

Children’s Integrated Services Early Intervention Child Outcome Summary Process Manual

Contents

Part 1: Introduction to the Child Outcomes and Child Outcome Summary	3
Shift from Domains of Development and Discrete Skills to Functional Outcomes	3
The following expectations are foundational to successfully implementing CIS-EI’s COS practices and procedures:	4
Coding vs Rating definition and context?	4
Why do we measure child outcomes?	5
Local and State Purposes:	5
Federal Purposes:	5
Which Children Need a COS Completed?	6
Part II: COS Process	6
The COS Process is Completed Twice, once at Entry and again at Exit.....	6
The COS rating process answers two key questions about the status of a child’s functioning within each of the three outcome areas (for a total of 6 questions):	7
Who is Involved in the COS Process?	7
What are the Parts to the COS Process?	8
Including Families:	8
Administer Functional Assessment Measures:	8
EI Assessment Tools.....	8
Team-based functional assessment.....	9
Age-Anchoring.....	9
Determining Age-Expected (AE) Skills, Immediate Foundational (IF) skills, and Foundational (F) Skills	10
Using Early Learning Standards	11
Culminating Statements/ Coding: Using the Decision Tree	11
Decision Tree Steps.....	12
Numbered ratings/codes correspond with the descriptions/culminating statements.	14

What Are the Steps of the COS Process 15

Referral and Intake 15

Evaluation and Functional Assessment..... 15

One Plan Development as a Team (with family) 15

Exit/Transition 15

Entry COS Process 16



Referral/Intake: 16



Evaluation and Functional Assessment: 16



One Plan Meeting: 17



Exit Process 18

Part III: Frequently Asked Questions..... 18

What is ‘Entry’ defined as? 18

When should COS be completed for babies in the Neonatal Intensive Care Unit, or for newborns who are auto eligible? 18

What happens when a child exits and reenters CIS-EI in the same region?..... 19

What happens when a child changes regions? 19

What happens if the child and family are lost to follow up? 19

Are COS coding needed if the child is only getting speech services or articulation only services? 19

How is functioning considered in the COS process if the child uses assistive technology?..... 19

What happens if the child has the same coding or lower at exit as entry, are they still making progress? 20

Are children able to be coded as all 7’s at entry?..... 20

If a child exits with a coding of all 7’s, can they still be potentially eligible for Part B? 21

How should the documentation for COS decisions be represented in the child’s file?21

Part IV: Resources..... 21

Part 1: Introduction to the Child Outcomes and Child Outcome Summary

Vermonters agree that every child deserves a strong start and the opportunity to reach their maximum potential. Children's Integrated Services Early Intervention (CIS-EI) enables young children birth to-3, who have a delay or a diagnosis that will result in a delay, to be full participants in their everyday routines and activities across a variety of settings including in their homes with their families, in early childhood education programs, and in their communities.

CIS-EI, which is Vermont's iteration of the Federal Part C of the Individuals With Disabilities in Education Act (IDEA), has a Child Outcome Summary (COS) accountability system that complies with reporting requirements to the Office of Special Education Programs (OSEP). The State must report on three functional outcomes established by OSEP. The three child outcomes measure the extent to which children are making progress as a result of receiving CIS-EI:

- Outcome 1: Positive Social-Emotional Skills
- Outcome 2: Acquisition and Use of Knowledge and Skills
- Outcome 3: Use of Appropriate Behavior to Meet Needs

Measuring child outcomes helps to ensure that CIS-EI is making a difference for children with disabilities and their families.

Shift from Domains of Development and Discrete Skills to Functional Outcomes

[The Breadth of the Three Child Outcomes](#) provides a framework for measuring the functional skills and behaviors, within the child outcomes. Functional skills are what children use in order to fully participate in developmentally appropriate activities and everyday routines. This framework is not an all-encompassing list of skills represented in each outcome, but shows some common examples to help practitioners think about the breadth of skills represented in each of the three outcome areas.

Often assessment tools describe children's skills and abilities within domains, or areas, of development, including:

- social and emotional,
- adaptive,
- fine motor,
- gross motor,
- cognitive, and
- communication/ language.

The three child outcomes look at the integration of functional skills and behaviors across domains. For example, skills within the Communication Domain can be found throughout Outcome 1, 2, and 3. The child outcomes cut across developmental domains to represent the integrated nature of how children develop, learn, and thrive.

The following expectations are foundational to successfully implementing CIS-EI's COS practices and procedures:

1. COS information is collected through assessments, evaluations, and conversations with the child's primary caregivers, including child care programs. COS Information should be strength based and focus on what the child is able to do at that moment and where that falls within the developmental domains.
2. This COS information (with or without the coded numbers) **can and should be used with families** to help them understand where their child is in the developmental progression of skills toward age expectations and decide together on their One Plan Goals. Families' knowledge about their child is valued and their input into the child outcomes process is important.

The COS process is completed as part of each child's One Plan process, by a team that includes the child's family.

3. In addition to families, educators and specialty services providers are vital to the collection of high-quality COS data.

Regional teams and the CIS State Team ensure that staff have all the necessary resources and materials to complete the COS and support their staff in implementing a quality process.

4. COS Data are of high-quality (e.g., accurate, reliable, and complete) and coding is entered and submitted in monthly child counts in the established timeframes.

COS data are used at every level of the system, including the state, district, school, and program levels.

Coding vs Rating definition and context?

National resources and Vermont Part B will refer to the numbers from the decision tree as 'ratings'. CIS-EI Part C has moved away from this categorization, and instead refers to the numbers as 'code' or 'coding'.

The Decision Tree has a set of questions that helps the team come to agreement about a child's current functioning (at a point in time) and the distance of that functioning from what is age-expected. For simplifying purposes, these decisions are coded in the data system with numbers 1-7 to represent the Descriptor Statements. In Vermont, Part C has chosen to use Descriptor Statements when talking with families rather than

numbers, because we feel this language includes the detail that the team has agreed on in describing the child. Using the Descriptor Statements helps the team describe the child's functioning rather than focusing on a rating/code. This guidance document at times refers to the number ratings as 'codes'. The state uses codes for each child at Entry and Exit in Early Intervention to understand the child's developmental trajectory. Codes are used in a math formula to determine the developmental trajectory of the child at 2 points in time (Entry and Exit).

Why do we measure child outcomes?

Local and State Purposes:

First and foremost, the COS process involves discussions within the family and team that may guide thoughtful discussions, so everyone has a shared understanding about where each child is in developmental progressions. Using this to inform the One Plan goals this information tells us how our CIS-EI programs make a difference for the children and families we support and serve. It offers information that we can use to improve early intervention supports and services in our state, both locally and state-wide, from programmatic improvements to professional development.

The COS process involves conversations within the team that has benefits as well in guiding thoughtful discussions, so the full team has a shared understanding about where each child is in developmental progressions and informing one plan goals. Then, taken together (or in the aggregate) the information across many children in the program and state can be used to help us in the ways described here:

This data informs conversations about how to make CIS-EI more equitable for all children.

It also provides data on the impact that CIS-EI makes, and this information can be shared with all stakeholders, including families, community partners, legislatures, and taxpayers.

Federal Purposes:

Part C in Vermont has a COS accountability system that complies with Federal requirements under the Individuals with Disabilities Education Act (IDEA) for reporting outcomes information to the Office of Special Education Programs (OSEP). The state is required to submit information about child outcomes to the Office of Special Education Programs (OSEP) and the legislature as a condition of federal funding.

Beyond these reasons, the child outcome data is shared in Vermont's annual Performance Report and drives the State Systemic Improvement Plan. It helps to guide professional development needs and areas for improvement.

Which Children Need a COS Completed?

The COS process should be completed for **every** CIS-EI client who has completed a signed One Plan.

This includes children who are auto eligible. COS should be completed when the child is first entering the program so that there is a clear picture of the starting and end point. Even if the full evaluation hasn't happened yet, there is still enough data to complete the COS. Use whatever information you have- family conversations, case notes, etc. What data did you use to determine they were auto eligible? What data did you use to determine which services were needed? This should give you enough evidence to do the age anchoring and coding/scoring. Also, remember that age expectations for COS codes are based on actual chronological age rather than corrected age. By looking at chronological age, we see that benefit from EI services.

Coming at it from the standpoint of the intended purpose of COS, if you wait to complete the COS process until you perform the evaluation, you miss out on capturing all the great work you do to help them gain skills to get to the point of evaluation.

Part II: COS Process

The COS Process is Completed Twice, once at Entry and again at Exit

The COS process for rating and data submission is broken into two point-in-time snapshots of the child's current developmental functioning so that we can see how their growth has changed.

- Information gathering for the first snapshot begins as soon as the child is referred into Early Intervention. The rating process, including team discussion, is expected to be completed (with the One Plan), within the 45 day timeline. The codes are submitted with the next Child Count. This is called the "Entry COS".
 - a. If the child is not found eligible, the information gathered informs referrals and resources shared with the caregiver, but no information is submitted to the state.
- Information gathering for the second snapshot begins with information gathering for the transition conference and continues until the child exits the Early Intervention program. This is called the "Exit COS".

The COS rating process answers two key questions about the status of a child’s functioning within each of the three outcome areas (for a total of 6 questions):

1. For Entry and Exit COS process, using the [Decision Tree](#) ask, “To what extent does the child show age-expected (AE) functioning, across a variety of settings and situations, in the [three outcome](#) areas?”

2. For the Exit COS process, ask, “Has the child shown any new skills and behaviors in the three outcome area since entry?”

To answer the first question, teams must be able to use functional assessment information (from tools, observations, parent report, etc.) to compare the child’s functioning to age expectations.

The answer to the second question, commonly known as the “progress question,” indicates whether a child has made progress compared to their own prior functioning across the skills in each outcome area. Because the expectations of age appropriate skills are different when the child exits, any new skill is considered as progress.

To be able to answer both questions accurately and complete the COS process, teams are expected to know and use the procedures below.

Who is Involved in the COS Process?

CIS-EI providers are encouraged to partner with families, as well as other providers and early childhood professionals if applicable. Anyone who has knowledge about the child’s functioning across routines, daily activities, settings, and situations should contribute with family permission.

During the COS process, the team strives to understand how the child uses skills to function in everyday situations and where the child’s skills are in the sequence of development relative to age expectations. Having all people involved who know the child well and people who understand the sequences of development where the child may have delays is important to meaningful discussions and high-quality data. It is important to include childcare providers on this team when relevant.

It should be noted that the COS process should not wait for any specialty providers to start providing services. For example, a child enters the program, and it is determined they will need speech services. However, there is a waitlist for speech, and it won’t be able to start until 2 months after the initial One Plan is signed. The region should not wait for the speech provider to start services; they should complete the COS as soon as possible with the people on the team at the moment. This ensures that the full scope of the child’s progress is captured.

What are the Parts to the COS Process?

Including Families:

When a child enters CIS-EI, individuals who have contact with the family should discuss the COS and how this information is used to look at the program's effectiveness. The National Parent Technical Assistance Center has written, "[A Family Guide to Participating in the Child Outcomes Measurement Process](#)." Individuals should plan to share information within the brochure at a pace and rate based on each individual family.

Families are an integral part of the COS process and should be involved in all steps, as outlined below in the section titled, "[What Are the Steps of the COS Process?](#)"

Administer Functional Assessment Measures:

As mentioned above, the COS process includes gathering information about a child's [functional skills and behaviors](#). The foundation of a successful COS process is the completion of a team-based functional assessment. It is important for the team to develop a full understanding of a child's functioning across settings and situations and with familiar people.

The Division for Early Childhood (DEC) Recommended Practices on Assessment indicate that assessments should be made up of multiple methods (e.g., tools, interviews and observations) and multiple sources of information (e.g., families, care givers, team members, etc.) in order to get the best possible picture of a child's functional abilities.

In addition to gathering information through state approved CIS-EI assessment tools, teams should have other ways for getting information about the child in other contexts and with other people. For example, it is important to observe the child and ask questions about how the child functions in the places they spend the most amount of time, like home or an early childhood education program/child care. How does this child interact with their adult caregivers, as well as siblings and other significant people in their life?

At referral, team members talk with the family about where the child spends time and who the familiar people are that the child interacts with across settings. This helps to determine how they will gather functional information for each child, including which methods will be used and who will provide information. Teams should gather and share their assessment information with one another to use in the COS process. To summarize, the process includes:

EI Assessment Tools

The team administers state approved EI assessment(s). The state approved CIS-EI assessment tools are:

- Assessment, Evaluation, and Programming System (AEPS),
- Hawaii Early Learning Profile (HELP), and
- Infant Toddler Developmental Screening and Assessment (IDA).

The [“Instrument Crosswalks.”](#), a resource page developed by the Early Childhood Technical Assistance Center (ECTA), includes crosswalks including Vermont’s state-approved CIS-EI assessment tools with the three child outcomes. It cross-references the functional skills assessed by the HELP, IDA and AEPS with the three child outcomes to help identify other information is needed in addition to the assessment. This is especially useful since the assessment tool information is organized in domains while the COS process is organized around the three child outcome areas.

Team-based functional assessment.

The team also gathers information about how a child is functioning from a variety of sources and with a variety of methods to offer a clear picture of functional and meaningful, everyday use of skills and behaviors under the three child outcomes. When completing the COS process, it is expected that teams will use multiple sources of information. Some recommended sources include (but are not limited to):

- Observations from multiple settings and situations
- Interviews with families, guardians, or caregivers
- Work samples or video clips
- Progress notes
- Checklists
- Authentic assessments
- Information in the child’s medical or other record about recent functioning.

This [COS Bubble document](#) is a family friendly way to record information in the three outcome areas. Team members can begin gathering information about a child’s functional skills and behaviors at the start of referral to CIS-EI.

Age-Anchoring

Age-anchoring is the process of looking at the child’s functional abilities, skills, and behaviors to determine how close that functioning is to expectations for their chronological age. As indicated above, one of the key questions that is asked and answered through the COS process is to what extent the child is demonstrating age-expected functioning at the time of the COS. By gathering functional information about the child, teams are then able to compare their information to that of established child development resources, such as early learning standards, and see where the child’s functioning is in the developmental progression of skills. Note that age anchoring goes beyond simply looking at a list of milestones by age to see if the child is or is not demonstrating those skills. For skills where the child’s functioning is below age expectations, it is important to examine a specific strand of skills, review the sequence of development (also called developmental progressions) and identify where the child’s

functioning is within the sequence. Specifically, is the child's functioning using skills that come just before what is age expected (also called immediate foundational functioning) or is it at a more foundational level of skill development (i.e., two or more steps before age-expected functioning). Age anchoring involves understanding the level of the child's functioning on specific strands of skills and then looking across those to learn what the pattern of functioning, or the mix of skills observed, is for that child on that outcome area.

Determining Age-Expected (AE) Skills, Immediate Foundational (IF) skills, and Foundational (F) Skills

When age-anchoring children's skills to early learning standards, children's functioning is broken down into three levels of development: age-expected, immediate foundational, and foundational.

- *Age-expected (AE) skills* are exactly what the phrase says: They are the skills and behaviors that are seen in children of a particular chronological age range. For example, if a child is 12 months old, age-expected skills are what a 12-month-old would be expected to do.
- *Immediate foundational (IF) skills* and behaviors are those that come just before age-expected skills in development. In order to determine what immediate foundational skills are, teams must understand the progression of child development and be able to identify skills that come just before age-expected skills in the progression.
- *Foundational (F) skills* occur 2 or more steps before age expected functioning in the developmental sequence of skills. They are called foundational because they form the foundation for later skill development.

Many children exhibit a combination of different levels of functioning (that is AE, IF, and F) across the many skills considered in an outcome area.

Determining a child's level of skills in the context of the COS process should rely on the child's chronological age, rather than their corrected age.

A child's use of any adaptive equipment or other accommodations that are part of a child's daily life are to be considered when determining a child's functional skills within the COS process. Examples include use of walkers, visuals, Augmentative and Alternative Communication device, etc.)

It's important to consider that there are often a mix skills where some aspects of the three outcomes are AE, others IF, and still others F. Team members may want to reference back to the [Breadth of the Three Child Outcomes](#) resource. Be sure to consider all of the skill bundles across the three outcomes to age anchor in order to fully understand any mix in the child's functioning related to each outcome area.

*[The COS Content Connector: Age Anchoring Functional Skills by Outcome](#), is a good resource to use for this process. It is a helpful document to have on hand with the family and team when discussing to what all have observed about the child's functioning and to what extent the child is demonstrating age-expected functioning, based on information gathered. For example, information could be gathered on this form all along information gathering and during the initial evaluation and discussed among the team within the 45-day window from referral, or at the One Plan meeting

*The following graphic may support teams' understanding of the Foundational, Immediate Foundational, Age Expected concepts:



Using Early Learning Standards

Early Learning Standards are an important resource for age anchoring. In order to have a complete understanding of the three child outcomes and how to effectively measure them, it is expected that, as professionals, each team member should know and understand typical child development and progression of age-expected development. It is also expected that they know how young children use those skills in daily activities, routines, settings, and with familiar adults and peers. Our state has created the [Vermont Early Learning Standards \(VELS\)](#), which includes information about typical child development and what children often do from birth through third grade. Other states have developed early learning standards that may also be beneficial, such as the [Connecticut Early Learning Standards](#).

It is important to remember that the Early Learning Standards are a resource to reference when considering information from multiple sources and think about where this child's current functioning and should be used for every COS process.

Culminating Statements/ Coding: Using the Decision Tree

After gathering and age anchoring information about the child's functioning, COS team members discuss this, and reach consensus on a code or written

description/culminating statement that best describes the child's functioning for each of Outcomes 1, 2 and 3. COS codes range from 1–7. Teams must use the Decision Tree culminating statements during COS discussions to then select the most accurate code.

The Decision Tree is used as a guide to facilitate a team discussion that includes the families to discuss examples and identify the mix of functioning observed across skills in each outcome area. The team then selects a culminating statement that accurately represents that. A version without numbers is recommended for use when doing this process with families. The Decision Tree should not be handed to families and used to have them select a coded number.

- [Definitions for Child Outcomes Summary \(COS\) Ratings](#)
- [Decision Tree for Summary Rating Discussions Without Numbers](#)
- [Decision Tree for Summary Rating Discussion With Numbers](#)
- Available in Spanish: [Árbol de decisiones para proceso de resumen de resultados de niños](#)

Teams are to include families in the discussion and come to a decision together about the words that best describe the child's functioning. A good resource to use is the [Culminating Descriptor Statements: An Alternative to COS Rating Numbers](#) (ectacenter.org). This resource offers number-free language to use when coming up with a culminating descriptor statement that captures the child's functioning. Agreeing on the culminating descriptor statement is the same as agreeing on the rating number for coding purposes. This information can be incorporated into a child's initial evaluation report and One Plan.

Decision Tree Steps

The Decision Tree is designed to help teams understand and apply the information they gathered into the 7 points on the scale. It is made up of a series of questions to help teams determine the most appropriate code for each COS. While referencing the Decision Tree, teams begin with answering whether the child ever shows any age-expected development within the context of the three outcomes.

- If the answer is yes, then the team describes examples of that age expected functioning and then will continue with questions down the right side of the decision tree. All of the numbers on the right side of the Tree (4-7) have some age expected development, to varying degrees.

To determine which of the numbers best applies to the child, the team then asks if the child functions in ways that are considered age-expected across all or almost all settings and situations.

- If the answer is yes, the team then discusses any possible concerns and chooses between a 6 and 7.
- If the answer is no, the team discusses the mix of age-expected and not-age expected functioning and chooses between a 4 and 5.
- If the team decides the child uses a mix of age-expected and not age expected behaviors and skills across settings and situations, with more skills that are age expected, then the team would select a 5.
- If the team decides the child makes occasional use of age-expected skills and that there is more behavior that is not age expected, then the team would select a rating of 4.
- If the team answers no to the first question about age-expected functioning, the team would move to the left side of the decision tree to consider questions and give examples of functioning that result in team coding of 1, 2, or 3. Now, the team members would ask themselves if the child uses any immediate foundational skills across settings and situations. If the answer is yes, the team should be thinking about a rating of 2 or 3.
- If the child uses immediate foundational skills most or all of the time across settings and situations, the team would choose a rating of 3.
- If the child makes occasional use of immediate foundational skills, the team would select a rating of 2.
- If the team thinks the child is not using immediate foundational skills in the outcome area, then the team will assign a rating of 1. A rating of 1 indicates that the child has foundational skills but no immediate foundational or age-expected skills. Children with ratings of 1 still display many skills, but in the sequence of skill development, all their skills are two or more steps removed from age-expected skills in the sequence of development.

Numbered ratings/codes correspond with the descriptions/culminating statements.

It is important to understand that the numbered codes are not "grading" the individual child. Instead, the codes provide a snapshot of information about the child's current functioning in a way that we can collect for all children enrolled in EI.

There is a lot to be gained with the team discussion that leads to the code, which is a powerful opportunity to reflect across the breadth of the child's functioning and consider where the child is in the sequence of skills. While the team has the rich understanding of where the functioning is and uses it to plan services, the code is what allows combining some sense of the information across all enrolled children.

These codes are reported to the State where the numbers are combined to reflect overarching trends of children's progress and help us with program improvement. Using scientific methods, this data is used at a broader level to determine how well EI is impacting developmental trajectories for all children. The COS culminating statements correlate with ratings/codes and can be used in substitution of codes when talking with families.

Decisions should be documented in the child's file. Providers may choose to reference these notes on the official COS form, and do not have to duplicate the direct language.

What Are the Steps of the COS Process

<p style="text-align: center;"><u>Referral and Intake</u></p> 	<p style="text-align: center;"><u>Evaluation and Functional Assessment</u></p> 	<p style="text-align: center;"><u>One Plan Development as a Team (with family)</u></p> 	<p style="text-align: center;"><u>Exit/Transition</u></p> 
<p>Use child outcomes to frame conversations.</p> <p>Discuss reason for referral and start gathering information about child's functioning across outcomes.</p> <p>Share information about child development.</p> <p>Explain how information will be gathered and used to determine next steps in the One Plan process.</p>	<p>Gather information about child's functional skills using different sources, including family and caregiver input, other service providers, and methods like observations interviews, and assessment tools.</p> <p>Consider cross walks of EI Assessment tools with the three child outcomes. Gather information where it's still needed to understand the child's functional use of skills across the breadth of the three child outcomes.</p> <p>Age anchor child's functional skills.</p>	<p>Talk with the whole team, including the family, about how child uses functional skills within the 3 child outcome areas.</p> <p>Using the decision tree, the whole team discusses examples of functioning and chooses a COS culminating statement(s) for each outcome (with or without codes) that best describes child's current functioning.</p> <p>Use culminating statements to drive family priorities and shape SMARTIE goals and are stored as part of the child's file.</p> <p>Codes are submitted to the state via child count.</p>	<p>Take the last few visits with family to review child's current functioning across settings and situations, using multiple methods including ongoing assessment, observations, and information from team members and other sources. Age anchor the information using ELS and assessment tools.</p> <p>Using the decision tree, the whole team discusses examples of functioning and chooses a COS culminating statement(s) for each outcome (with or without codes) that best describes child's current functioning.</p> <p>Answer the exit progress question about if the child has gained any new skills since entry (yes/no) and celebrate with examples.</p> <p>Celebrate child's progress and help family understand how to talk about their child's strengths and needs in new settings.</p> <p>Codes are submitted to the state via child count. They can also be shared with Part B team if appropriate.</p>

This resource from ECTA is [Integrating Child and Family Outcomes into the IFSP \(One Plan\) Process](#) describes integrating the Integrating Child and Family Outcomes into the One Plan/ Individualized Family Services Plan (IFSP) .

Entry COS Process



Referral/Intake:

- a. Use child and family outcomes as a way to frame initial conversations with the family.
- b. Discuss reason for referral, and begin gathering information about child's functioning. Listen for how the child functions across settings and during routines in the three child outcome areas. Note settings and routines where the child spends time that may be relevant to assessment process.
- c. When a child enters CIS-EI, individuals who have contact with the family should discuss the COS and how this information is used to look at the program's effectiveness.
- d. Discuss how the team will gather information about the child's functioning across settings and during different routines and with different people.



Evaluation and Functional Assessment:

- a. Communicate purpose of why we measure child outcomes and what the three outcome areas mean.
- b. Gather information about the child's functional skills across the breadth of the 3 outcomes. Consider organizing information using, [The COS Content Connector: Age Anchoring Functional Skills by Outcome](#)
 - i. Use different sources and methods of gathering info: family, child care provider, etc., and different routines of the day. Caregiver interview, observation, routines-based interview, etc. Use COS observation tools.
 - ii. This [Sharing About Your Child](#) resource may be shared with parents and/or caregivers to jot down what they see their child do too.
- c. Consider [Instrument Crosswalks](#) (ECTA) of EI Assessment tools. Gather information where information is still needed within the outcome skill bundles.

- d. Age anchor child's functional skills, using early learning standards or assessment tools to determine where the child's skills are in the developmental progression (age-expected, immediate foundational, foundational) relative to chronological age (not corrected age)
 - a. [Vermont Early Learning Standards \(VELS\)](#), or
 - b. [Connecticut Early Learning Standards](#)
- e. When gathering information about the child's skills, discuss what you observe with the child's family, explaining where that skill fits in the developmental progression and learning about how that fits with their observations across settings.
- f. With children who will be eligible, consider if additional team members likely to provide services to the families need to be involved in gathering information in order to get a full understanding of the child's functioning at entry.



One Plan Meeting:

- a. Describe how child uses skills in the 3 child outcomes areas and where these fit in the developmental progression. Team members add to and discuss information shared.
- b. Based on all info gathered, team discusses the questions on the decision tree, giving examples of the child's functioning with answers, and thinks through the criteria
 - a. [Decision Tree for Summary Rating Discussions Without Numbers](#)
 - b. [Decision Tree for Summary Rating Discussion With Numbers](#)
- c. Once team reaches consensus about the mix of skills described on decision tree, they review the [COS culminating statements](#) and see if one of those types of phrasing captures the child's functioning (these correlate with ratings/codes). If none of them do, revisit examples shared during the decision tree and questions. Repeat for all three outcome areas.
- d. Discuss family concerns, resources, and priorities according to the family's identified outcomes on their One Plan.
- e. Team develops SMARTIE goals using the information and priorities, strategies and services needed. See [SMARTIE Goal Fundamentals for CIS](#) .

- f. Service provider submits codes with next Child Count after One Plan is finalized.



Exit Process

1. Use this as part of the last couple of visits as an exercise in celebrating progress with the family. Ahead of doing the decision tree and culminating statements again with the family, gather information from other team members as applicable.
 - a. Big “why’s” for doing COS at Exit:
 1. This helps the family understand and talk about their child’s functional skills, strengths and needs in new settings. Through these conversations, families should gain an understanding of developmental progressions and how to set goals and request supports that maximally benefit their child.
 2. This is one of the ways we understand how much progress children make as a result of the CIS-EI program.
 - b. Service providers submit codes with next Child Count, no later than 30 days after child exits CIS-EI.
 - c. This is an opportunity, with family permission, to share these updates with other supportive resources, such as Part B if the child is potentially eligible or their pediatrician.

Part III: Frequently Asked Questions

What is ‘Entry’ defined as?

Entry into CIS-EI is defined by when a child:

- a) is newly identified as eligible to receive CIS-EI services;
- b) transfers from another CIS region; or
- c) family withdraws or revokes services and then reenters CIS-EI.

When should COS be completed for babies in the Neonatal Intensive Care Unit, or for newborns who are auto eligible?

COS should be completed when the child is first entering the program so that there is a clear picture of the starting and end point. Even if the full evaluation hasn’t happened yet, there is still enough data to complete the COS. Use whatever information you have—family conversations, case notes, etc. What data did you use to determine they were

auto eligible? What data did you use to determine which services were needed? This should give you enough evidence to do the age anchoring and coding.

Getting the information at the beginning of their time in EI provides a clear picture of the child's functioning before they start services. This gives a truer picture of how EI services have helped the child develop and learn. Remember that age expectations for COS codes are based on actual chronological age rather than corrected age. By looking at chronological age, we see that benefit from EI services.

What happens when a child exits and reenters CIS-EI in the same region?

If the child returns within 6 months (180 days), the Exit COS coding may be used for the Entry COS if the team feels that is appropriate.

If the child comes back after 6 months (180 days) the region must complete a new Entry COS.

This data must still be included on child count.

What happens when a child changes regions?

The region where the child is exiting should complete an Exit COS. The region receiving the child may use that Exit COS as their Entry COS.

This data must still be included on child count.

What happens if the child and family are lost to follow up?

Any time a child is 'lost to follow up' a COS rating is still needed for that child following their date of exit from CIS-EI. In such cases, the region must use the most current information from the child's file including input from other practitioners who had been providing services to the child (such as a speech therapist) to determine the rating in each COS area.

Are COS coding needed if the child is only getting speech services or articulation only services?

All children enrolled in EI services with a One Plan need COS coding at entry and exit for all three child outcome areas.

How is functioning considered in the COS process if the child uses assistive technology?

COS ratings consider a child's functioning with whatever assistive technology supports may routinely be available (or not) in the settings where the child spends time. If there are some settings where the child has access to assistive technology and other settings where the child does not, then the child's functioning will probably reflect a mix of skills.

As services support the child to have greater access to assistive technology across settings, the child's functioning will likely show improvements.

What happens if the child has the same coding or lower at exit as entry, are they still making progress?

Answering the progress question at exit requires the team to consider whether the child has gained at least one new skill since the time of the last COS rating. If the child has gained at least one new skill, the answer to the progress question will be "yes." If the child lost skills, the answer to the progress question will be "no." This is expected to be the case for a relatively small number of children who experience significant disabilities where progress is very slow, or conditions that result in a regression or loss of skill over time.

The children may still make progress even if the exit coding is less than the entry rating. This means that even if the child learned one thing, then there is progress. For example, an infant may score high on their initial COS because their developmental trajectory stems around basic needs, but the expectations grow with the child. The infant may be scored as a 7 at entry because they were able to roll over, sleep and eat. When they exit as a three-year-old, they may be coded as a lower score. This is because the expectations for a three-year-old are more complex than that of an infant- so while the child was coded lower, there was progress made because they were able to do more than when they started the program.

The only example of when a child would make 'no progress' is if there was some traumatic or medical event that caused the child to regress.

For more support, the [ECTA Center: Child Outcomes Summary \(COS\) Process: Calculators and Ratings Conversion](#) has a Converting COS Data video and an tutor (Excel).

Are children able to be coded as all 7's at entry?

Yes. Eligibility for CIS-EI is different than the COS coding related to the child's functional skills. Children may have COS codes of 7 on all three outcomes and still be eligible for EI at entry.

For example, a child may have a diagnosed condition at entry that may not yet be showing in the outcome areas, or the EI program may support a child with a sensory impairment to have assistive technology and avoid common developmental delays. Young infants may be coded at all 7s because the functional skills required to show age-expected functioning for a four-month-old are less involved than those at age three. As they continue in the program, the developmental expectations will increase. Sometimes the COS codes will be lower if the child is older. When the state analyzes patterns of changes that occur, they also have access to the type of disability the child has.

For more information, please check out [ECTA Center: COS Rating Scale: COS Definitions and Decision Tree](#) and look for "All 7s at Entry".

If a child exits with a coding of all 7's, can they still be potentially eligible for Part B?

Yes. COS codings are related to the child's functional skills within the context of the environments in which they live. For example, a non-verbal child may score 7's because they are able to communicate and meet their needs using strategies learned through Early Intervention, such as using hand signals or using their assistive devices. However, they will still need continued support to reach their developmental potential.

How should the documentation for COS decisions be represented in the child's file?

Information for COS decisions may come in many formats. Regions are free to establish a system of documentation that works for them- this may look like complete information recorded within the decision tool, or it could be notations and reference the location of the detailed information. It is important that all information used to determine the coding is able to be found easily.

Only the COS numbers should be submitted to the State via child count. However, the State does reserve the right to request the COS and information at any time. Regions must be able to pull all of the relevant information together.

Part IV: Resources

[ECTA Center: Child Outcomes Summary \(COS\) Process: Professional Development](#)

(For all new staff)

- [COS Content Connector: Age Anchoring Functional Skills by Outcome](#)
- [COS Breadth bubble note taker.pdf](#)
- [The Breadth of the Three Child Outcomes](#)
- [Vermont Early Learning Standards \(VELS\)](#),
- [Connecticut Early Learning Standards](#)
- [Definitions for Child Outcomes Summary \(COS\) Ratings](#)
- [Decision Tree for Summary Rating Discussions Without Numbers](#)
- [Decision Tree for Summary Rating Discussion With Numbers](#)

- Decision Tree Available in Spanish: [Árbol de decisiones para proceso de resumen de resultados de niños](#)
- [Culminating Descriptor Statements: An Alternative to COS Rating Numbers](#)
- CIS Padlet for [Early Intervention Child Outcomes](#)
- [SMARTIE Goal Fundamentals for Children's Integrated Services \(CIS\) - YouTube](#)
- [Integrating Child and Family Outcomes into the IFSP \(One Plan\) Process](#)
- [ECTA Center: Child Outcomes: Instrument Crosswalks](#) (refer to AEPS, IDA and HELP, depending on the assessment tool you use)
- [A Family Guide to Participating in the Child Outcomes Measurement Process, ECTA](#)
- [Sharing About Your Child](#), (a tool for caregivers) ECTA and DaSY
- [ECTA Center: Understanding Functional Skills: Background for the COS Process](#)
- [ECTA Center: Answering the "Ever" Question on the Decision Tree: Key Points and Practice Scenarios](#)
- [ECTA Center: Child Outcomes Summary \(COS\) Process: Calculators and Ratings Conversion](#)
- [ECTA Center: COS Rating Scale: COS Definitions and Decision Tree](#)
- [ECTA Center: COS Data Collection and Guidance](#)
- [Definitions for Child Outcomes Summary \(COS\) Ratings, ECTA and DaSy \(7-Point Rating Scale Criteria\)](#)
- [COS Completion When Teams Cant Meet in Person](#)