

Directions: We want to know if Help Me Grow Early Intervention has been helpful to your family. Fill in the circle that matches what you believe about each statement. Skip any of the items you do not want to answer. All answers are kept confidential. If responses are shared, no identifying information will be included unless you express otherwise at the end of this survey. If you have any questions, please feel free to call the state office at (614) 728-9622. Thank you for completing this survey! Your responses will help us build a stronger EI program, and we greatly appreciate it.

When you have finished the survey, choose one of the following ways to give us your answers by **October 28, 2016**.

- Mail survey in the included envelope **OR**
- Go online to <https://www.surveymonkey.com/r/FQ16> and complete the survey, using the ID at top of this page.

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
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Help Me Grow Early Intervention has helped me to:

1. Know my rights in the program	<input type="radio"/>				
2. Communicate my child's needs	<input type="radio"/>				
3. Help my child learn and develop	<input type="radio"/>				

I am satisfied with:

4. The respect shown to my family by Help Me Grow Early Intervention Service Coordinators and Service Providers	<input type="radio"/>				
5. My family's participation in the development of our Individualized Family Service Plan (IFSP)	<input type="radio"/>				
6. The assistance that Help Me Grow Early Intervention has given my family	<input type="radio"/>				
7. My child's progress	<input type="radio"/>				

Help Me Grow Early Intervention has made me better able to:

8. Understand the importance of my role in helping my child learn and develop	<input type="radio"/>				
9. Understand my child's strengths and needs in learning new things and gaining new skills	<input type="radio"/>				
10. Support my child in learning new things and gaining new skills	<input type="radio"/>				





Directions: Please use the space below to answer the following questions as best you can about your time in Help Me Grow Early Intervention.

11. What in Early Intervention has worked well with your family?

12. What could make Early Intervention work better for your family?

13. What part of Early Intervention has had the biggest impact for your family?

Additional Comments:

Optional: If you would like for your comments to be shared *exactly as they are written*, please initial on the line below; otherwise, your comments will be edited to remove identifying information so they will remain confidential.

_____ I give permission for Early Intervention state and local staff to view my comments exactly as I have written them.

Please respond by October 28, 2016. Your feedback is greatly appreciated.



Appendix B Help Me Grow Early Intervention Program

Overview

In Ohio, the Help Me Grow Early Intervention Program fulfills the federal *Individuals with Disabilities Education Act (IDEA)*, Part C (Early Intervention program for Infants and Toddlers with Disabilities). This document outlines the intent and requirements of Ohio's Early Intervention system.

The Mission of Early Intervention for Children with Disabilities

Early intervention builds upon and provides supports and resources to assist family members and caregivers to enhance children's learning and development through everyday learning opportunities.

To realize this mission, the Early Intervention (EI) system is built upon seven key principles:

1. Infants and toddlers learn best through everyday experiences and interactions with familiar people in familiar contexts;
2. All families, with the necessary supports and resources, can enhance their children's learning and development;
3. The primary role of a service provider in early intervention is to work with and support family members and caregivers in children's lives;
4. The early intervention process, from initial contacts through transition, must be dynamic and individualized to reflect the child's and family members' preferences, learning styles and cultural beliefs;
5. IFSP outcomes must be functional and based on children's and families' needs and family-identified priorities;
6. The family's priorities, needs and interests are addressed most appropriately by a primary provider who represents and receives team and community support; and
7. Interventions with young children and family members must be based on explicit principles, validated practices, best available research, and relevant laws and regulations.

[Workgroup on Principles and Practices in Natural Environments, OSEP TA Community of Practice: Part C Settings. (2008, March). *Agreed upon mission and key principles for providing early intervention services in natural environments.* (ectacenter.org/~pdfs/topics/families/Finalmissionandprinciples3_11_08.pdf)]

Federal Early Intervention Law

The Intent of the Law

In the 2004 re-authorization of the federal IDEA law, which includes both Part C (early intervention) and Part B (special education, both preschool and school age), the United States Congress asserted:

“Disability is a natural part of the human experience and in no way diminishes the right of individuals to participate in or contribute to society; and improving educational results for children with disabilities is an essential element of our national policy of ensuring equality of opportunity, full participation, independent living, and economic self-sufficiency for individuals with disabilities.” [Public Law 108-446, Section 601(c)(1)]

Moreover, in the Individuals with Disabilities Education Act Part C, Congress acknowledged an urgent and substantial need to:

- Enhance the development of infants and toddlers with disabilities;
- Reduce the educational costs to our society by minimizing the need for special education and related services;
- Maximize the potential for individuals with disabilities to live independently in society;
- Enhance the capacity of families to support the development of their children; and
- Enhance states’ ability to coordinate funding to provide services for infants and toddlers with disabilities.

[Public Law 108-446, Section 635(a)(1)- (5)]

Provisions of the Law

The key components of the Part C Early Intervention law include:

- Child Find through early identification of needs;
- Eligibility determination conducted by a team that includes parents and professionals from multiple disciplines who uses various pieces of information across all developmental domains, including hearing, and vision;
- A service coordinator as the key contact for the family who has responsibilities to work on behalf of the family and child through eligibility determination, Individualized Family Service Plan (IFSP) development, and service access, provision, and monitoring;
- Services that occur in natural environments, or in locations where typically developing children are within everyday routines, activities, and with familiar people;
- Parents have rights in the program and procedural safeguards are in place through rule and in accordance with the federal law; and
- Early Intervention services are provided by qualified personal through an IFSP to address outcomes.



The full text of the law can be found online (idea.ed.gov/download/statute.html), as can the accompanying regulations (www.gpo.gov/fdsys/pkg/FR-2011-09-28/pdf/2011-22783.pdf). In Ohio, these requirements are met by the Help Me Grow EI Program.

Ohio and Early Intervention

Over the last four years, the Ohio Department of Health (ODH), the Part C lead agency, and the Ohio Department of Developmental Disabilities (DODD) have engaged stakeholders in discussions about the intent and requirements of IDEA, the research and literature about the evidence for best practice in providing EI services, and the process for creating and articulating a clear, unified, consistent message for the provision of early intervention services.

Ohio's vision for improving the EI system largely comes from the recommendations made by the 2010 Part C Review stakeholder group, which include the mandates of the Federal law as well as the evidence for effective interventions. The recommendations include:

- A. All Part C/EI Services will be strength- and relationship-based: Providers of services will listen to families and plan interventions based on conversations about what is already being done, what is working and family priorities; a range of levels of support based on individual need will be available to families;
- B. The Part C lead agency will assure that every family and their child who is eligible for Part C/EI services shall have access to federally mandated, evidence-based EI services through a core team of professionals (defined as a minimum of a Service Coordinator, Physical Therapist, Occupational Therapist, Early Intervention Specialist, and Speech Therapist);
- C. Maximize existing federal, state, and local funding, and leverage additional funding to assure access to federally mandated EI services and implement these recommendations;
- D. The Ohio Part C lead agency will create a comprehensive, ongoing workforce development strategy for Part C/EI in partnership with other early childhood efforts in the state;
- E. Given the importance of supporting families in raising their children with disabilities, Ohio's Part C/EI system must ensure family support services and the availability of family-to-family support statewide;
- F. Provide consistent materials and messages statewide (child development, making referrals, enhancing social-emotional development, etc.); and
- G. The Ohio Part C program will develop a statewide system to ensure family accessibility to core team services, regardless of the political subdivision where families reside.

The full text of the recommendations is available online

(www.helpmegrow.ohio.gov/~media/HelpMeGrow/ASSETS/Files/Professionals%20Gallery/HMG%20Early%20Intervention/Ohio%20PartC%20Review%202010.ashx).



With time and support, Ohio's EI system will embody all seven components of this vision – with all of the state-led training, technical assistance, communication, guidance, and rule revision advancing the work to achieve and sustain the key principles.

In 2012, ODH and DODD began articulating and planning Ohio's EI work using a Project Management Plan (www.healthtransformation.ohio.gov/LinkClick.aspx?fileticket=B0IPLd7qmaM%3D&tabid=119). Additionally, many communities in Ohio have been working hard to shift their practices to those aligned with the above key principles.

Moving forward, ODH and DODD will provide training and technical assistance to support continued movement of all current and potential service providers in shifting practices to meet the federal requirements for EI services. In addition, ODH and DODD will provide guidance to assist local Help Me Grow EI systems with mechanisms for articulating these requirements within their communities and connecting with providers who currently do not participate in the IFSP process.

Early Intervention Services

EI services are services which meet the federal requirement under IDEA, including the services that are:

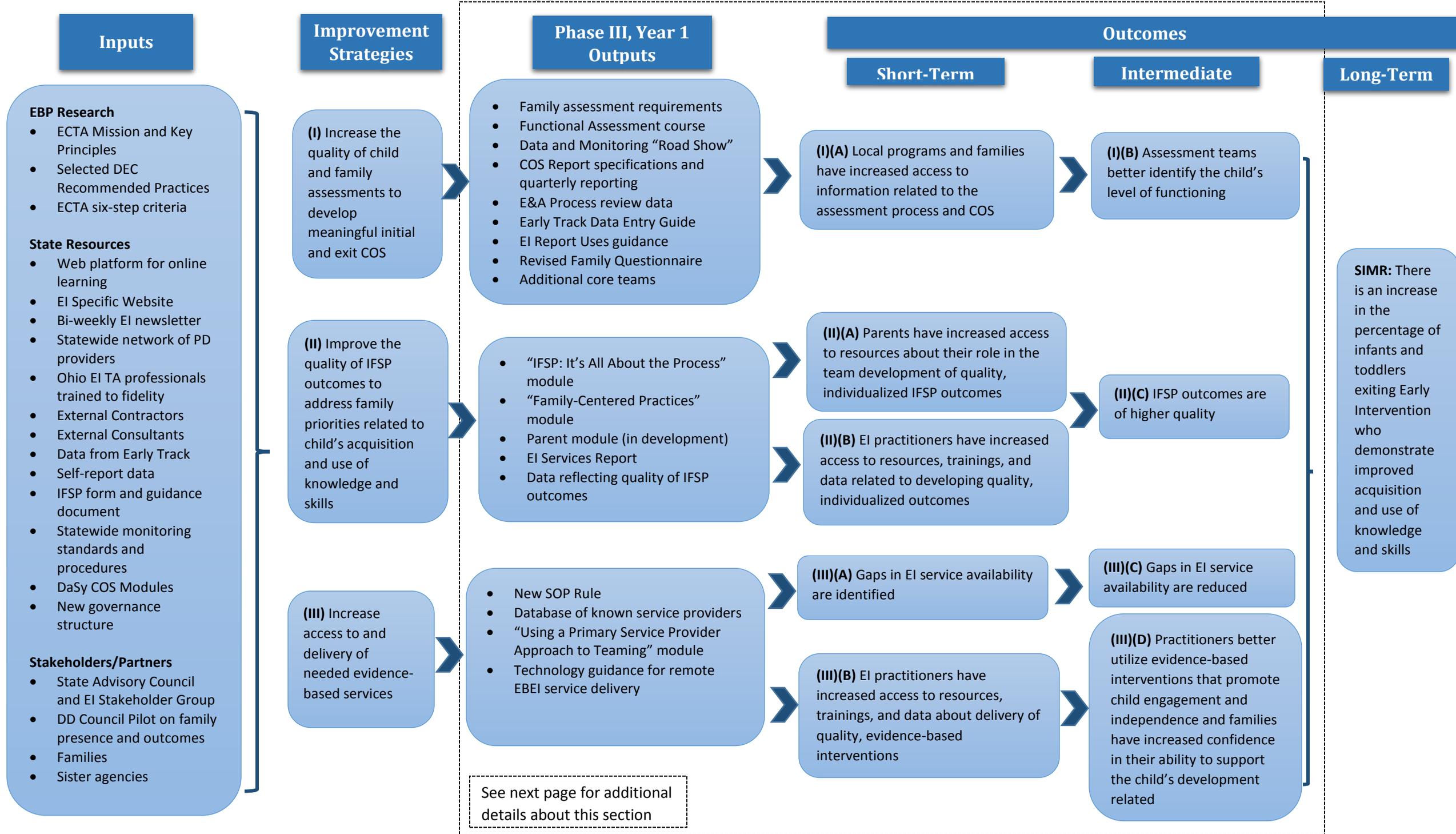
1. Developed based on information obtained through the EI evaluation and assessment team process [34.C.F.R.303.321] utilizing the Individualized Family Service Plan (IFSP) [34.C.F.R.303.344];
2. Occurring in natural environments, or in locations where typically developing children are within everyday routines, activities, and with familiar people [34.C.F.R.303.26];
3. Provided by qualified personnel as determined by the Early Intervention lead agency (ODH) and defined in [34.C.F.R.303.31]; and
4. Provided in a manner that supports the research and evidence for how very young children learn best: within the contexts of their families and caregivers, daily routines and natural environments.

[Workgroup on Principles and Practices in Natural Environments, OSEP TA Community of Practice: Part C Settings. (2008, March). *Agreed upon mission and key principles for providing early intervention services in natural environments.* ectacenter.org/~pdfs/topics/families/Finalmissionandprinciples3_11_08.pdf]

Therefore, EI services are those which align with the key principles in order to equip parents with the confidence and competence to enhance their child's development.



Appendix C - Ohio Phase III, Year 1 Logic Model



Ohio Phase III, Year 1 Logic Model - Additional Details

Phase III, Year 1 Outputs

- Family assessment requirements
- Functional Assessment course
- Data and Monitoring “Road Show”
- COS Report specifications and quarterly reporting
- E&A Process review data
- Early Track Data Entry Guide
- EI Report Uses guidance
- Revised Family Questionnaire
- Additional core teams

- “IFSP: It’s All About the Process” module
- “Family-Centered Practices” module
- Parent module (in development)
- EI Services Report
- Data reflecting quality of IFSP outcomes

- New SOP Rule
- Database of known service providers
- “Using a Primary Service Provider Approach to Teaming” module
- Technology guidance for remote EBEL service delivery

Post materials on website

Include information in bi-weekly communications

Share materials at EI Advisory Council and stakeholder meetings

Share materials at interagency meetings

Provide information through webinars and in-person trainings

Short-Term Outcomes

(I)(A) Local programs and families have increased access to information related to the assessment process and COS

(II)(A) Parents have increased access to resources about their role in the team development of quality, individualized IFSP outcomes

(II)(B) EI practitioners have increased access to resources, trainings, and data related to developing quality, individualized outcomes

(III)(A) Gaps in EI service availability are identified

(III)(B) EI practitioners have increased access to resources, trainings, and data about delivery of quality, evidence-based interventions

Ongoing TA

Ongoing Trainings

Coaching

Utilize Feedback loops: Identify additional needs via data analyses, implement via increased TA and/or PD opportunities

Intermediate Outcomes

(I)(B) Assessment teams better identify the child’s level of functioning

(II)(C) IFSP outcomes are of higher quality

(III)(C) Gaps in EI service availability are reduced

(III)(D) Practitioners better utilize evidence-based interventions that promote child engagement and independence and families have increased confidence in their ability to support the child’s development related

Appendix D - Ohio's Part C State Systemic Improvement Plan (SSIP)

Phase II Summary

SIMR: Substantially increase the rate of growth in the percent of infants and toddlers with IFSPs who demonstrate improved acquisition and use of knowledge and skills

Background – About the SSIP

The SSIP is a comprehensive, ambitious, yet achievable, multi-year plan for improving the results for infants and toddlers with disabilities and their families. The SSIP includes three separate phases, as described below.

Phase I – Analysis (complete)

Submitted to OSEP April 1, 2015

- Data analysis
 - Analysis of state infrastructure to support improvement and build capacity
 - State-identified measurable result(s) for infants and toddlers with disabilities and their families
 - Selection of coherent improvement strategies
 - Theory of Action
-

Phase II – Planning (complete)

Submitted to OSEP on March 30, 2016

- Infrastructure development
- Supports for programs in implementing evidence-based practices
- Evaluation

Coherent Improvement Strategies

Though all of the concepts that formed the improvement strategies identified in Phase I are vital to improving acquisition and use of knowledge and skills for children in Early Intervention, several overlapping concepts and common themes among the different strands clearly emerged throughout the Phase II work. To streamline efforts, align with these common themes, and specifically address the root causes identified in Phase I, the improvement strategies were reorganized. The intent of the original strategies is still intact, and concepts from all five are interwoven among the three newly-developed improvement strategies that will guide Ohio's SSIP work going forward:

- Increase the quality of child and family assessments to develop meaningful initial and exit COS statements
- Improve the quality of IFSP outcomes to address family priorities related to child's acquisition and use of knowledge and skills
- Increase access to and delivery of needed evidence-based services

See the realigned Theory of Action (Appendix A) as well as the following page for a comprehensive overview of the outcomes Ohio hopes to achieve over the next several years. Short-term outcomes are expected to be completed by June 2017, intermediate outcomes by June 2019, and long-term outcomes by June 2021.

Increase the quality of child and family assessments to develop meaningful initial and exit COS statements

- A. Local programs and families have increased access to resources, trainings, and data related to the assessment process and COS **(Short-Term)**
- B. Assessment teams conduct more thorough and functional child and family assessments to better identify the child's level of functioning and families have an increased understanding of how to support their child's development in the area of acquisition and use of knowledge and skills **(Intermediate)**
- C. There is an increase in the percentage of infants and toddlers exiting Early Intervention who demonstrate improved acquisition and use of knowledge and skills **(Long-Term: SIMR)**

Improve the Quality of IFSP outcomes to address family priorities related to child's acquisition and use of knowledge and skills

- A. Parents have increased access to resources about their role in the team development of quality, individualized IFSP outcomes addressing child acquisition and use of knowledge and skills **(Short-Term)**
- B. EI practitioners have increased access to resources, trainings, and data related to developing quality, individualized outcomes addressing family priorities around child acquisition and use of knowledge and skills **(Short-Term)**
- C. IFSP outcomes are of higher quality, and better individualized to meet the family-identified priorities that address acquisition and use of knowledge and skills **(Intermediate)**
- D. There is an increase in the percentage of infants and toddlers exiting Early Intervention who demonstrate improved acquisition and use of knowledge and skills **(Long-Term: SIMR)**

Increase access to and delivery of needed evidence-based services

- A. Gaps in EI service availability and reasons for the gaps are better identified **(Short-Term)**
- B. EI practitioners have increased access to resources, trainings, and data about delivery of quality, evidence-based interventions to address family priorities around child acquisition and use of knowledge and skills **(Short-Term)**
- C. Gaps in services that impact acquisition and use of knowledge and skills are reduced, thus families have increased access to needed evidence-based EI services **(Intermediate)**
- D. Practitioners better utilize evidence-based interventions that promote child engagement and independence and families have increased confidence in their ability to support the child's development related to acquisition and use of knowledge and skills **(Intermediate)**
- E. There is an increase in the percentage of infants and toddlers exiting Early Intervention who demonstrate improved acquisition and use of knowledge and skills **(Long-Term: SIMR)**

Phase III — Implementation and Evaluation

Due to OSEP in April 2017 – Feb. 2020



Appendix E - Child Outcomes Summary Form

Child's Name: _____

Date of Birth: _____

Date: _____

Early Track ID: _____

Rating Time:	<input type="checkbox"/> Entry rating	<input type="checkbox"/> Annual IFSP #1 <input type="checkbox"/> Annual IFSP #2	<input type="checkbox"/> Exit Rating
Child Outcomes Summary Rating	Name	Role/title	How involved
			<input type="checkbox"/> In person at IFSP Meeting <input type="checkbox"/> Provided evaluation/assessment record <input type="checkbox"/> Provided other information <input type="checkbox"/> Other
			<input type="checkbox"/> In person at IFSP Meeting <input type="checkbox"/> Provided evaluation/assessment record <input type="checkbox"/> Provided other information <input type="checkbox"/> Other
			<input type="checkbox"/> In person at IFSP Meeting <input type="checkbox"/> Provided evaluation/assessment record <input type="checkbox"/> Provided other information <input type="checkbox"/> Other
			<input type="checkbox"/> In person at IFSP Meeting <input type="checkbox"/> Provided evaluation/assessment record <input type="checkbox"/> Provided other information <input type="checkbox"/> Other
			<input type="checkbox"/> In person at IFSP Meeting <input type="checkbox"/> Provided evaluation/assessment record <input type="checkbox"/> Provided other information <input type="checkbox"/> Other

Family information on child functioning was gathered how?

(check **ALL** that apply)

- Received in IFSP meeting
- Per parent report, not in IFSP meeting
- Collected separately by SC
- Incorporated in evaluation(s)/assessment(s)
- Not included (must include justification):

Developmental Evaluation and Assessment Tool(s) Used for COSF Ratings (check all that apply):

- AEPS
 Battelle
 Bayley
 E-LAP
 HELP
 Other*

*Other Evaluation or Assessment tool(s)



Child Outcomes Summary Form

Early Track ID: _____

Positive Social-Emotional Skills

To answer the questions below, think about the child's functioning in these and closely related areas (as indicated by assessments and based on observations from individuals in close contact with the child):

To what extent does this child show AGE APPROPRIATE behaviors and skills related to this outcome across a variety of settings and situations?

As indicated by assessments and based on observations from individuals in close contact with the child.	No immediate foundational skills [1]	Use of immediate foundational skills is <u>Rare</u> [2]	Use of immediate foundational skills is <u>Sometimes across Some Settings</u> [3]	Use of Age-Appropriate skills is <u>Rare</u> [4]	Use of Age-Appropriate skills is <u>Sometimes across Some Settings</u> [5]	Behaviors and Skills are Age-Appropriate with <u>Concerns</u> [6]	Behaviors and Skills are Age-Appropriate with <u>No Concerns</u> [7]
Sub area:							
a) Relating with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Relating with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Expressing emotions, feelings, needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Following social rules related to interacting with individuals or groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Summary Rating (Select <u>one</u> number, averaging sub-areas)	1 <input type="checkbox"/> <i>Not Yet</i>	2 <input type="checkbox"/>	3 <input type="checkbox"/> <i>Emerging</i>	4 <input type="checkbox"/>	5 <input type="checkbox"/> <i>Somewhat</i>	6 <input type="checkbox"/>	7 <input type="checkbox"/> <i>Completely</i>

Evidence Supporting Overall Summary Ratings

1. Information supporting Overall Summary Rating for *Positive Social/Emotional Skills*

Types/sources of Information	Date	Brief Summary of Relevant results	Special Considerations**
<input type="checkbox"/> Evaluation			
<input type="checkbox"/> Record review			
<input type="checkbox"/> Parent/Caregiver Interview			
<input type="checkbox"/> Observation in multiple settings			
<input type="checkbox"/> Other (please list)			

** Include any additional information that you feel is important in interpreting the summary of results (i.e. child hospitalized for period of time, family moved since last rating, new intervention was implemented, new adaptations were used, etc.)

Has the child shown any NEW SKILLS or BEHAVIORS related to positive social-emotional skills since the last Child Outcomes Summary Rating?

N/A	<input type="checkbox"/>	Only choose if this is the Entry rating
Yes	<input type="checkbox"/>	If "yes," describe progress
No	<input type="checkbox"/>	



Child Outcomes Summary Form

Early Track ID: _____

Acquiring and Using Knowledge and Skills

To answer the questions below, think about the child's functioning in these and closely related areas (as indicated by assessments and based on observations from individuals in close contact with the child):

To what extent does this child show AGE APPROPRIATE behaviors and skills related to this outcome across a variety of settings and situations?

As indicated by assessments and based on observations from individuals in close contact with the child.	No immediate foundational skills [1]	Use of immediate foundational skills is <u>Rare</u> [2]	Use of immediate foundational skills is <u>Sometimes across Some Settings</u> [3]	Uses of Age-Appropriate skills is <u>Rare</u> [4]	Use of Age-Appropriate skills is <u>Sometimes across Some Settings</u> [5]	Behaviors and Skills are Age-Appropriate <u>with Concerns</u> [6]	Behaviors and Skills are Age-Appropriate with <u>No Concerns</u> [7]
Sub area: a) Thinking, reasoning, remembering and problem solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Understanding Symbols	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Understanding the physical and social worlds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Understanding and using communication to get and give information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Summary Rating (Select <u>one</u> number, averaging sub-areas)	1 <input type="checkbox"/> <i>Not Yet</i>	2 <input type="checkbox"/>	3 <input type="checkbox"/> <i>Emerging</i>	4 <input type="checkbox"/>	5 <input type="checkbox"/> <i>Somewhat</i>	6 <input type="checkbox"/>	7 <input type="checkbox"/> <i>Completely</i>

Evidence Supporting Overall Summary Ratings

2. Information supporting Overall Summary Rating for *Acquiring and Using Knowledge and Skills*

Types/sources of Information	Date	Brief Summary of Relevant results	Special Considerations**
<input type="checkbox"/> Evaluation			
<input type="checkbox"/> Record review			
<input type="checkbox"/> Parent/Caregiver Interview			
<input type="checkbox"/> Observation in multiple settings			
<input type="checkbox"/> Other (please list)			

** Include any additional information that you feel is important in interpreting the summary of results (i.e. child hospitalized for period of time, family moved since last rating, new intervention was implemented, new adaptations were used, etc.)

Has the child shown any **NEW SKILLS** or **BEHAVIORS** related to acquiring and using knowledge and skills since the last Child Outcomes Summary Rating?

N/A	<input type="checkbox"/>	Only choose if this is the Entry rating
Yes	<input type="checkbox"/>	Describe progress, if reply "Yes."
No	<input type="checkbox"/>	



Child Outcomes Summary Form

Early Track ID: _____

Taking Appropriate Actions to Meet Needs

To answer the questions below, think about the child's functioning in these and closely related areas (as indicated by assessments and based on observations from individuals in close contact with the child):

To what extent does this child show AGE APPROPRIATE behaviors and skills related to this outcome across a variety of settings and situations?

As indicated by assessments and based on observations from individuals in close contact with the child.	No immediate foundational skills [1]	Use of immediate foundational skills is <u>Rare</u> [2]	Use of immediate foundational skills is <u>Sometimes across Some Settings</u> [3]	Uses of Age-Appropriate skills is <u>Rare</u> [4]	Use of Age-Appropriate skills is <u>Sometimes across Some Settings</u> [5]	Behaviors and Skills are Age-Appropriate <u>with Concerns</u> [6]	Behaviors and Skills are Age-Appropriate with <u>No Concerns</u> [7]
Sub area: a) Taking care of basic needs showing, hunger, dressing, feeding, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Manipulating materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Moving through environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Understanding and using communication to effectively get needs and wants met	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Summary Rating (Select <u>one</u> number, averaging sub-areas)	1 <input type="checkbox"/> <i>Not Yet</i>	2 <input type="checkbox"/>	3 <input type="checkbox"/> <i>Emerging</i>	4 <input type="checkbox"/>	5 <input type="checkbox"/> <i>Somewhat</i>	6 <input type="checkbox"/>	7 <input type="checkbox"/> <i>Completely</i>

Evidence Supporting Overall Summary Ratings

3. Information supporting Overall Summary Rating for *Taking Appropriate Action to Meet Needs*

Types/sources of Information	Date	Brief Summary of Relevant results	Special Considerations**
<input type="checkbox"/> Evaluation			
<input type="checkbox"/> Record review			
<input type="checkbox"/> Parent/Caregiver Interview			
<input type="checkbox"/> Observation in multiple settings			
<input type="checkbox"/> Other (please list)			

** Include any additional information that you feel is important in interpreting the summary of results (i.e. child hospitalized for period of time, family moved since last rating, new intervention was implemented, new adaptations were used, etc.)

Has the child shown any **NEW SKILLS** or **BEHAVIORS** related to taking appropriate action to meet needs since the last Child Outcomes Summary Rating?

N/A	<input type="checkbox"/>	Only choose if this is the Entry rating
Yes	<input type="checkbox"/>	Describe progress, if reply "Yes."
No	<input type="checkbox"/>	

Appendix F – Ohio COS Summary Statements Crosswalk

Conclusion from Decision Tree	Characteristics and Observations	COS Descriptors in <i>Early Track</i>	Rating for APR Reporting
Completely means:	<ul style="list-style-type: none"> Child shows functioning expected for his or her age in all or almost all everyday situations that are part of the child's life. Functioning is considered appropriate for his or her age. No one has any concerns about the child's functioning in this outcome area. 	Relative to same age peers, child has all of the skills that we would expect of a child his age in the area of this outcome	7
Between Completely and Somewhat	<ul style="list-style-type: none"> Child's functioning generally is considered appropriate for his or her age but there are some significant concerns about the child's functioning in this outcome area. These concerns are substantial enough to suggest monitoring or possible additional support. Although age-appropriate, the child's functioning may border on not keeping pace with age expectations 	Relative to same age peers, child has the skills that we would expect of his age in regard to this outcome; however, there are concerns	6
Somewhat means:	<ul style="list-style-type: none"> Child shows functioning expected for his or her age some of the time and/or in some setting and situations. Child's functioning is a mix of age-appropriate and not age-appropriate behaviors and skills. Child's functioning might be described as like that of a slightly younger child*. 	Relative to same age peers, child shows many age expected skills, but continues to show some functioning that might be described like that of a slightly younger child in the area of this outcome	5
Between Somewhat and Nearly	<ul style="list-style-type: none"> Child shows occasional age-appropriate functioning across settings and situations. More functioning is not age-appropriate than age-appropriate. 	Relative to same age peers, child shows occasional use of some age expected skills, but more of his skills are not yet age expected in the area of this outcome	4
Nearly means:	<ul style="list-style-type: none"> Child does not yet show functioning expected of a child of his or her age in any situation. Child uses immediate foundational skills, most or all of the time, across settings and situations. Immediate foundational skills are the skills upon which to build age-appropriate functioning. Functioning might be described as like that of a younger child*. 	Relative to same age peers, child is not yet using skills expected of his age. He does however use many important and immediate foundational skills to build upon in the area of this outcome	3
Between Nearly and Not Yet	<ul style="list-style-type: none"> Child occasionally uses immediate foundational skills across settings and situations. More functioning reflects skills that are not immediate foundational than are immediate foundational. 	Relative to same age peers, child is showing some emerging or immediate foundational skills, which will help him to work toward age appropriate skills in the area of (outcome).	2
Not yet means:	<ul style="list-style-type: none"> Child does not yet show functioning expected of a child his or her age in any situation. Child's functioning does not yet include immediate foundational skills upon which to build age-appropriate functioning. Child functioning reflects skills that developmentally come before immediate foundational skills. Child's functioning might be described as like that of a much younger child*. 	Relative to same age peers, child's functioning might be described as like that of a much younger child. He shows early skills, but not yet immediate foundational or age expected skills in the this outcome area	1

* The characterization of functioning like a younger child only will apply to some children receiving special services, such as children with developmental delays.

Appendix G - Ohio FFY15 COS Data by Method for Collecting Entry COS Scores

See tables below for a breakdown of summary statements and COS categories in each of the three outcomes areas, as reported in Ohio's FFY15 APR. The highlighted row signifies the indicator chosen as Ohio's SIMR:

Substantially increase rate of growth for infants and toddlers with IFSPs who demonstrate improved acquisition and use of knowledge and skills.

Positive social-emotional skills

Summary Statement	Old (COSF)	New (COS Statements)	Total
SS1	56.47%	59.93%	57.97%
SS2	63.38%	71.05%	67.17%

Category	Old (COSF)		New (COS Statements)		Total	
	Number	Percent	Number	Percent	Number	Percent
a	82	2.91%	48	1.75%	130	2.33%
b	725	25.70%	517	18.80%	1,242	22.29%
c	226	8.01%	231	8.40%	457	8.20%
d	821	29.10%	614	22.33%	1,435	25.76%
e	967	34.28%	1,340	48.73%	2,307	41.41%
Total	2,821	100.00%	2,750	100.00%	5,571	100.00%

Acquisition and use of knowledge and skills

Summary Statement	Old (COSF)	New (COS Statements)	Total
SS1	61.58%	64.11%	62.69%
SS2	58.60%	68.00%	63.24%

Category	Old (COSF)		New (COS Statements)		Total	
	Number	Percent	Number	Percent	Number	Percent
a	84	2.98%	54	1.96%	138	2.48%
b	729	25.84%	540	19.64%	1,269	22.78%
c	355	12.58%	286	10.40%	641	11.51%
d	948	33.61%	775	28.18%	1,723	30.93%
e	705	24.99%	1,095	39.82%	1,800	32.31%
Total	2,821	100.00%	2,750	100.00%	5,571	100.00%

Use of appropriate behaviors to meet needs

Summary Statement	Old (COSF)	New (COS Statements)	Total
SS1	58.06%	68.11%	62.78%
SS2	55.41%	65.16%	60.22%

Category	Old (COSF)		New (COS Statements)		Total	
	Number	Percent	Number	Percent	Number	Percent
a	102	3.62%	43	1.56%	145	2.60%
b	814	28.86%	574	20.87%	1,388	24.91%
c	342	12.12%	341	12.40%	683	12.26%
d	926	32.83%	977	35.53%	1,903	34.16%
e	637	22.58%	815	29.64%	1,452	26.06%
Total	2,821	100.00%	2,750	100.00%	5,571	100.00%

Summary

For all summary statements, the subset of children who had both their entry and exit scores completed using the COS summary statements produced higher percentages. For all outcomes, a higher percentage of children were ranked a '7' and a lower percentage a '3' or a '4' at entry. (Note: Using the new method, since statements are chosen rather than scores, each COS statement corresponds to a score of 1 through 7).

Though the new method for collecting child outcomes data is expected to ultimately produce more accurate ratings, the comparison of scores among those who had their entry completed using the two different methods was presumably biased for Ohio's FFY15 reporting. More specifically, the children who had their entry rating completed using the old method (COSF), were in the program longer by circumstance, since everyone whose entry rating was completed in that manner exited within FFY15, but had been served in EI since prior to January 2015. Those who had their entry rating completed using the new method (COS statements) exited within the same timeframe, but entered the program no earlier than January of 2015. Thus, those who had their entry ratings completed with the COSF entered EI at a younger age (461 days of age compared to 641 days for those with entry ratings using the COS statements, on average), exited at an older age (1,039 days of age compared to 927 days of age, on average), and were served more overall time (578 days compared to 287 days, on average). More importantly, because they entered EI at a younger age and were served longer, on average, those who had their entry ratings completed using the COSF were likely those with more severe delays, explaining at least some of the discrepancy in the entry ratings.

Appendix H – Ohio EI Table of Organization

Note: Darker blue boxes indicate employees who were transitioned to DODD from ODH

