's <b>current functioning in</b> each outcome area.			X	Yes. Both providers and the mother contribute to a picture of the child's current functioning by giving examples of specific skills.
4. Team members discuss <b>information from multiple sources</b> (e.g., family input, other observations, assessments, progress monitoring, child care providers, specialists, neighbors) for each outcome.		X		Partly. There is no discussion of additional sources of information (assessments, neighbors, etc.) but all team members present contribute.
5. Team members discuss the child's functioning <b>across settings and situations</b> .			X	Yes. The providers elicit this information and Jeremiah's mother explains that he is less likely to act out at home and shares how he runs around with other children at the park or friends' houses.
6. Team members discuss the child's functioning for each outcome in sufficient <b>depth</b> to describe how the child uses skills in meaningful ways.			X	Yes. In the context of what the team discussed (i.e., understanding and using language), there is depth.
7. Team members focus on the child's <b>functional use of skills</b> versus discrete skills.			X	Yes. Parent shares child's functioning as functional use of skills within daily routines. "He will say, 'boo' now when playing peek-a-boo." He also responds to consistent warnings.
8. Team members discuss <b>skills the child has and has not yet</b> mastered.			X	Yes. Parent is very clear about what child cannot do yet in regards to using language. One of the providers also indicates that he looks more frequently at mother when she is talking to him.
9. Team members discuss how the child's <b>current use of skills relates to age-expected development</b> (AE-IF-F).			X	Yes. There is an explanatory conversation between the mother and the providers regarding the difference between age expectations for a twenty-four-month-old and a thirty-two-month-old.

## V. Interactive Practices - Jeremiah Outcome 2

Place a checkmark in the appropriate column to indicate the extent to which there is evidence that each quality practice is observed. 'No' indicates that the practice is not observed; 'partly' indicates that the practice is observed some of the time or some, but not all, of the practice is observed; 'yes' indicates the practice is fully observed most or all of the time.

Quality Practices	No	Partly	Yes	Observation Notes
a. Providers share and/or synthesize information <b>clearly and concisely</b> .		x		Partly. For example, at one point there is a reference to Outcome 2 but no explanation of the outcome. The providers share other information but miss opportunities to pause and synthesize what is shared.
b. Providers <b>display good affect</b> (e.g., tone, facial expressions, responsiveness, etc.).			x	Yes. Provider remains cheerful, responsive, and supportive throughout, presenting a positive attitude.
c. Providers give <b>eye contact</b> appropriately.			x	Yes. Both providers are mostly focused on the parent. There are some times when everyone is focused on the child. The camera lens makes this very difficult to observe.
d. Providers <b>do not use jargon</b> and <b>clearly explain technical terms</b> .			x	Yes. No jargon is used and clarification of age expectation for child is appropriate.
e. Providers <b>actively include all team members</b> in the discussions.		x		Partly. Parent is asked about skills and different settings. But it is not apparent that both providers invite each other's input. At different points the provider farthest from the camera speaks up to add to the conversation.
f. Providers <b>show responsive behaviors</b> that illustrate active listening and responding.		x		Partly. One provider nods head and smiles in response, and also asks clarifying questions to the parent, which support active listening techniques. Yet, there are missed opportunities to pause and paraphrase to check understanding.
g. Providers <b>let team members finish their thought</b> before replying or moving on.			x	Yes. This happens many times as there are frequent interruptions to the conversation.
h. Providers <b>ask good follow-up questions</b> to check for understanding or collect rich detail.			x	Yes. There is evidence of this practice, asking the parent about specific details and additional settings.
i. Providers <b>use descriptive examples</b> , paraphrasing, and summarizing to check understanding.			x	Yes. One provider indicates that the child needs a bit of a cue to understand some direction language. This summarizes language the parent has used to explain that the child doesn't understand more than one word at a time.
j. Providers <b>listen empathetically</b> , being sensitive to emotional needs and environmental demands (e.g., phone ringing, child fussing, etc.).		x		Partly. Both providers are able to support the parent despite active children in the room who need attention due to safety concerns. The meeting continues, despite the mother eating her breakfast. Yet, there are missed opportunities to check in regarding the parent's feelings. The pace is pretty rapid and more pauses could have been offered.
k. Providers <b>acknowledge and respect family input</b> about the child's functioning.			x	Yes. Parent is the primary source of information in this meeting.

## COS-TC Video Guide

### IV.1. Building Consensus for a High-Quality COS Rating - Lucas

#### You will need:

- Video Clip: IV.1. Building Consensus for a High-Quality COS Rating – Lucas
- *COS-TC Checklist and Descriptions* to refer to for clarification, as needed (see pages 18–20 in the document)
- Blank and completed COS-TC Checklist – Section IV. Building Consensus for a High-Quality COS Rating (see page 38 in this Guide)
- Blank and completed COS-TC Checklist – Section V. Interactive Practices, if reviewing those as well (see page 39 in this Guide)

**Video summary:** This video shows team collaboration between two providers and a mother using the Decision Tree and team discussion to determine the COS rating on Outcome 3. The meeting takes place on the patio of the family home, and one provider is videotaping the conversation. Even though she cannot be seen on camera, she should be considered part of the team when watching the video. Additional challenges to the team process includes the needs of the three-year-old child as he explores, jumps, interacts, and plays with the adults while they attempt to continue the COS process discussion.

## IV.1 Building Consensus for a High-Quality COS Rating - Lucas

Place a checkmark in the appropriate column to indicate the extent to which there is evidence that each quality practice is observed. 'No' indicates that the practice is not observed; 'partly' indicates that the practice is observed some of the time or some, but not all, of the practice is observed; 'yes' indicates the practice is fully observed most or all of the time.

Quality Practices	O3 No	O3 Partly	O3 Yes	Observation Notes
1. Team members discuss <b>key decisions</b> about the child's functioning shown on the <b>decision tree</b> using all they know about the child's mix of skills.		X		Partly. Provider points to the decision tree and says to the parent, "When we are up here, what do you think?" The parent shares what she believes is appropriate and the provider agrees, but there is limited discussion of two different possible ratings.
2. Team members discuss the <b>rating for each outcome in descriptive terms</b> , not simply as a number.		X		Partly. While a combination of numbers and descriptive terms are used (They describe the numbers in descriptive terms, e.g., "A 5 would have more of the age-expected, and a 4 would have more of the immediate foundational."), it would be best not to reference the number at all.
3. Team members <b>reach consensus</b> for each outcome rating.			X	Yes. Provider agrees with parent's input. Parent agrees with the other provider's rationale for the rating.
4. The COS <b>ratings are consistent with rating criteria</b> for all the information shared and discussed.			X	Yes. One team member points out at the end how many age-expected skills the child has, and that only some are in the immediate foundational range, leading them to decide on a rating.

## V. Interactive Practices - Lucas

Place a checkmark in the appropriate column to indicate the extent to which there is evidence that each quality practice is observed. 'No' indicates that the practice is not observed; 'partly' indicates that the practice is observed some of the time or some, but not all, of the practice is observed; 'yes' indicates the practice is fully observed most or all of the time.

Quality Practices	No	Partly	Yes	Observation Notes
a. Providers share and/or synthesize information <b>clearly and concisely</b> .	X			No. There is little evidence of synthesizing information from the decision tree and the ratings.
b. Providers <b>display good affect</b> (e.g., tone, facial expressions, responsiveness, etc.).			X	Yes. This is consistent; the providers are positive and supportive.
c. Providers give <b>eye contact</b> appropriately.			X	Yes, is made.
d. Providers <b>do not use</b> jargon and <b>clearly explain technical terms</b> .			X	Yes. COS language is used freely, such as immediate foundational and age-expected skills. The parent seems to understand from previous explanations.
e. Providers <b>actively include all team members</b> in the discussions.			X	Yes. After hearing the parent's input on the rating, the provider clearly looks to the other team member (off camera) to include her perspective.
f. Providers <b>show responsive behaviors</b> that illustrate active listening and responding.			X	Yes. Team members attend to one another and ask appropriate questions.
g. Providers <b>let team members finish their thought</b> before replying or moving on.		X		Partly. There is at least one instance of the provider moving forward before the parent is finished speaking.
h. Providers <b>ask good follow-up questions</b> to check for understanding or collect rich detail.		X		Partly. Parent is asked if she understands the difference between a rating of 4 and 5, and her response indicates that she does. Supporting skills are repeated for emphasis; however, there are no follow-up questions asked.
i. Providers <b>use descriptive examples</b> , paraphrasing, and summarizing to check understanding.			X	Yes. The off-camera provider summarizes the information shared about the child with good examples and affirms the rating decision of a 5.
j. Providers <b>listen empathetically</b> , being sensitive to emotional needs and environmental demands (e.g., phone ringing, child fussing, etc.).			X	Yes, the provider maintained her focus on the family.
k. Providers <b>acknowledge and respect family input</b> about the child's functioning.			X	Yes. The providers encourage the parent to fully participate in the rating process and give her decision first, before the providers support her decision, and consensus is reached.



## COS-TC Video Clip

### IV.2. Building Consensus for a High-Quality COS Rating - Jeremiah - Outcome 2

#### You will need:

- Video Clip: IV.2. Building Consensus for a High-Quality COS Rating – Jeremiah - Outcome 2
- *COS-TC Checklist and Descriptions* to refer to for clarification, as needed (see pages 18-20 in the document)
- Blank and completed COS-TC Checklist – Section IV. Building Consensus for a High-Quality COS Rating (see page 41 in this Guide)
- Blank and completed COS-TC Checklist – Section V. Interactive Practice, if those as well (see pages 42 in this Guide)

**Video summary:** This video shows a parent and two early intervention providers discussing the child's skills in Outcome 2 in order to determine an accurate COS rating using the decision tree. The team is meeting at the family's dining table. The team references the decision tree frequently, considers two possible ratings, and comes to a consensus on the appropriate rating for the outcome. It should be noted that the video was recorded with a fish-eye (wide-angle) lens, so although it frequently looks as though one provider is not looking at the parent, she actually is.

## IV.2 Building Consensus for a High-Quality COS Rating - Jeremiah Outcome 2

Place a checkmark in the appropriate column to indicate the extent to which there is evidence that each quality practice is observed. 'No' indicates that the practice is not observed; 'partly' indicates that the practice is observed some of the time, or some, but not all, of the practice is observed; 'yes' indicates the practice is fully observed most or all of the time.

Quality Practices	O2 No	O2 Partly	O2 Yes	Observation Notes
1. Team members discuss <b>key decisions</b> about the child's functioning shown on the <b>decision tree</b> using all they know about the child's mix of skills.		X		Partly. The team uses the decision tree and addresses each question in the decision tree. At times they could have provided more explicit examples when working through the decision tree questions.
2. Team members discuss the <b>rating for each outcome in descriptive terms</b> , not simply as a number.			X	Yes. In this example, numbers are not used at all when discussing the different ratings. Both the parent and one of the providers use the terms "nearly" and "consistently."
3. Team members <b>reach consensus</b> for each outcome rating.			X	Yes. One provider indicates that she feels that there might be skills the child has that are "nearly" at an age-expected level. Through a rich discussion of the child's play and language skills, and the parent's comments about the child's functioning, the team concurs that the child has more skills like those of a younger child. For example at one point the parent shares that the child's listening skills are closer to those of a one-year-old child.
4. The COS <b>ratings are consistent with rating criteria</b> for all the information shared and discussed.			X	Yes. The team agrees that the child demonstrates more foundational skills for his age and no true age-expected skills. The team reaches consensus on a rating that reflects the midway point of "not yet" and "nearly," as even the "emerging skills" are not consistently seen every day. The team also illustrates debating over two rating possibilities before landing on the one they all agree upon. Input from all team members is instrumental in their ability to reach consensus.

## V. Interactive Practices - Jeremiah

Place a checkmark in the appropriate column to indicate the extent to which there is evidence that each quality practice is observed. 'No' indicates that the practice is not observed; 'partly' indicates that the practice is observed some of the time, or some, but not all, of the practice is observed; 'yes' indicates the practice is fully observed most or all of the time.

Quality Practices	No	Partly	Yes	Observation Notes
a. Providers share and/or synthesize information <b>clearly and concisely</b> .			X	Yes. The providers indicate all the appropriate areas of Outcome 2. Limited references to specific skills are made. One provider redirects the conversation when the parent speaks to skills related to Outcome 1.
b. Providers <b>display good affect</b> (e.g., tone, facial expressions, responsiveness, etc.).			X	Yes. The tone and responsiveness of the providers were appropriate. One provider uses humor when she needs her glasses to see the decision tree. Both providers share observations that are accepted by the mother.
c. Providers give <b>eye contact</b> appropriately.		X		Partly. The providers give excellent eye contact to the parent when she is speaking, but the providers rarely make eye contact with each other.
d. Providers <b>do not use jargon</b> and <b>clearly explain technical terms</b> .			X	Yes. There is no use of jargon or technical terms.
e. Providers <b>actively include all team members</b> in the discussions.			X	Yes. There are several instances where each member of the team encourages participation by other members (e.g., "Does that sound accurate?").
f. Providers <b>show responsive behaviors</b> that illustrate active listening and responding.			X	Yes. There are some instances of providers giving details of previous knowledge to confirm what the parent is saying.
g. Providers <b>let team members finish their thought</b> before replying or moving on.		X		Partly. There are several instances when providers talk over each other, especially when trying to come to a consensus over the rating. The parent sometimes talks over the providers when she is trying to make a point or ask for clarification.
h. Providers <b>ask good follow-up questions</b> to check for understanding or collect rich detail.			X	Yes. Both of the providers ask the parent to clarify why she is choosing a rating of 2 rather than 3.
i. Providers <b>use descriptive examples</b> , paraphrasing, and summarizing to check understanding.			X	Yes. When explaining why they think the child is not on the age-expected side of the decision tree for this outcome, the providers use multiple specific examples (e.g., not being able to follow directions to retrieve a shoe).
j. Providers <b>listen empathetically</b> , being sensitive to emotional needs and environmental demands (e.g., phone ringing, child fussing, etc.).			X	Yes. The parent is able to eat her breakfast during the meeting and one provider interacts with a child coming in and out of the room. In another part of this meeting, the parent is asked if she wants to take a break and she is fine to continue.
k. Providers <b>acknowledge and respect family input</b> about the child's functioning.			X	Yes. The parent is asked what she thinks, and she is encouraged to give more information about why she thinks her child should be rated a 2, rather than a 3. Consensus is reached between the providers and parent.