

**The Role of the Related Services Provider in Child Outcomes Measurement
Measuring Child and Family Outcomes Conference
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Potential roles of the service provider in child outcomes measurement

The role of the OT, PT, and SLP will vary according to the child outcomes measurement approach in the state in which they practice. Currently, state measurement approaches can be categorized as follows: use of the Child Outcomes Summary Form (COSF) (73% of state Part C programs; 64% of state 619 programs), one tool statewide (13% of state Part C programs; 15% of state 619 programs), publishers' online assessment systems (Part C—5%; 619—10%), and other state-developed processes (Part C—9%; 619—12%).

The role of the provider in collecting child outcomes data may also vary depending upon the services the child receives. If the child receives multiple services, the provider may be part of a team of professionals who assesses the child's functioning in the three outcomes. As the only professional working with the child (for children receiving 'speech only,' 'OT only,' or 'PT only,') the service provider may be solely responsible for assessing the child's functioning in the three outcomes.

Another variable that affects the service provider's involvement in child outcomes measurement is the state policy for when entry and exit data are collected. Some states require outcomes to be measured at the time of eligibility determination, while others provide a timeframe that allows the service provider(s) to spend a little more time with the child before assessing his or her level of everyday functioning in the three outcome areas. (Note that child outcomes are only measured for children who have been determined eligible for services. Outcomes measurement does not take the place of assessment and evaluation as required under Parts C and B of IDEA.)

For more information about the variation in state approaches and policies for measuring child outcomes, please see the state activity tables at this link:

http://www.fpg.unc.edu/~eco/pages/states_approaches.cfm

Child outcomes measurement scenarios: Service provider in a state using the COSF or one tool statewide, as part of a team

The following scenarios are meant to illustrate what participation of service providers might look like in states using the COSF or one tool statewide, as part of a team, as follows.

An OT, PT or SLP (hereafter referred to as a service provider) is working as part of a team that has determined a child eligible for services. In a state using the COSF the team must rate the child's level of functioning in the three functional outcomes areas¹ using the Child Outcomes Summary Form (COSF) at the initial IFSP meeting or at another time near entry into the program. In a state using a criterion referenced or curriculum based assessment tool statewide, the team works together to compare the child's skills to the items on the assessment tool.

The COSF rating or assessment tool score will provide entry data for the state's accountability system. When the child leaves the program, the team working with the child will complete the COSF to determine an "exit rating;" or will work together to administer the statewide assessment. Comparison of the child's functioning at entry versus exit yields progress data that reflect the effectiveness of the program serving that child. The truer the ratings, the more accurate the data and, therefore, the more accurate the reflection of how well the program and its services worked.

As a member of a team measuring child outcomes for federal reporting purposes, the service provider contributes to a discussion of the child's social skills (Outcome 1), ability to learn and demonstrate learning (Outcome 2), and ability to get his or her own needs met (Outcome 3). To decide upon a rating on the 7-point scale or to score a criterion-referenced or curriculum-based assessment used state wide, team members discuss their assessment of the child's skills and behaviors in each outcome area. The team determines a rating or score based on how the child functions in everyday life – including the various settings and situations that make up the child's natural environment, such as home, child care, preschool, etc. The more the team knows about the child's functioning across situations and settings, the truer the rating or score will be.

Worst case scenario (how do we avoid a scenario like this one?). In a worst-case scenario, it is difficult for the service provider to contribute to a conversation about the child's everyday functioning because he or she has simply brought formal, discipline-specific assessment scores to the team discussion of functional outcomes. The provider has a list of speech or motor skills that are below age level, which provides evidence of the child's skills compared with age expectations, but gives little or no functional information about the child's ability to use skills to make friends, for example (Outcome 1), participate in re-telling or acting out a story (Outcome 2), or to express his or her

¹ Each year, states must report data on the progress children made in these three areas: 1) positive social-emotional skills (including social relationships), 2) acquisition and use of knowledge and skills (including early language/communication), and 3) use of appropriate behaviors to meet their needs.

desire for, or to be able to reach, another cookie (Outcome 3). In this scenario, the service provider cannot report observational data because he or she did not assess the child in the child's natural environment and therefore has not observed the child interacting with siblings or peers, playing with familiar toys, or moving through a setting in which he or she is comfortable. Neither can the service provider, in the worst case scenario, report information from others who know the child because the provider has not conversed with the child's family or caregivers about the child's ability to use skills in the typical routine of the child's day. Without functional assessment data, the effect of the child's speech or motor skills on his or her everyday functioning in the three outcome areas must be based on assumptions or suppositions. COSF ratings or criterion-referenced/curriculum-based assessment scores based on non-functional assessment data may be inaccurate and, viewed from the accountability perspective, can provide inaccurate data by which a program's effectiveness will be judged.

Best-case scenario (how do we move toward a scenario like this one?). In the best-case scenario, the service provider has conducted a functional assessment which includes observation and information collected from caregivers in addition to formal, discipline-specific testing. The provider is able to contribute his or her own observations of the child's interaction with familiar adults and children, such as the child's parent and siblings or teacher and classmates, and non-familiar adults, such as members of the assessment team, for Outcome 1. For Outcome 2, the provider has observed, and has spoken to the child's caregivers about how the child plays with toys, moves about, and uses speech and language in a variety of settings. For Outcome 3, the provider has collected information about various ways the child gets his or her needs met in everyday life.

As a member of a team, the service provider brings his or her own expertise about speech or motor development to the discussion of the child's level of functioning in each of the three outcome areas. The SLP, for example, in discussing Outcome 1, may describe the words, if any, the child used to greet the provider and the child's verbal or non-verbal responses when invited by the provider to play with toys. As part of the functional assessment, the service provider would have noted how the child uses speech or motor skills to interact with his parents or teacher. If part of the functional assessment takes place in the home or in preschool with other children present, providers would note interaction with siblings or peers. In addition, the providers will have taken advantage of any opportunity to ask the parent and teacher about how the child uses communication or motor skills for social interaction on a typical day in the various situations and settings that make up that child's everyday life, such as in the park, on the playground, at the grocery store, and in the lunchroom.

Having gathered assessment information from observation and from others who know the child, the service provider is well-equipped to participate in a rich discussion of the child's social skills and behaviors. After rating or scoring the child's functioning in the first outcome, the team goes on to discuss and rate or score the child's skills and behaviors related to learning and the demonstration of learning (Outcome 2) and getting

his or her needs met (Outcome 3). With comprehensive, functional assessment information and knowledge of age-expected development, the service provider is a key contributor to the comparison of a child's skills and behaviors to those expected for his or her age. This expertise, along with the expertise of other team members, provides the basis for a quality team COSF rating or scoring on a criterion-referenced or curriculum-based assessment tool. The cross-disciplinary, authentic assessment of the child's functioning provides the basis for quality data to be reported for accountability purposes.

Child outcomes measurement: Service providers in a state using the COSF or one tool statewide, as individuals (sole provider of services for a child receiving OT, PT, or speech only)

Best-case scenario. The elements of the scenarios above may also be applied to the role of the service provider, in states using the COSF or one tool statewide, as individuals. As the sole provider of services for a child receiving OT, PT, or speech services only, the provider may have sole responsibility for completing the COSF or administering the assessment tool statewide. In this case, the provider should involve others who know the child well, such as the child's parents and preschool or child care teacher. The input of others who know the child is even more critical in this scenario because they observe the child in settings in which the service provider does not. A quality COSF rating or assessment score is based on information about functional skills and behaviors – preferably as the child demonstrates them across his or her natural situations and settings. The sole special services provider must gather functional assessment information in each of the three outcome areas and compare the child's skills and behaviors in each outcome area to those expected for his or her age to decide upon a rating for or score. Because communication and motor skills cross all three outcome areas, it is incumbent upon the provider to understand how the child's disability or disorder affects his or her social skills, learning, and ability to get needs met.

Worst-case scenario. Imagine rating a child's functioning in the three outcome areas based solely on formal, discipline-specific testing. Such testing may focus on discrete, isolated skills – with little or no attention to the effects of those skills on day-to-day functioning. Formal assessments can provide information about the effects of communication and motor on socialization, learning, and getting needs met, but such information is based on a limited number of test items. Administering the formal assessment requires the provider to simply note the presence or absence of isolated skills, without documentation of the context in which the child uses those skills or how he or she uses them. Most formal assessments reflect child performance in a testing environment only. The validity of COSF ratings and criterion-referenced or curriculum-based assessment scores based on such limited information about a child's functioning is questionable. Yet progress data to be reported to OSEP are based on these ratings and scores. Important budgetary decisions, including the level of funds to be allocated for IDEA services, will be based on the progress data states report to OSEP. Service providers who collect outcomes data, especially those who provide the only services a child receives, are ultimately responsible for the accuracy of the data they collect.